Addiction Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: One block of one month

Description: Residents will complete Addiction rotation at Riverside Medical Center starting in their PGY-2 year and potentially returning in PGY-4 year in a leadership role as an elective.

Different areas of the hospital may be utilized based on patient presentations and needs. They will be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. Residents gain experience in the evaluation and clinical management of patients with substance use problems, including dual diagnosis presentations. They will have experience with treatment modalities that include detoxification, overdose management, and maintenance pharmacotherapy. They may be exposed to acute overdose management in the ER, detoxification on the medical and/or psychiatric units, maintenance pharmacotherapy and psychotherapeutic interventions on the psychiatric in-patient units and in out-patient Pathways PHP programming. They will observe and participate in techniques that address the psychological and social consequences of addiction, to include confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance, and self-help groups. Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. The resident should be in the hospital for morning report starting at 8 AM Monday-Friday adjusted per Call rotation and attending availability. This will assure the resident is ready for daily teaching rounds beginning after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the teaching service. All residents are expected to attend morning report and Thursday didactic lectures when completing this rotation. Attendance is taken at these conferences. Thursday didactics occur from noon-4 PM. On overnight post-call days, the resident may leave by 10 AM if their work is completed and patients have been checked out to the attending for that day per transition of care policy. It is expected resid

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should meet with the attending physician after the conclusion of morning report. The attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formalweekday teaching rounds, individual and group supervision, Morning Report sessions, otherscheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Suggested Reading: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.)by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, IL

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health for patients and their families in the in-patient and out-patient settings in the context of addiction medicine. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

Reporting Milestones:

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|--------------|
| Demonstrate competence in the evaluation and treatment of patients of different ages andgenders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Function with indirect supervision: showing the ability and willingness to request help when indicated; gather appropriate history; perform emergency psychiatric and risk assessments; present accurate patient findings to a supervisor unfamiliar with the patient; develop and initiate a treatment plan. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family, friends, health care providers and the patient's medical records meeting HIPAA expectations. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 4. Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessary additional steps in the evaluation of complex conditions and | | Resident performance: Direct and Indirect Observation | 2 |

| | incorporating risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offeredby the patient. | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|----|---|--|--|---|
| 5. | Review physical and/or neurological assessments and perform mental status examinations, including the ordering and reviewing of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 6. | Develop a comprehensive bio-psychosocial formulation and differential diagnosis that incorporate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/ spiritual factors, economic issues, current relationships, psychosocial stressors and current mental status examination. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 7. | Develop formulations based on multiple conceptual models incorporating subtle, unusual or conflicting findings and integrate clinician's and patient's emotional responses into it and thediagnosis. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 8. | Develop and implement with informed consent diagnostic and therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific evidence and clinical judgment utilizing the results of physical, neurological and mental status examinations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 9. Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient using pharmacological, includingmedications, and psychotherapy interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
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| Show ability to explain somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Prescribe medications safely and effectively and evaluate ongoing treatment for response. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 12. Develop understanding and implement the use of psychotherapeutic strategies appropriate for an inpatient and/or out-patient settings, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 13. Devise individualized treatment plans for complex presentations, collaborating with mental health professionals of other non-medical disciplines and with physicians from other specialty services to coordinate and optimize the patient's care utilizing multiple modalities and criticallyappraising and integrating diverse recommendations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 14. Select the most appropriate evidence based interventions, treatments and adjustments in treatment of complex presentations based on consideration of patient factors and acuity, including detoxification and overdose management. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
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| 15. Manage adverse effects and safety concerns in complex or treatment refractory cases. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 16. Demonstrate understanding of the mental health system and mental health resources availablein the community and use this knowledge to participate in acute treatment planning, discharge planning and development of appropriate aftercare plans to manage and connect patients with appropriate psychopharmacologic, psychotherapeutic and social rehabilitative interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 17. Establish and maintain a therapeutic alliance with patients with complicated problems, selectappropriate psychotherapeutic modalities based on case formulation, tailor therapy to the patient and appropriately manage boundary violations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 18. Provide psychotherapy tailored to the patient, either supportive, psychodynamic or cognitive- behavioral, identifying the core feelings, key issues, and what issues mean to the patient within and across sessions to address the psychological and social consequences of addiction, to include confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 19. Complete the medical record systematically including admission/consultation assessments, daily progress notes, and completion of appropriate consents and treatment plan updates in atimely manner. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|---|--|--|---|
| 20. Interview patients skillfully, generate and prioritize differential diagnoses of patient's problemsand formulate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment to create an individualized treatment plan for each patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 21. Evaluate suicidal and aggressive/homicidal risk potential of each patient acutely and on anongoing basis during treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Recognize and appropriately respond to family violence (e.g., child, partner, elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. They must demonstrate knowledge about the neurobiological and psychological underpinnings of mental illness and addiction. This includes assessment of substance use and diagnosis, detoxification, diagnosis and management of co-morbid psychiatric illness, and proper medication management in the recovery setting.

Reporting Milestones:

MK1 - Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
MK3 - Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings)

(A, B, C)

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Demonstrate a knowledge of major theoretical approaches to understanding the doctor-patient relationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. Demonstrate an understanding of the aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 4. Demonstrate a knowledge of the etiologies, natural history, prevalence, neurobiology, socio- cultural and spiritual aspects, psychodynamic aspects, diagnosis, treatment and prevention of the substance use and/or dual-diagnosis conditions most likely to affect patients in their community and potential medical complications such as traumatic-brain injury, HIV, hepatitis C,major organ system dysfunction and nutritional deficiencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 5. Demonstrate knowledge of the gamut of dual-diagnosis substance-related disorders, including intoxication states, withdrawal states, use/abuse/dependence conditions, and substance- induced conditions such | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation | 2 |

| | as mood disorders, delirium, dementia, psychoses, amnestic states, sleep and sexual disorders. | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|-----|--|--|--|---|
| 6. | Demonstrate a knowledge of the symptoms of neurologic disorders and medical conditions commonly encountered in psychiatric practice and ensure the use appropriate consultation todiagnose and provide treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 7. | Demonstrate an understanding of neurologic and medical conditions that can affect evaluation and care of psychiatric patients and incorporating neurobiological processes into case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 8. | Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, psychological and neuropsychological testing and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 9. | Demonstrate knowledge in the history of psychiatry and its relationship to the evolution ofmedicine. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 10. | Understand and follow the legal parameters of psychiatric practice. | Didactics Board Review | Resident performance: Direct and Indirect Observation | 2 |

| | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
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| 11. Demonstrate the knowledge of the indications for psychopharmacological, psychotherapeutic, self-help groups, religious and residential treatments. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 12. Demonstrate knowledge of and ability to implement detoxification processes and protocols, both in-patient and out-patient, smoking cessation strategies and pharmacology, and maintenance pharmacotherapy including naltrexone, buprenorphine, methadone, disulfiram, and acamprosate. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 13. Demonstrate knowledge of the theoretical mechanisms of therapeutic change, compare selection criteria and potential risks and benefits of different psychotherapies, indications and potential consequences and analyze the evidence base for combining psychotherapy and pharmacotherapy. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Reporting Milestones:

PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| PBL12 - Reflective Practice and Commitment to Personal Growth | | | |
|---|-----------------|-------------------|-------|
| Objectives: | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | Level |

| 1. | Identify strengths, deficiencies and limits in one's knowledge and expertise. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|----|--|--|--|---|
| 2. | the effectiveness ofthe learning plan and when necessary, improve it. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. | Develop and implement strategies for filling gaps in medical knowledge, diagnostic andtreatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 4. | Identify and perform learning activities, challenging one's own assumptions and consideringalternatives in narrowing the gap(s) between their expected and actual performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 5. | Seek feedback with openness and humility from their supervising attending and other healthcare providers and formative evaluations about their own practice to systematically analyze their practice and implement improvement. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
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| 6. | Systematically analyze practice using quality improvement methods. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 7. | Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems and demonstrate ability to consult medical literature as needed to improve knowledge base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 8. | Use information technology to optimize learning with online medical information. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 9. Apply knowledge of study design, statistical methods and evidence-based medicine to theappraisal of clinical studies in addictions treatment research, and apply evidence based treatments to patient care to provide optimal treatment The study design, statistical methods and evidence-based medicine to the studies in addictions treatment research, and apply evidence based treatments to patient care to provide optimal treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
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| Critically appraise and apply evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 11. Teach medical students and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Use supervisory feedback to improve interaction with patients and family members andoptimize clinical skills. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| Didactics | Resident performance: | 2 |
|--------------------|---------------------------------|--|
| Board Review | Direct and Indirect Observation | |
| | End of Rotation Evaluation | |
| _ | 360 Degree Evaluation | |
| | Annual PD Evaluation | |
| | Clinical Competency Committee | |
| Computer Floraties | , , , , | |
| | | |
| | Clinical Skills Exam (CSE) | |
| | | |
| | | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health 'professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals and develop strategies to attaining them.

- Reporting Milestones:
 ICS1 Patient- and Family-Centered Communication
 ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Create and sustain a therapeutic and ethically sound relationship with patients, their familiesand the public as appropriate, across a broad range of socioeconomic and cultural backgrounds, including with primary care and other providers regarding pain issues and susceptibility to addiction and the opioid epidemic. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Maintain an empathic stance and establish appropriate boundaries. Independently recognizepersonal biases and attempt to proactively minimize their contribution to communication barriers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Communicate effectively with physicians, other non-physician healthcare professionals and healthcare related agencies when gathering previous treatment program participation. | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation End of Rotation Evaluation | 2 |

| 4. | Work effectively as a member or leader of a multidisciplinary health care team or other community treatment group, coordinating recommendations from different members to optimize patient care. | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|----|---|--|--|---|
| 5. | Educate patients, families, students and other health care professionals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 6. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute todepartmental or organizational initiatives to improve communication systems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| | Demonstrate competence in complex interviewing situations, such as interacting with patients with thought disorganization, cognitive impairment, paranoia, aggressiveness, self-destructive and/or inappropriate behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 8. | Use effective listening skills in interactions with patients and their families, demonstrate proficiency in conveying difficult information to them and use shared decision making to alignpatienVfamily values, goals, and | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation End of Rotation Evaluation | 2 |

| preferences with treatment options to make a personalized care plan. | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
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| Recognize and monitor their emotional responses to patients and adjust their practiceaccordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogueregarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Know how to inform patients and obtain their voluntary consent for the general plan of psychiatric care for their specific diagnoses and recommended therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Professionalism

Goal: Resident must demonstrate a commitment to professionalism and an adherence toethical principles.

Reporting Milestones:
Prof1 - Professional Behavior and Ethical Principles
Prof2 - Accountability/Conscientiousness

| Prof3 - Well-Being | | | |
|----------------------------|-----------------|-------------------|-------|
| Objectives: | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | Level |

| Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively. Demonstrate effective skills in interviewing including empathic attunement, diligent fiduciary responsibility, boundary establishment and maintenance, including at times of patient and family addiction crisis in order to facilitate accurate diagnosis and biological, psychological and social formulation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|---|--|--|---|
| Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best carepossible. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an inpatient psychiatric setting, including: involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Accountability to patients, society, other health care providers and the profession which supersedes self-interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Respect, sensitivity and responsiveness to diverse patient and fellow professional populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 6. | Ability to recognize stress in medical practice, monitor stress in self and colleagues, and develop a plan for one's own personal and professional well-being. Identifying institutional factors that positively and/or negatively affect well-being. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|----|---|--|--|---|
| 7. | Recognizing situations that may trigger professionalism lapses and intervene to prevent lapsesin self and others. Respond appropriately to professionalism lapses of self or colleagues. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 8. | Appropriately identifying, disclosing and addressing conflict or duality of interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 9. | Present patient information concisely and clearly verbally and complete documentation in atimely manner in the patient's medical record adhering to HIPAA policies and procedures. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 10 | . Knowing how to inform patients and obtain voluntary consent for the general plan ofpsychiatric care for their specific diagnoses with specific treatment interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| Arriving to the hospital punctually, well-prepared with professional demeanor and attire, with identified learning goals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|---|--|--|---|
| 12. Demonstrating the effective utilization of case related clinical learning through availability, seeking feedback from supervisors, and appropriate follow-up. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 13. Modeling effective teaching skills to students and peers, providing appropriate supervision/teaching to trainees. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 14. Modeling appropriate time management and recognizing when others are unable to completetasks and responsibilities in a timely manner and assist in problem solving. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 15. Adhering to policies regarding duty hours, grievance procedures and physician reportingobligations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

| 16. Recognizing and using appropriate resources for managing and resolving ethical | Didactics | Resident performance: | 2 |
|---|---------------------------------------|---|---|
| dilemmas as needed (e.g. ethics consultations, literature review, risk management/legal | Board Review | Direct and Indirect Observation | |
| consultation). | Bedside Teaching | End of Rotation Evaluation | |
| | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | Role Modeling | Annual PD Evaluation | |
| | Independent Learning Computer Modules | Clinical Competency Committee | |
| | Computer Modules | Annual psychiatry in-training examination | |
| | | (PRITE) | |
| | | Clinical Skills Exam (CSE) | |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger contextand system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals.

Reporting Milestones:

- SBP1 Patient Safety and Quality Improvement (A, B, C) SBP2 System Navigation for Patient-Centered Care (A, B, C)
- SBP3 Physician Role in Health Care Systems (A, B, C)

| Objecti Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--------------------|--|--|--|--------------|
| 1. | Work effectively in various health care delivery settings and systems to coordinate patient careacross the health care continuum and beyond to optimize the transition from inpatient to outpatient treatment through effective care/handoffs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 2. | Collaborate with psychiatrists and other mental health providers in the community, medicalconsultants, and community organizations to provide for the best patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. | Advocate for quality patient care, assist patients in dealing with the larger mental health system, optimize the patient care system and understand how patient care affects and isaffected by the health care system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2 |

| | | I | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 |
|----|--|------------------------------------|---|---|
| | | Independent Learning | Annual PD Evaluation | |
| | | Computer Modules | Clinical Competency Committee | |
| | | | Annual psychiatry in-training examination (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 4. | Work in interprofessional teams to enhance patient safety and improve | Didactics | Resident performance: | 2 |
| | patient care quality anddevelop an understanding of the way in which | Board Review | Direct and Indirect Observation | |
| | patient care affects and is affected by other health care providers. Role | Bedside Teaching | End of Rotation Evaluation | |
| | model effective coordination of patient-centered care among different | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | disciplines and specialties. | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | Clinical Competency Committee | |
| | | Computer Modules | Annual psychiatry in-training examination (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 5. | Participate in identifying system errors in patient safety events and | Didactics | Resident performance: | 2 |
| ٥. | implementing potential system solutions for error prevention. | Board Review | Direct and Indirect Observation | |
| | , | Bedside Teaching | End of Rotation Evaluation | |
| | | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | Clinical Competency Committee | |
| | | Computer Modules | Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 6. | Develop an understanding of the economics of substance use treatment | Didactics | Resident performance: | 2 |
| | and incorporate considerations of value, cost awareness, delivery and | Board Review | Direct and Indirect Observation | |
| | payment, and risk-benefit analysis inpatient and/or population based care. | Bedside Teaching | End of Rotation Evaluation | |
| | | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | | Role Modeling Independent Learning | Annual PD Evaluation | |
| | | Computer Modules | Clinical Competency Committee | |
| | | Computer Modules | Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| | Understand beautiful and Commercial States and the States of the States and S | Didentin | Clinical Skills Exam (CSE) | 1 |
| 7. | Understand health care finances and its impact on individual patients' health decisions, providing cost-effective evidence-based care that does | Didactics Board Review | Resident performance: | 2 |
| | not compromise quality of care | Bedside Teaching | Direct and Indirect Observation | |
| | not compromise quality of care | Clinical Teaching Rounds | End of Rotation Evaluation | |
| | | Role Modeling | 360 Degree Evaluation | |
| | | Independent Learning | Annual PD Evaluation | |
| | | Computer Modules | Clinical Competency Committee | |
| | | · | Annual psychiatry in-training examination (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 8. | Understand how types of medical practice and delivery systems differ | | | |
| | from one another, including methods of controlling health care cost, | | | |
| | ensuring quality, and allocating resources. | | | |

| Understand the financing and regulation of addictions psychiatric practice, as well as information about the structure of public and private organizations that influence mental health and substance use care. Analyze practice patterns and professional requirements in preparation for practice. Participate in cost-effective healthcare and resource allocation that does not compromise quality of care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
|---|--|--|---|
| 10. Assist patients in navigating system complexities and disparities in substance use care resources and adapting practice to provide for the needs of specific populations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 11. Professionally disclose patient safety events to patients and families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 12. Advocate for the promotion of mental health and the prevention of mental and substance usedisorders, mobilizing community resources when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Sample schedule: Addiction psychiatry rotation

Sites: Riverside Medical Center Inpatient

| 0700-0800 | Morning Report |
|-----------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 0900-1200 | Inpatient units |
| 1215-1300 | Noon lecture |
| 1300-1700 | Inpatient units |

Adult Psychiatric Consultation Liaison & Forensics Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: Three month long rotational blocks for PGY-2 years 3-4-month blocks for PGY-4 years.

Description: Residents will have three (3) month rotations during PGY-2 and returning in PGY-4 year in a leadership role in adult psychiatric consultation liaison, during which they will gain psychiatric consultative experience in a variety of medical and surgical settings with an inpatient population that is acutely ill and represents a diverse clinical spectrum of diagnoses, ages and genders. The rotation is first introduced in PGY 2. The setting is the inpatient at Riverside Medical Center which includes patients seen in: intensive care units (cardiac, neurological and surgical), surgical and medical services, obstetrics and gynecology services. Residents are able to respond to patients' needs across medical specialty services within a larger health care system, as they demonstrate the ability to practice competently and independently by the time of graduation. The residents will also gain experience in forensic psychiatry, which includes evaluating a patient's potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability and competency. The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday. This will assure the resident is ready for daily teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and noon conference on Thursdays weekly. Attendance is taken at these conferences. Thursday conference occurs from 12:00 p.m. through 1:00 p.m. Thursday lectures and didactics occur on Thursdays from 1 p.m. to 5 p.m. weekly. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities or hospi

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, morning report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested Reading: "Kaplan & Sadock's Comprehensive Textbook of Psychiatry" by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M. Stahl; and other assigned readings.

Patient Care

Goal: Residents must be able to consult on other medical and surgical services, under supervision, with patient care that is compassionate, appropriate, and effective for the treatment of mental illness in all inpatient settings, within the context of a variety of medical specialties.

Reporting Milestones:

PC1 - Psychiatric Evaluation (A, B, C)

PC2 - Psychiatric Formulation and Differential Diagnosis (A, B, C)

- PC3 Treatment Planning and Management (A, B, C)
 PC4 Psychotherapy (A, B, C)
 PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
 PC6 Clinical Consultation

| Objectiv Resider | ves nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|--|--|--------------|
| 1. | | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 2. | Quickly develop a therapeutic alliance with medically ill patients and comfortably interview patients in a variety of medical settings. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 3. | Evaluate for psychopathologic processes in patients with concomitant medical and surgical conditions and evaluate cognitive ability in medically ill patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 4. | Demonstrate the ability to perform a relevant history on culturally diverse patients, including; chief complaint, history of present illness, past medical history, a comprehensive review of systems, a biological family history, a sociocultural history, a developmental history and a general and neurological examination. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 5. | Conducts and reports a basic decisional capacity evaluation. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2, 4 |

| | Rounds Clinical C Role Modeling Annual particles (PRITE) | rogram Evaluation (APE) competency Committee sychiatry in-training examination kills Exam (CSE) |
|---|--|---|
| Interact effectively with a variety of consultees, including determination of consul questions, and reporting of findings and recommendations. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning End of Ro 360 Degr Annual Pr Clinical C Annual pr (PRITE) | d Indirect Observation otation Evaluation ee Evaluation rogram Evaluation (APE) ompetency Committee sychiatry in-training examination ckills Exam (CSE) |
| 7. Recognize the typical signs and symptoms of psychiatric disorders including subst abuse in medical and surgical patients. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning End of Ro 360 Degr Annual Pr Clinical C Annual pr (PRITE) | d Indirect Observation obtation Evaluation ee Evaluation rogram Evaluation (APE) competency Committee sychiatry in-training examination ckills Exam (CSE) |
| 8. Assess and interpret laboratory and medical data as it relates to psychiatric illness | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning End of Ro 360 Degr Annual Pr Clinical C Annual pr (PRITE) | d Indirect Observation otation Evaluation ee Evaluation rogram Evaluation (APE) ompetency Committee sychiatry in-training examination ckills Exam (CSE) |
| Understand the connections between medical and psychiatric illnesses and the sp issues that arise in specific patient populations, including cancer, cardiac disease, disease, organ transplantation, and dementia. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning End of Ro 360 Degr Annual Pr Clinical C Annual pr (PRITE) | d Indirect Observation otation Evaluation ee Evaluation rogram Evaluation (APE) competency Committee sychiatry in-training examination ckills Exam (CSE) |
| 10. Monitor the patients' course during hospitalization and provide continuing input as needed. | Board Review End of Ro Bedside Teaching 360 Degr | d Indirect Observation 2, 4 obtation Evaluation ee Evaluation eogram Evaluation (APE) |

| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|---|--|--|------|
| 11. Define and prioritize patient' psychiatric problems and develop a comprehensive database. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam | 2, 4 |
| 12. Generate and prioritize full differential diagnoses. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE | 2, 4 |
| 13. Make a comprehensive formulation of patient's problems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 14. Evaluate suicidal and homicidal potential and respond appropriately to medical and psychiatric emergencies including involuntary commitment petitioning and assessment under close supervision. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 15. Develop rational, evidence-based management strategies. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) | 2, 4 |

| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|---|--|---|------|
| 16. Convey diagnosis and formulation to patient and family. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 17. Prescribe medications safely and effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 18. Evaluate ongoing treatment effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

Medical Knowledge

Goal: Residents must demonstrate progressive attainment of a knowledge base in the clinical sciences and apply it to inpatients with acute psychiatric needs. They will monitor for acute adverse effects knowledge about the neurobiological and psychological underpinnings of mental illness and will apply this knowledge to patient care in the inpatient setting. **Reporting Milestones:**

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

| MK4 - Psychotherapy (A, B, C) | | | |
|---|--|--|-------------|
| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Leve |
| Demonstrate an understanding of the pathophysiology, epidemiology, diagnostic criteria and clinical course for common consultation conditions including: a. dementia(s) b. delirium of multiple etiologies c. drug induced psychiatric state d. affective change in the face of chronic or life threatening illness e. factitious disorders f. malingering g. chronic pain h. assessment of conversion disorders i. assess drug-drug interactions germane to psychiatry j. assist in competency assessments k. anxiety disorders in a general medical population l. psychotic disorders in a general medical population m. substance induced disorders | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Advise and guide consultees about the role of the medical disease and medications in the patients' presenting symptoms | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Understand the indications for a variety of somatic therapies in medical and surgical patients | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Understand the use of psychotropic medications and ECT in medical/ surgical patients, and appreciate physiological effects, contraindications, drug interactions, and dosing concerns | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) | 2, 4 |

| | | Computer Medules | In Tunining Fram | |
|----|---|--|---|------|
| | | Computer Modules | In-Training Exam | |
| | | | Clinical Competency Committee | |
| | | | Annual psychiatry in-training examination (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 5. | Understand, utilize, and instruct regarding the use of non-organic treatments, including | Didactics | Resident performance: | 2, 4 |
| J. | brief psychotherapy, behavioral management techniques, family therapy, and | Board Review | Direct and Indirect Observation | -, . |
| | psychoeducation | Bedside Teaching | End of Rotation Evaluation | |
| | F-7 | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | | Role Modeling | Annual Program Evaluation (APE) | |
| | | Independent Learning | In-Training Exam | |
| | | Computer Modules | Clinical Competency Committee | |
| | | | Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 6. | Demonstrate knowledge about relevant medical illnesses and medical psychiatric | Didactics | Resident performance: | 2, 4 |
| | differential diagnosis. | Board Review | Direct and Indirect Observation | |
| | | Bedside Teaching | End of Rotation Evaluation | |
| | | Clinical Teaching Rounds | 360 Degree Evaluation | |
| | | Role Modeling | Annual Program Evaluation (APE) | |
| | | Independent Learning | In-Training Exam | |
| | | Computer Modules | Clinical Competency Committee | |
| | | | Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| | | | Clinical Skills Exam (CSE) | |
| 7. | | Didactics | Resident performance: | 2, 4 |
| | psychology and systems aspects of major psychiatric disorders. | Board Review | Direct and Indirect Observation | |
| | | Bedside Teaching | End of Rotation Evaluation | |
| | | Clinical Teaching Rounds Role Modeling | 360 Degree Evaluation | |
| | | Independent Learning | Annual Program Evaluation (APE) | |
| | | Computer Modules | In-Training Exam | |
| | | Compacer Florances | Clinical Competency Committee | |
| | | | Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| | Demonstrate knowledge about the indications for psychiatric treatment and | Didactics | Clinical Skills Exam (CSE) Resident performance: | 2.4 |
| 8. | demonstrate knowledge about the indications for psychiatric treatment and demonstrate sufficient knowledge to identify and treat atypical and complex psychiatric | Board Review | • | 2, 4 |
| | conditions throughout the life cycle and in a range of settings. | Bedside Teaching | Direct and Indirect Observation | |
| | conditions amonghout the life cycle and in a fullye of settings. | Clinical Teaching Rounds | End of Rotation Evaluation | |
| | | Role Modeling | 360 Degree Evaluation | |
| | | Independent Learning | Annual Program Evaluation (APE) | |
| | | Computer Modules | In-Training Exam | |
| | | | Clinical Competency Committee Annual psychiatry in-training examination | |
| | | | (PRITE) | |
| L | | | (FINITE) | |

| | | Clinical Skills Exam (CSE) | |
|---|--|--|------|
| Demonstrate knowledge about psychopharmacologic agents, indications, side effects and interactions | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 10. Demonstrate knowledge about psychotherapies, indications and potential pitfalls. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 11. Learn necessary components of a complete disability evaluation as well as basic concepts of forensic psychiatry including informed consent, confidentiality, competency, privacy, privilege, patient's right to treatment, and patient's right to refuse treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|---------------------------|---|--------------|
| Seek feedback from their supervising attending and from other health care providers about their own practice and will use this feedback to improve their performance. | Didactics Board Review | Resident performance: Direct and Indirect Observation | 2, 4 |

| | | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|----|---|--|--|------|
| 2. | Apply knowledge of study design, statistical methods and evidence-based medicine to the appraisal of clinical studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 3. | Use information technology to manage information, access on-line medical information and support their own education. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 4. | Facilitate the learning of medical students and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 5. | Develop and implement strategies for filling gaps in medical knowledge, diagnostic and treatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) | 2, 4 |

| | | Computer Modules | In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|-------------|--|--|--|------|
| | strate the ability to consult the medical literature as needed to improve lige base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| | strate facility in using electronic databases, literature retrieval services and er-based diagnostic reasoning programs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 8. Complete | te a quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals from all service lines and units.

Reporting Milestones:

- ICS1 Patient- and Family-Centered Communication ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|---|--|--|--------------|
| 1. | Create and sustain therapeutic and ethically sound relationships with patients, including the use of open and honest communication, the maintenance of an empathic stance and the establishment of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 2. | Use effective listening skills in interactions with patients, their family members and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 3. | Demonstrate proficiency in conveying difficult information to patients and their families including communicating with patients, families, and other clinicians about evaluation of dangerousness and issues related to involuntary commitment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 4. | Effectively elicit information from and provide information to other health care providers, including nurses, social workers, occupational therapy staff, hospital unit coordinators and consulting physicians. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

| 5. | Make a determination regarding the consultation questions, and report findings and recommendations about the role of the medical disease and medications in the patients' presenting psychiatric symptoms. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
|----|---|--|--|------|
| 6. | Advise and guide consultees regarding managing psychiatric disorders in a medical setting including the management of behavioral disorders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 7. | Communicate effectively with patients and families, physician colleagues and members of the healthcare team to assure comprehensive and timely care of hospitalized patients and demonstrate an ability to work as a member of a multidisciplinary patient care team. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 8. | Present patient information concisely and clearly, verbally and in writing. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 9. | Inform patient and obtain voluntary consent for the general plan of psychiatric care and specific diagnostic and therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2, 4 |

| Role Modeling Independent Learning Computer Modules Role Modeling In-Training Exam Clinical Competency Companded Annual Program Evaluation In-Training Exam Clinical Competency Companded Annual Program Evaluation In-Training Exam Clinical Competency Companded In-Training Exam Clinical Schills Exam (CSE) Clinical Skills Exam (CSE) | 2 |
|---|---|
|---|---|

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Reporting Milestones:
Prof1 - Professional Behavior and Ethical Principles
Prof2 - Accountability/Conscientiousness
Prof3 - Well-Being

| Objectives: Residents are expected to: | | Teaching Method | Evaluation Method | PGY Level |
|--|---|--|--|--------------|
| they prepare for the transition to | | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Demonstrate sensitivity and responsitivity, religion and disabilities. | nsiveness to each patient's age, gender, culture, | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Behave professionally and ethicall members of the healthcare team. | y towards patient, families, colleagues, and all | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam | 2, 4 |

| | | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|---|--|--|------|
| 4. Demonstrate appropriate demeanor, appearance and attire. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

System-Based Practice

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

Reporting Milestones:

SBP1 - Patient Safety and Quality Improvement (A, B, C) SBP2 - System Navigation for Patient-Centered Care (A, B, C)

SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Demonstrate understanding of how their patient care affects and is affected by other health care providers, the health care organization and the health care system while describing the difference between consultant and primary treatment provider. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination | 2, 4 |

| | | | (PRITE) | |
|----|---|--|--|------|
| 3. | Practice cost-effective health care that does not compromise quality of care while | Didactics | Clinical Skills Exam (CSE) Resident performance: | 2, 4 |
| | provides consultation to other medical services. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
| 4. | psychiatric service delivery. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 4 |
| 5. | Identifies system issues in clinical care and provides recommendations and discusses methods for integrating mental health and medical care in treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 6. | Has knowledge of how to provide integrated care for psychiatric patients through collaboration with other physicians, as well as other health care managers and how to assess, coordinate, and improve health care and know how these activities can affect system performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 7. | Document medical observations in a timely and accurate fashion and clarifies the consultation question. | Didactics Board Review | Resident performance: Direct and Indirect Observation | 2, 4 |

| | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|---|--|--|------|
| 8. Assists primary treatment care team in identifying unrecognized clinical care issues. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| Describes the differences in providing consultation for the system or team versus the individual patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |
| 10. Use evidence-based, cost-conscious strategies in the care of hospitalized patients, including test ordering and scheduling while also advocating for quality patient care and assist patients in dealing with the complex mental health system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual Program Evaluation (APE) In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2, 4 |

SAMPLE SCHEDULE

SITES: Riverside Medical Center (hospital inpatient units - RMC)

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 0715-0800 | Morning Report |
| 0800-1200 | Inpatient Rounding |
| 1215-1300 | | | | Noon lecture | |
| 1300-1630 | Inpatient Rounding | Inpatient Rounding | Inpatient Rounding | Lecture, didactics | Inpatient Rounding |

Child and Adolescent Psychiatry Curriculum: Inpatient/Consultation Liaison Psychiatry Residency Program Riverside Medical Center

Rotation Length: Two-month blocks for PGY-2 and 3-4-month blocks for PGY-4 years.

Description: During two (2) month long rotations for PGY-1 and returning in PGY-4 year in a leadership role in child and adolescent psychiatry, residents will gain competence of child and adolescent patients with development and psychiatric disorders at Riverside Medical Center pediatric mental health unit, as well as intensive outpatient, and specialty adolescent units. Competency will include a performance of diagnosis and treatment options including psychotherapy, family therapy behavior modification and psychopharmacologic management review. The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday. This will assure the resident is ready for daily teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report. Attendance is taken at these conferences. Thursday conference occurs from 12:00 p.m. through 1:00 p.m. and other conferences and didactics are from 1:00 p.m. to 5 p.m. every Thursday. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities or hospital medicine. This will include collaboration with social workers; psychologists, care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular radiology rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested Reading: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (10th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen Stahl; and other reading assignments as directed by the attending.

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of children and adolescents experiencing acute episodes of mental illness in the child and adolescent psychiatric settings.

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)

| bjectives <i>esidents</i> | s are expected to: | Teaching Method | Evaluation Method | PGY Level |
|------------------------------|---|--|---|--------------|
| | Communicate effectively and demonstrate caring and respectful behaviors when nteracting with patients and their families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| b | Gather essential and accurate information about patients using a comprehensive biopsychosocial/developmental framework for assessing the child or adolescent's problems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 0 | Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| | Develop and implement patient management plans in collaboration with the multidisciplinary treatment team. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| | Implement biomedical treatment strategies, including psychopharmacological creatment and, when indicated, referral for electroconvulsive therapy. | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation | 2, 4 |

| | , | | |
|---|--|---|-------|
| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
| 6. Appropriately and proficiently employ commonly used rating scales during the assessment and follow up of outpatients (e.g. Child Depression Inventory,) RK – BASC, BDI, Jesness | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 21, 4 |
| Counsel and education patients and their families on therapeutic alternatives, potential benefits, and potential adverse outcomes, course of illness and prognosis. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 8. Offer parents guidance and referral to appropriate outside agencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 9. Use information technology to support patient care decisions and patient education. Output Description: | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

| 10. Evaluate ongoing treatment effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
|---|--|---|------|
| 11. Respond appropriately to medical and psychiatric emergencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 12. Work with healthcare professionals, including those from other disciplines to provide patient-focused care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

Medical Knowledge

Goal: Residents must demonstrate knowledge about the neurobiological and psychological underpinnings of mental illness and will apply this knowledge to patient care. Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)
- MK4 Psychotherapy (A, B, C)

| Objectiv <i>Resider</i> | ves nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|---|--------------|
| | Gain knowledge of child and adolescent disruptive behavior disorders, mood and/or anxiety disorders, adjustment disorders, psychotic disorders, and/or other childhood psychiatric disorders including co-morbid disorders including these disorders' epidemiology, natural history, neurobiology, psychology and systems aspects. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 2. | | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 3. | Describe the effects of emotional and sexual abuse on the development of personality and psychiatric disorders in infancy, childhood, adolescence and adulthood at a basic level. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 4. | Understand the psychopharmacological treatment of mental illness, including treatment algorithms, the management of treatment-resistant illness, augmentation strategies and combination therapies for children and adolescents. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 5. | Understand the indications for and limitations of psychological testing and neuropsychological testing, and will understand the nature of various commonly used instruments such as the MMPI-A, , WISC, BASC, BDI, Vanderbilt, Jesness RK | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 2, 4 |

| | Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | |
|---|--|--|------|
| 6. Demonstrate knowledge of general childhood medical disorders that may mimic or complicate psychiatric disorders, and appropriately investigate when appropriate (e.g., blood lead level, TSH, or strep titers) | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Conceptualize mental illness in terms of biological, psychological, and socio cultural factors that determine normal and disordered behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Demonstrate knowledge about relevant pediatric illnesses and medical- psychiatric differential diagnosis in children and adolescents. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 9. Demonstrate knowledge about the indications for psychiatric treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Demonstrate knowledge about psychopharmacologic agents, indications, side effects, and interactions. | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation End of Rotation Evaluation | 2, 4 |

| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|---|--|---|------|
| 11. Gain knowledge about psychotherapies, indications and potential pitfalls. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:
PBLI1 - Evidence-Based and Informed Practice

| PBLI2 - Reflective Practice and Commitment to Personal Growth Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|---|--------------|
| Seek feedback from their supervising faculty about their own practice and will use this feedback to improve their performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Locate, appraise and assimilate evidence from scientific studies related to child patients, including participation in "wrap-up" sessions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2, 4 |

| | | | Clinical Skills Examination | |
|----|--|--|---|------|
| 3. | Demonstrate evidence-based thinking in their formulations and treatment plans. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 4. | Facilitate the learning of other health care professionals, including psychotherapists and case managers providing services to the residents' outpatients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 5. | Develop and implement strategies for filling gaps in medical knowledge, diagnostic and treatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 6. | Demonstrate the ability to consult the medical literature as needed to improve the knowledge base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 7. | Demonstrate facility in using electronic databases, literature retrieval services and computer-based diagnostic reasoning programs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee | 2, 4 |

| | Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|---|--|---|------|
| 8. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

Interpersonal and Communication Skills

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

Reporting Milestones: ICS1 - Patient- and Family-Centered Communication ICS2 - Interprofessional and Team Communication ICS3 - Communication within Health Care Systems

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Create and sustain therapeutic and ethically sound relationships with patients, including the use of open and honest communication, the maintenance of an empathic stance and the establishment of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Use effective listening skills in interactions with patients, their family members and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2, 4 |

| 3. | the use of projective modalities as indicated (using drawings or play to communicate with a five-year old). | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
|----|--|--|--|------|
| 4. | Recognize and monitor their emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 5. | Communicate effectively with patients and families by educating and counseling them on therapeutic alternatives, potential benefits, potential adverse outcomes, course of illness, and prognosis. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 6. | Communicate effectively with physician colleagues at all levels. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

| 7. | Communicate effectively with all non-physician members of healthcare team to assure comprehensive and timely care. Work with healthcare professionals, including those from other disciplines, to provide patient-focused care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
|----|---|--|--|------|
| 8. | Present patient information concisely and clearly, verbally and in writing and in the EMR. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 9. | Know how to inform patients and obtain voluntary consent for the general plan of psychiatric care and specific diagnostic and therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

Professionalism

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

Reporting Milestones: Prof1 - Professional Behavior and Ethical Principles Prof2 - Accountability/Conscientiousness Prof3 - Well-Being

| Objectives: Residents are e | expected to: | Teaching Method | Evaluation Method | PGY Level |
|-----------------------------|--|--|--|--------------|
| of psy | n informed consent for psychiatric treatment plans, including for the use rchotropic medications, and will demonstrate understanding of the ethical ples underlying informed consent. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| (2) ris collab financ | le care to outpatients that take into account: (1) medical record keeping, isk management and quality assurance issues, (3) confidentiality, (4) oration with other providers, agencies, schools and family members, (5) ital and health system issues, (6) legal and forensic issues and (7) other il concerns. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| | stand issues related to medical disability evaluations, including state ations regarding such evaluations and the ethical principles involved. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| | nstrate sensitivity and responsiveness to each patient's age, gender, e, ethnicity, religion and disabilities. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2, 4 |

| | ofessionally and ethically toward towards patients, families, s, and all members of the health care team. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2, 4 |
|----------------------------|---|--|--|------|
| | d one's own personal reactions to difficult situations in order to d potential barriers to professionalism. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2, 4 |
| 7. Demonstra and disabi | ate sensitivity and responsiveness to patients' culture, age, gender, lities. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination | 2, 4 |
| 8. Demonstra | ate appropriate demeanor, appearance and attire. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2, 4 |

| | | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination |
|--|--|---|
|--|--|---|

System-Based Practice

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

Reporting Milestones:

SBP1 - Patient Safety and Quality Improvement (A, B, C) SBP2 - System Navigation for Patient-Centered Care (A, B, C)

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|--------------|
| Understand how their patient care affects and is affected by other health care providers, the health care organizations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Recognize issues that can arise in outpatient practice, including: (1)interaction with staff members; (2) management of patient records and other information systems; (3) scheduling; (4) cross-coverage among practitioners; (5)various practice styles among practitioners; (6) billing and payers (including Medicare, Medicaid, HMO's and private insurance); (7) office and space management. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| Advocate for quality patient care and assist patients in dealing with the complex mental health system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2, 4 |

| 4. | Document medical observations in a timely and accurate fashion. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
|----|--|--|--|------|
| 5. | Understand and utilize the multidisciplinary resources necessary to care optimally for hospitalized patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 6. | Collaborate with other members of the healthcare team to assure comprehensive patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
| 7. | Use evidence-based, cost-conscious strategies in the care of patients, including test ordering and scheduling. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

| 8. | Understand how their patient care and other professional practices affect other healthcare professionals, the healthcare organization, and the larger society (schools, juvenile justice system, protective service agencies) and how these elements of the system affect their own practice. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |
|----|---|--|---|------|
| 9. | Collaborate with healthcare managers and healthcare providers to assess, coordinate, and improve healthcare and know how these activities can affect system performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2, 4 |

SAMPLE SCHEDULE

CHILD AND ADOLESCENT ROTATION SITE: Inpatient pediatric unit, IOP, Bolder and Chrysalis units (Riverside Medical Center), Psychiatric Specialists Office

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|-------------------------|-------------------------|-------------------------|--------------------|-------------------------|
| 0715-0800 | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 0800-1200 | Inpatient rounding | Inpatient Rounding | Inpatient Rounding | Inpatient Rounding | Inpatient Rounding |
| 1215-1300 | | | | Noon lecture | |
| 1300-1700 | Psychiatric Specialists | Psychiatric Specialists | Psychiatric Specialists | Conferences and | Psychiatric Specialists |
| | Office | Office | Office | didactics | |

Community Psychiatry Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: 8 weeks

Description: Two (2) four week blocks rotations of community based psychiatry occur in PGY 2 and PGY 4 at four sites: Thresholds, Inc., in downtown Kankakee, Ill. (1.2 mi from Riverside hospital); Bourbonnais Terrace, Bourbonnais, Ill. (3.8 miles from Riverside hospital); Riverside's Miller Rehabilitation (0.25 miles from hospital); and Riverside's Memory Care Center in Bourbonnais (5.2 miles from the hospital). Residents will be under the supervision of faculty Mayurika Pise, MD for three rotations and Dr. Mary Belford, MD while at Riverside's Memory Care Center in Bourbonnais.

The Thresholds site involves residents in an individual and group-based programs that treat patients with mental illness or duel-diagnosis in a multitude of community settings, such an Illness Management Recovery day program, supported employment with a variety of community employers, Assertive Community Treatment (ACT) outreach, residential homes and peer-support services including structured groups. Social workers, counselors or other masters level prepared staff will provide direct supervision of residents for art therapy, dialectical behavioral therapy, a trauma-informed care program, and others. Bourbonnais Terrace provides residents with opportunities to experience staff and patient lead psychotherapy groups. Residents will assess and treat patients with chronic mental illness in a community setting under the supervision of Mayurika Pise, MD and Cognitive Behavioral Therapist. The Riverside sites of Miller Rehabilitation and Memory Care Center provide residents with learning opportunities for medication management with direct and indirect supervision of geriatric patients in community settings.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. Scheduled lecture and seminars occurs Thursdays from 12:00 p.m. through 5:00 p.m. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means. This will assure the resident is ready for daily teaching rounds beginning immediately after morning report with a review with Dr. Pise's patient list and any significant clinical changes that occurred in patients already on the subspecialty teaching service. Dr. Pise will provide orientation on the first day of the rotation. A list of appropriate patients currently on the teaching service will then be provided to the resident.

On site experiences will include 9 a.m. to noon Monday through Friday with Dr. Pise or Dr. Belford at one of the sites, with direct, on-site indirect, or indirect supervision based on the facility as well as the resident's progress. Afternoons from 1 pm to 5 pm at the sites will include either direct supervision from Dr. Pise, or direct supervision from therapists and counselors. This will provide residents with exposure to the biopsychosocial realities of community psychiatric medicine, and includes collaboration with counselors, social workers, case managers, nursing and other personnel who share expertise at each individual facility. Other mentors will be used as needed.

Residents will evaluate and attend to patients in the community settings listed. Typically, this involves interviewing the patients and reviewing medications. Initially they will accompany Dr. Pise to these sites. As their skills progress as determined by Dr. Pise, they will visit these sites with indirect supervision in PGY4. Residents may give Dr. Pise recommendations on prescription of medications. Only Dr. Pise, through face-to-face assessment of patients, will perform medication management. In a psychiatric crisis, residents may perform medication management services with off-site consultation by Dr. Pise.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty and facility key sites' staff in each of the required general competency areas. Evaluations from ancillary staff will be solicited and included.

Suggested Reading: Kaplan and Sadock's Comprehensive Textbook of Psychiatry (10th ed.), by Sadock, Sadock and Ruiz, Sections 35.5: "Dialectical Behavior Therapy & 35.12: Psychiatric Rehabilitation; Stahl's Essential Psychopharmacology (4th ed.) by Stephen Stahl; and additional recommended readings

Patient Care

Goal: Residents must be able to demonstrate the knowledge, skills and attitudes necessary to provide patient care that is compassionate, appropriate, and effective for the treatment of patients (clients) in the community setting.

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectiv <i>Resider</i> | ves nts are expected to: | Teaching Method | Evaluation Method (360 degree evaluations includes self, peers, patients and staff). | PGY Level |
|----------------------------|---|--|---|--------------|
| 1. | Develop an effective working alliance with patients from culturally diverse backgrounds using therapeutic skills such as empathy and active listening with the goal of providing culturally competent care for persistently and chronically ill patients in the public sector. | Didactics Board Review On site teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |
| 2. | Conduct a comprehensive diagnostic assessment and treatment formulation, which will include special attention to the individual's current support system in the community at large. The diagnostic assessment also identifies current co-occurring physical health problems, or psychosocial stressors, which could serve as barriers to accessing either physical or mental health care services. In addition, the clinical formulation should also identify each individual's strengths and skills. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |
| 3. | Provide competent care using treatment modalities that include pharmacology and supportive psychotherapy. Residents will provide and coordinate care with patients who are receiving individual therapy from other professionals. Clinical management will require communicating with other treatment team members to develop individual treatment plans. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination | 2 |

| | | Computer Modules | (PRITE) Clinical Skills Exam (CSE) | |
|----|---|---|--|---|
| 4. | Develop the ability to provide an assessment and appropriate treatment plan for patients in community setting undergoing a crisis. | Didactics Board Review Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 5. | Understand the Assertive Community treatment (ACT) outreach approach to treating severe mental illness and substance abuse and apply it patients not responding to other forms of outpatient therapy. | Didactics Rotation teachings Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Annual psychiatry in-training examination (PRITE) | 2 |

Medical Knowledge

Goal: Residents must demonstrate progressive attainment of a knowledge base in the clinical sciences and apply this to patient care. At the time of completion of training, the resident will have attained a knowledge base sufficient to allow him or her to practice competently and independently using evidence-based practices. The resident twill have demonstrated the ability to pursue life-long learning in order to allow for successful completion of the ABPN certification examination and subsequent maintenance of certification. Reporting Milestones:

MK1 - Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)

MK2 - Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)

MK3 - Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| - m | | | |
|--|--|---|--------------|
| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
| Demonstrate knowledge about relevant medical illnesses, and appropriate medical- psychiatric differential diagnoses. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination | 2 |

| | | | (PRITE) Clinical Skills Exam (CSE) | |
|----|---|--|--|---|
| 2. | Demonstrate knowledge about indications for psychiatric treatments in general, and will be able to refer individuals for more specialized psychiatric treatments when clinically appropriate (i.e., substance abuse treatment services, psychotherapy, inpatient). | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. | Demonstrate knowledge about psychopharmacologic agents, indications, side effects, and interactions. Residents will be able to competently prescribe pharmacotherapy for the patient population, being mindful of possible pharmacokinetic differences to help minimize potential side effects and maximize therapeutic efficacy. Depot therapies and Clozaril treatment for severe mental illness. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 4. | Demonstrate knowledge about various psychotherapeutic approaches commonly employed in community psychiatry in addition to traditional psychotherapy. Residents will become familiar with Psychosocial Rehabilitation model and the current mental health recovery concept including wrap around and integrated care. Residents will be able to identify indications for reach therapeutic modality and potential pitfalls in form of treatment. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning, including closing any skills gaps and keeping abreast of current information.

Reporting Milestones:

PBLI1 - Evidence-Based and Informed Practice

| BLI2 - Reflective Practice and Commitment to Personal Growth | | | | |
|--|--|--|--------------|--|
| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level | |
| Utilize supervisory feedback to improve their interactions with patients, and to improve their diagnostic, treatment, and assessment skills. | Didactics Board Review On Site Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2 | |

| | | Role Modeling Independent Learning Computer Modules | Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|----|--|---|--|---|
| 2. | Consult medical literature as needed to improve their knowledge base and care of their patients. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |
| 3. | Participate in quality improvement activities/projects, such as reviewing attendance/productivity reports, which give objective feedback about the current practice environment. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients (clients), their families, and health professionals.

- ICS1 Patient- and Family-Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|---|--------------|
| Effectively communicate with patients and families from a broad range of socioeconomic, demographic, ethnic, and racial backgrounds. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 2 |

| | | Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | |
|----|--|--|--|---|
| 2. | Effectively communicate with other mental health professionals and medical professionals by consulting and working collaboratively with case managers, crisis teams and other mental health professionals. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Exam (CSE) | 2 |

Professionalism

Goal: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Reporting Milestones:

Prof1 - Professional Behavior and Ethical Principles Prof2 - Accountability/Conscientiousness

Prof3 - Well-Being

| Objectiv <i>Resider</i> | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|---|--|---|--------------|
| 1. | Maintain appropriate professional attire and demonstrate timeliness for patient appointments and supervision. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 2. | Demonstrate appropriate demeanor with patients. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 3. | Demonstrate appropriate demeanor with other medical professionals. | Didactics Board Review | End of Rotation Evaluation 360 Degree Evaluation | 2 |

| | | On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | |
|----|---|--|---|---|
| 4. | Demonstrate conduct with patients and colleagues that meet ethical standards, and demonstrate sensitivities to the site's individual clients' specific needs. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |

System-Based Practice

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

- SBP1 Patient Safety and Quality Improvement (A, B, C)
- SBP2 System Navigation for Patient-Centered Care (A, B, C)
- SBP3 Physician Role in Health Care Systems (A, B, C)

| Objectiv | | Teaching Method | Evaluation Method | PGY |
|----------|--|--|---|-------|
| Resider | nts are expected to: | | | Level |
| 1. | Advocate for their patients by helping each person to navigate the mental health system in order to best serve their own individual treatment needs by learning about, and using, community resources and services in planning patient care. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 2. | Implement preventive interventions such as screening for metabolic disorders, or possible movement disorders with the use of AIMS tests as a systematic part of their clinical practice. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 3. | Document in a timely and accurate manner in the manner customarily used at each site for each patient, whether paper charting or electronic medical record. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 4. | Effectively manage scheduling and triage to best serve the needs of their patients. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |
| 5. | Effectively allocate scarce resources in the current care system including the physician's own time. | Didactics Board Review On Site Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2 |

SAMPLE SCHEDULE – random one week, PGY2

COMMUNITY SITE(S): Thresholds, Kankakee, Ill.; Bourbonnais Terrace, Bourbonnais, Ill.; Miller Center (Riverside Medical Center), Kankakee, Ill.; Memory Care at Riverside Senior Life Facility (Riverside Medical Center), Bourbonnais, Ill.

| | <u>Monday</u> | Tuesday (2 days a | Wednesday | Thursday | <u>Friday</u> |
|-----------|-----------------------|--------------------------|-------------------------|--------------------------|-----------------------|
| | | month at Thresholds all | | | |
| | | day) | | | |
| 0715-0800 | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 0900-1200 | Bourbonnais Terrace | Thresholds w Dr. Pise | Miller with Dr. Pise | Thresholds with Dr. Pise | Bourbonnais Terrace – |
| | with Dr. Pise | | | | Groups |
| 12-1300 | | | | Noon lecture | |
| 1300-1700 | Bourbonnais Terrace – | Thresholds with Dr. Pise | Miller with social | Afternoon lecture series | Bourbonnais Terrace – |
| | groups | | workers, physical | | groups |
| | | | therapists, counselors, | | |
| | | | therapy and or groups | | |

Emergency Psychiatry Medicine Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: One rotational block of one month duration in PGY 2 year with the option of elective rotations in PGY 4

Description: Residents will complete Emergency Psychiatry rotations at Riverside Medical Center in PGY-2 year and returning in PGY-4 year in an elective rotation if desired. They will be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. Illnesses assessed and treated include acute mood disorders, psychotic disorders, substance use disorders, anxiety/adjustment disorders and behavioral manifestations of organic pathology. Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. The treatment team includes psychiatrist, emergency room physician, case managers, nurses and mental health evaluators. The resident should be in the hospital for morning report starting at 8 AM Monday- Friday adjusted per Call rotation and attending availability. This will assure the resident is ready for daily rounds beginning after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the teaching service. All residents are expected to attend morning report and Thursday didactic lectures. Attendance is taken at these conferences. Thursday didactics occur from noon-5 PM. On overnight post-call days, the resident may leave by 8:30 AM if their work is completed and patients have been checked out to the resident on call for that day per transition of care policy. It is expected residents will be well-exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with emergency room physicians, social workers, case managers, utilization review experts, nursing staff and other professionals who share expertise in their area such as risk management, administration and pharmacy. The faculty attending throughout the rotation will supervise each resident. Other mentors will be used as needed.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Mental Health Unit by 8 AM. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, individual and group supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Suggested Reading: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Sites: Riverside Medical Center, Kankakee, IL

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health for patients and their families in the emergency room setting. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for this area of practice. **Reporting Milestones:**

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)

| Object | Clinical Consultation | Teaching Method | Evaluation Method | PGY |
|--------|--|--|--|-------|
| | end of the rotation, residents are expected to: | reaching Method | Evaluation Pictriod | Level |
| 1. | Demonstrate competence in the evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 2. | Develop and master the ability to fulfill the basic criteria necessary to function with Indirect supervision: the ability and willingness to request help when indicated; gather appropriate history; perform emergency psychiatric and risk assessments; present accurate patient findings to a supervisor unfamiliar with the patient; develop and initiate a treatment plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 3. | Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family, friends, health care providers and the patient's medical records meeting HIPAA expectations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 4. | Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessary additional steps in the evaluation of complex conditions and incorporating risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |

| | | | Clinical Skills Examination | |
|----|---|--|--|---|
| 5. | Perform physical, neurological and mental status examinations, including the use of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 6. | Develop a comprehensive bio-psychosocial formulation and differential diagnosis that incorporate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/ spiritual factors, economic issues, current relationships, psychosocial stressors and current mental status examination. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 7. | Develop formulations based on multiple conceptual models incorporating subtle, unusual or conflicting findings and integrate clinician's and patient's emotional responses into it and the diagnosis. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 8. | Develop and implement with informed consent diagnostic and therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific evidence and clinical judgment utilizing the results of physical, neurological and mental status examinations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 9. | Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 2 |

| economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient assessing the most appropriate and least restrictive alternatives such as in-patient vs partial hospitalization vs out-patient referral for the next phase of care including pharmacological and psychotherapy interventions. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
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| 10. Understand and utilize the involuntary civil commitment process. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Show ability to explain less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 12. Understand indications for and appropriate administration of emergency psychopharmacology including the use of antipsychotic, benzodiazepine, and mood stabilizing medications for psychiatric emergencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 13. Develop understanding and implement the use of psychotherapeutic strategies appropriate for an emergency setting, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam | 2 |

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|-----|---|------------------------------------|---|--|
| | | Role Modeling Independent Learning | Clinical Competency Committee | |
| | | Computer Modules | Annual psychiatry in-training examination (PRITE) | |
| | | Computer Floadies | Clinical Skills Examination | |
| 1./ | Demonstrate competence to identify recommendation for the administration of | Didactics | Direct and Indirect Observation | 1 |
| 17. | 14. Demonstrate competence to identify recommendation for the administration of electroconvulsive therapy (ECT). Specifically residents will be able to: -Describe selection of appropriate patients for ECT, including psychiatric indications and | Board Review | End of Rotation Evaluation | 2 |
| | | Bedside Teaching | | |
| | medical/psychiatric contraindications | Clinical Teaching | 360 Degree Evaluation Annual PD Evaluation | |
| | -Educate patients and their families about the risks and benefits of and alternatives to | Rounds | | |
| | Describe process and elements responsely to obtain informed consent for ECT from | Role Modeling | In-Training Exam | |
| | -Describe process and elements necessary to obtain informed consent for ECT from patients | Independent Learning | Clinical Competency Committee | |
| | patients | Computer Modules | Annual psychiatry in-training | |
| | | | examination (PRITE) | |
| 15 | Davice individualized treatment plans for complex precentations, cellaborating with | Didactics | Clinical Skills Examination | |
| 15. | Devise individualized treatment plans for complex presentations, collaborating with mental health professionals of other non-medical disciplines and with physicians from | Board Review | Direct and Indirect Observation End of Rotation Evaluation | 2 |
| | other specialty services to coordinate and optimize the patient's care utilizing multiple | Bedside Teaching | | |
| | modalities and critically appraising and integrating diverse recommendations. | Clinical Teaching | 360 Degree Evaluation | |
| | | Rounds | Annual PD Evaluation | |
| | | Role Modeling | In-Training Exam | |
| | | Independent Learning | Clinical Competency Committee | |
| | | Computer Modules | Annual psychiatry in-training examination (PRITE) | |
| | | | Clinical Skills Examination | |
| 16 | Select the most appropriate evidence based interventions and treatments in treatment | Didactics | Direct and Indirect Observation | 2 |
| 10. | of complex presentations based on consideration of patient factors and acuity. | Board Review | End of Rotation Evaluation | 2 |
| | or complete processing and a second of contract of passing laces of and access, | Bedside Teaching | 360 Degree Evaluation | |
| | | Clinical Teaching | Annual PD Evaluation | |
| | | Rounds | In-Training Exam | |
| | | Role Modeling | _ | |
| | | Independent Learning | Clinical Competency Committee Annual psychiatry in-training | |
| | | Computer Modules | examination (PRITE) | |
| | | | Clinical Skills Examination | |
| 17 | Demonstrate understanding of the mental health system and mental health resources | Didactics | Direct and Indirect Observation | 2 |
| 1/. | available in the community and use this knowledge to participate in acute treatment | Board Review | End of Rotation Evaluation | |
| | planning, discharge planning and development of appropriate aftercare plans to manage | Bedside Teaching | 360 Degree Evaluation | |
| | and connect acutely and chronically mentally ill patients with appropriate | Clinical Teaching | Annual PD Evaluation | |
| | psychopharmacologic, psychotherapeutic and social rehabilitative interventions. | Rounds | In-Training Exam | |
| | | Role Modeling | Clinical Competency Committee | |
| | | Independent Learning | Annual psychiatry in-training | |
| | | Computer Modules | examination (PRITE) | |
| | | | CAGAMINGGOT (TATE) | |

| | | Clinical Skills Examination | |
|--|--|--|---|
| Utilize community resources and agencies to prevent repetitive emergency department visits. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 19. Establish and maintain a therapeutic alliance with patients with complicated problems, select appropriate psychotherapeutic modalities based on case formulation, tailor therapy to the patient and appropriately manage boundary violations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 20. Complete the medical record systematically including psychiatric assessments, daily progress notes and completion of appropriate consents and treatment plan updates in a timely manner. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 21. Interview patients skillfully, generate and prioritize differential diagnoses of patient's problems and formulate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment to create an individualized treatment plan for each patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 22. Evaluate suicidal and aggressive/homicidal risk potential of each patient acutely and on an ongoing basis during treatment. Learn how to manage situations where imminent | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 2 |

| danger is present. Describe ways to modify the approach to the exam when faced with a potentially violent patient. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|--|--|--|---|
| 23. Recognize and appropriately respond to family violence (e.g., child, partner, elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Demonstrate a knowledge of major theoretical approaches to understanding the doctor- patient relationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |

| | | | Clinical Skills Examination | |
|----|--|--|--|---|
| 2. | Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological symptoms in the emergency setting. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 3. | Demonstrate an understanding of the aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 4. | Demonstrate a knowledge of the etiologies, prevalence, diagnosis, treatment and prevention of the psychiatric conditions most likely to affect emergency room patients and how acquiring and losing specific capacities can influence the expression of psychopathology. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 5. | Demonstrate the knowledge of the fundamental principles of epidemiology, etiologies, diagnosis, treatment and prevention of all major psychiatric disorders in the current diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and acute treatment of psychiatric disorders and conditions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2 |

| 6. | Demonstrate knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
|----|---|--|--|---|
| 7. | Demonstrate a knowledge of the symptoms of neurologic disorders and medical conditions commonly encountered in psychiatric practice and the psychiatric complications secondary to them and ensure the use of appropriate consultation to diagnose and provide treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 8. | Recognize medical complications related to psychiatric illness or psychotropic medications. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 9. | Recognize medical conditions that may present as psychiatric emergencies. Rule out life-threatening medical conditions that mimic psychiatric emergencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam | 2 |

| | Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|--|--|--|---|
| Demonstrate an understanding of neurologic and medical conditions that can affect evaluation and care of psychiatric patients and incorporating neurobiological processes into case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging and rating scales and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 12. Demonstrate knowledge in the history of psychiatry and its relationship to the evolution of medicine. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 13. Understand and follow the legal parameters of psychiatric practice. Demonstrate the knowledge of the indications for psychiatric treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 2 |

| | Role Modeling | In-Training Exam | |
|--|--|---------------------------------|---|
| | Independent Learning | 1 | |
| | Computer Modules | Clinical Competency Committee | |
| | Computer Modules | Annual psychiatry in-training | |
| | | examination (PRITE) | |
| | | Clinical Skills Examination | |
| 14. Demonstrate knowledge of psychopharmacological treatment of mental illness, including | Didactics | Resident performance: | 2 |
| indications, side-effects, treatment algorithms, the management of treatment-resistant | Board Review | Direct and Indirect Observation | |
| illness, augmentation strategies, combination strategies and interactions. | Bedside Teaching | End of Rotation Evaluation | |
| | Clinical Teaching | 360 Degree Evaluation | |
| | Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam | |
| | Independent Learning | , | |
| | Computer Modules | Clinical Competency Committee | |
| | | Annual psychiatry in-training | |
| | | examination (PRITE) | |
| | | Clinical Skills Examination | |
| 15. Demonstrate knowledge of the theoretical mechanisms of therapeutic change, compare | Didactics | Resident performance: | 2 |
| selection criteria and potential risks and benefits of different psychotherapies, indications | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation | |
| and potential consequences and analyze the evidence base for combining psychotherapy and pharmacotherapy. | | End of Rotation Evaluation | |
| ана рнатнасоснегару. | | 360 Degree Evaluation | |
| | | Annual PD Evaluation | |
| | | In-Training Exam | |
| | Independent Learning | Clinical Competency Committee | |
| | Computer Modules | | |
| | | Annual psychiatry in-training | |
| | | examination (PRITE) | |
| | | Clinical Skills Examination | |
| 16. Demonstrate competence in the management of behavioral emergencies, including | Didactics | Resident performance: | 2 |
| verbal and behavioral de-escalation techniques. | Board Review | Direct and Indirect Observation | |
| | Bedside Teaching | End of Rotation Evaluation | |
| | Clinical Teaching | 360 Degree Evaluation | |
| | Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam | |
| | Independent Learning | Clinical Competency Committee | |
| | Computer Modules | Annual psychiatry in-training | |
| | | examination (PRITE) | |
| | | Clinical Skills Examination | |
| 17. Counting to with the annual county who distance in the annual county of the second | Did-di- | | 1 |
| 17. Coordinate with the emergency room physicians in the management of co-morbid, non- | Didactics | Resident performance: | 2 |
| psychiatric medical issues for patients awaiting psychiatric placement. | Board Review | Direct and Indirect Observation | |
| | Bedside Teaching | End of Rotation Evaluation | |
| | | 360 Degree Evaluation | |

| Clinical Teaching Rounds Role Modeling Independent Lea Computer Module | - / illiadi poycilladi y ili dalililig | |
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Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Reporting Milestones:PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| Objectives: | Teaching Method | Evaluation Method | PGY |
|---|--|--|-------|
| Residents are expected to: | | | Level |
| Identify strengths, deficiencies and limits in one's knowledge and expertise. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Set learning and improvement goals using performance data to measure the effectiveness of the learning plan and when necessary, improve it. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Develop and implement strategies for filling gaps in medical knowledge, diagnostic and treatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching | Resident performance: Direct and Indirect Observation End of Rotation Evaluation | 2 |

| | | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|----|--|--|--|---|
| 4. | considering alternatives in narrowing the gap(s) between their expected and actual performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 5. | Seek feedback with openness and humility from their supervising attending and other health care providers and formative evaluations about their own practice to systematically analyze their practice and implement improvement. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 6. | Systematically analyze practice using quality improvement methods. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 7. | Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems and demonstrate ability to consult medical literature as needed to improve knowledge base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam | 2 |

| | Role Modeling Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|--|--|--|---|
| 8. Use information technology to optimize learning with online medical information. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Apply knowledge of study design, statistical methods and evidence-based medicine to the appraisal of clinical studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 10. Critically appraise and apply evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Teach medical students and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |

| | | Clinical Skills Examination | |
|--|--|--|---|
| Use supervisory feedback to improve interaction with patients and family members, educating them in emergency psychiatric episodes | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 13. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals in the emergency care setting.

Reporting Milestones:

- ICS1 Patient- and Family-Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|--------------|
| Create and sustain a therapeutic and ethically sound relationship with patients, their families and the public as appropriate, across a broad range of socioeconomic and cultural backgrounds. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2 |

| 2. | formulation of the patient's presentation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|----|---|--|--|---|
| 3. | recognize personal biases and attempt to proactively minimize their contribution to communication barriers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 4. | Communicate effectively with emergency room physicians, other non-physician healthcare professionals, CID staff and healthcare related agencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 5. | Work effectively as a member or leader of a multidisciplinary health care team or other professional group, coordinating recommendations from different members to optimize patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2 |

| | | | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|----|--|--|--|---|
| 6. | Educate patients, families, students and other health care professionals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 7. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute to departmental or organizational initiatives to improve communication systems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 8. | patients with thought disorganization, cognitive impairment, paranoia, aggressiveness and/or inappropriate behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 9. | Use effective listening skills in interactions with patients and their families to facilitate an accurate interview, demonstrate proficiency in conveying difficult information to them and use shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam | 2 |

| | | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|---|--|--|---|
| Recognize and monitor their emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogue regarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 12. Know how to inform patients and obtain their voluntary consent for the general plan of psychiatric care for their specific diagnoses and recommended therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |

Professionalism

Goal: Resident must demonstrate a commitment to professionalism in carrying out their responsibilities and an adherence to ethical principles.

Reporting Milestones:Prof1 - Professional Behavior and Ethical Principles

Prof2 - Accountability/Conscientiousness

Prof3 - Well-Being

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|--------------|
| Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best care possible, advocating for the best outcome available. | | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an emergency psychiatric setting, including: involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges impose by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) | 2 |

| | | | Clinical Skills Examination | |
|----|--|--|--|---|
| 4. | Accountability to patients, society, other health care providers and the profession which supersedes self-interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 5. | Respect, sensitivity and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 6. | develop a plan for one's own personal and professional well-being. Identifying institutional factors that positively and/or negatively affect well-being. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 7. | Recognizing situations that may trigger professionalism lapses and intervene to prevent lapses in self and others. Respond appropriately to professionalism lapses of self or colleagues. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2 |

| | B:1 :: | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|--|--|--|---|
| 8. Appropriately identifying, disclosing and addressing conflict or duality of interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Present patient information concisely and clearly verbally and complete documentation in a timely manner in the patient's medical record adhering to HIPM policies and procedures. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| Knowing how to inform patients and obtain voluntary consent for the general plan of psychiatric care for their specific diagnoses with specific treatment interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Arriving to the hospital punctually, well-prepared with identified learning goals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam | 2 |

| | Independent Learning Computer Modules | Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|---|--|--|---|
| 12. Demonstrating the effective utilization of case related clinical learning through availability, seeking feedback from supervisors, and appropriate follow-up. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 13. Modeling effective teaching skills to students and peers, providing appropriate supervision/ teaching to trainees. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals.

Reporting Milestones:

- SBP1 Patient Safety and Quality Improvement (A, B, C)
- SBP2 System Navigation for Patient-Centered Care (A, B, C)
- SBP3 Physician Role in Health Care Systems (A, B, C)

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|-----------------|-----------------------|--------------|
| Understand and function within the hospital and community mental health centers, | Didactics | Resident performance: | 2 |

| | within the context of the State of Illinois mental health system, for referrals to in-patient psychiatric and substance abuse treatment. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|----|--|--|--|---|
| 2. | Collaborate with psychiatrists and other mental health providers in the community, medical consultants, and community organizations to provide for the best patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 3. | Advocate for quality patient care, assist patients in dealing with the larger mental health system, optimize the patient care system and understand how patient care affects and is affected by the mental health care system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 4. | Work in interprofessional teams to enhance patient safety and improve patient care quality and develop an understanding of the way in which patient care affects and is affected by other health care providers. Role model effective coordination of patient-centered care among different disciplines and specialties. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 5. | Participate in identifying system errors in patient safety events and implementing potential system solutions for error prevention. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 2 |

| 6. | Develop an understanding of the economics of emergency psychiatric treatment and incorporate considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care. | Role Modeling Independent Learning Computer Modules Didactics Board Review Bedside Teaching | Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination Resident performance: Direct and Indirect Observation End of Rotation Evaluation | 2 |
|----|---|--|--|---|
| | | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
| 7. | providing cost-effective evidence-based care that does not compromise quality of care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 8. | Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 9. | Understand the financing and regulation of psychiatric practice, as well as information about the structure of public and private organizations that influence mental health care. Analyze practice patterns and professional requirements in preparation for practice. Understand the policies, procedures and duties regarding involuntary commitment, court orders regarding treatment interventions, guardianship and power of attorney for health care and their implications. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee | 2 |

| | | Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | |
|---|--|--|---|
| 10. Assist patients in navigating system complexities and disparities in mental health care resources and adapting practice to provide for the needs of specific populations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 11. Professionally disclose patient safety events to patients and families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 12. Advocate for the promotion of mental health and the prevention of mental disorders, mobilizing community resources when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |
| 13. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident performance: Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Clinical Competency Committee Annual psychiatry in-training examination (PRITE) Clinical Skills Examination | 2 |

SAMPLE SCHEDULE

SITE: Emergency Department and Central Intake Department (CID), Riverside Medical Center (RMC), Kankakee

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|------------|---|---|---|------------------------------|---|
| 0700-0800 | Morning report | Morning report | Morning report | Morning report | |
| 0800- 1200 | Emergency Department and Central Intake | Emergency Department and Central Intake | Emergency Department and Central Intake | Central Intake Department | Emergency Department and Central Intake |
| | Department | Department | Department | | Department |
| 1300-1700 | Emergency Department | Emergency Department | Emergency Department | (starting at noon) Psych | Emergency Department |
| | and Central Intake | and Central Intake | and Central Intake | conference, lectures | and Central Intake |
| | Department | Department | Department | | Department |

Geriatric Psychiatry Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: One-month block for the PGY-2- and 3-4-week blocks for PGY-4.

Description: PGY – 2 Residents will rotate through a one-month block of geriatric psychiatry and return in PGY-4 year in a leadership role at Riverside Medical Center's Geriatric-Psychiatry (inpatient) Unit, Miller Residential (rehab and long-term care), as well as the Memory Care Center. The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the subspecialty teaching service. All residents are expected to attend morning report and Thursday conference from noon to 5:00 pm weekly. Attendance is taken at these conferences. On post-call days, the resident may leave by 8:30 a.m. if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected that residents will be greatly exposed to the bio-psychosocial realities of hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, regular grand rounds, Morning Report sessions, other scheduled lectures and monthly conferences, readings as assigned and use of medical library resources including computerized searches.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested Reading: "Kaplan & Sadock's Comprehensive Textbook of Psychiatry" by Kaplan, Kaplan and Ruiz (10th ed.), "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M. Stahl; and other reading assignments as directed by the attending

Patient Care

Goal: Residents must be able to provide patient care that demonstrates a progressive attainment of providing compassionate, appropriate, and effective for the treatment of psychiatric illness and other health problems, as well as the promotion of health, for the geriatric population, in inpatient and outpatient experiences.

Reporting Milestones:

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectives | Teaching Method | Evaluation Method | PGY |
|----------------------------|-----------------|-------------------|-------|
| Residents are expected to: | | | Level |

| 1. | Demonstrate progressive ability to complete in-depth assessments to determine the correct diagnosis for each geriatric patient while attending to possible co-morbid medical and neuropsychiatric diagnosis. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics | Resident Performance – End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
|----|--|--|--|------|
| 2. | Show an ability to engage, collect information, evaluate, diagnose and establish a treatment plan to geriatric patients who present with dementias, neuropsychiatric and psychiatric symptoms. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics | Resident Performance – End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 3. | Exhibit the ability to treat all patients and their families using the mode of treatment most suitable for the patient in the current situation. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |

Medical Knowledge

Goal: Residents must demonstrate knowledge about the established and evolving biomedical, neurological, clinical, epidemiological and socio-behavioral sciences, as well as the application of this knowledge to patient care of the geriatric psychiatric patient population as it pertains to this segment of the life cycle.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|---|--------------|
| Demonstrate knowledge of the techniques and interview styles used in the evaluation of older adults with sensitivity to cognitive disorders what are common in this population, in a variety of settings. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |

| 2. | Demonstrate knowledge of the multiple medical disorders that are co-morbid with and often precipitate psychiatric symptoms in older adults. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
|----|---|---|--|------|
| 3. | Demonstrate knowledge of the various pharmacological modalities used in treating psychiatric disorders in older adults and the literature related to their effectiveness. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 4. | Demonstrate knowledge of the psychopharmacologic interventions used in the treatment of cognitive disorders in older adults. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 5. | Demonstrate knowledge of the indications and possible side effects for each of the treatment listed above, in light of their geriatric physiology. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 6. | Demonstrate ability to understand and use neuropsychological data, various imaging and laboratory data to arrive at the correct diagnosis and treatment plan for each geriatric individual. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones: PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|--|---|--------------|
| 1. | Locate and critically appraise scientific literature relevant to geriatric patient care and use evidence from the literature in clinical decision-making, as appropriate. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 2. | Regularly use information technology in the service of patient care of the elderly veteran's population. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |
| 3. | Participate in practice-based improvement activities (e.g. improve his/her clinical practice as a result of supervision; participate in case conferences, case reviews, and/or CQI projects) focusing on psychiatric care of geriatric patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 2, 4 |

Interpersonal and Communication Skills

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

- Reporting Milestones: ICS1 Patient- and Family-Centered Communication ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectiv | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------|--|---|--|--------------|
| 1. | Demonstrate the ability to educate patients and families regarding psychiatric and cognitive disorders in the older adult population. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam(PRITE) Direct Observation | 2, 4 |
| 2. | Demonstrate the ability to collaborate effectively with other members of the treatment team, such as primary care physicians and other therapists. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 2, 4 |

| | Role Modeling Independent Learning Computer Modules Other: | In-Training Exam(PRITE) Direct Observation | |
|--|--|--|--|
|--|--|--|--|

Professionalism

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

Reporting Milestones:

Prof1 - Professional Behavior and Ethical Principles Prof2 - Accountability/Conscientiousness

Prof3 - Well-Being

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|---|---|--------------|
| 1. | Exhibit respect for the patient's and the family's stress levels during evaluation and treatment of psychiatric disorders in older individuals for whom this may be the first contact with psychiatry. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam(PRITE) Direct Observation | 2, 4 |
| 2. | Show a willingness to explain and discuss findings to patients, caregivers, and their families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam(PRITE) Direct Observation | 2, 4 |
| 3. | Demonstrate respect for, and communication with, referring physicians, therapists, and caregivers to optimize treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation | 2, 4 |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care for the elderly psychiatric population.

Reporting Milestones:

SBP1 - Patient Safety and Quality Improvement (A, B, C)
SBP2 - System Navigation for Patient-Centered Care (A, B, C)
SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|---|--|--------------|
| Acquire and integrate knowledge regarding the multiple systems of families, caregivers and community agencies necessary for the treatment of many older adults in the outpatient sites. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Other: | Resident Performance: End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam(PRITE) Direct Observation | 2, 4 |
| 2. Integrate care management early and effectively with inpatient care. | Bedside teaching Clinical Teaching Rounds Independent Learning | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 2, 4 |

SAMPLE for Outpatient Days SCHEDULE

GERIPSYCHIATRY SITE(S): Riverside Medical Center (RMC) geri-psych inpatient unit and Miller Center, Kankakee; Thresholds, Kankakee, Ill.; Bourbonnais Terrace, Bourbonnais, Ill.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|-------------------|-------------------|-------------------|-------------------|-------------------|
| 0830-0900 | Morning Report |
| 0900-1200 | Outpatient Visits |
| 1215-1300 | | | | Lecture | |
| 1300-1700 | Outpatient Visits | Outpatient Visits | Outpatient Visits | Lectures | Outpatient Visits |

Inpatient Psychiatry Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: One-month blocks throughout the PGY-1, PGY-2 and PGY-4 years.

Description: Residents will complete Inpatient Psychiatry rotations at Riverside Medical Centerstarting in PGY-1 and PGY-2 years and returning in PGY-4 year in a leadership role. They will be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. The locked mental health units at Riverside Medical Center include an adult unit, a child/adolescent unit, a senior unit and two age specific adolescent units. Each unit is a regional facility that accepts only high-acuity patients who are at risk for harm to self and/or others. All units have 24 hour supervision and nursing care. Illnesses treated include acute mood and/or psychotic disorders possibly co-morbid with medical, substance use, impulse control or anxiety disorders. Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. Treatment teams on each unit include psychiatrist, primary care and specialty consultants, case managers, nurses, psychotherapists and mental health technicians. The resident should be in the hospital for morning report starting at 8 AM Monday-Friday adjusted per Call rotation and attending availability. This will assure the resident is ready for daily teaching rounds beginning after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the teaching service. All residents are expected to attend morning report and Thursday didactic lectures when on psychiatry and neurology rotations. Attendance is taken at these conferences. Thursday didactics occur from noon-5 PM. On overnight post-call days, the resident may leave by 8:30 Am if their work is completed and patients have been checked out to the resident on call for that night per transition of care policy. It is expected residents will be well-exposed to the bio-psychosocial realities of

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, individual and group supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Morning Report by 8 AM. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Suggested readings: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, IL

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health for patients and their families in the in-patient setting. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

Reporting Milestones:

PC1 - Psychiatric Evaluation (A, B, C)

- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
 PC3 Treatment Planning and Management (A, B, C)
 PC4 Psychotherapy (A, B, C)
 PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
 PC6 Clinical Consultation

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|---------------|
| Demonstrate competence in the evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 2. Obtain advanced cardiac life support (ACLS) certification | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 3. Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family, friends, health care providers and the patient's medical records meeting HIPAA expectations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 4. Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessar additional steps in the evaluation of complex conditions and incorporating risk an protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient. | d Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Perform physical, neurological and mental status examinations, including the use of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

| | | _ | | |
|-----|--|--|--|---------------|
| 6. | Develop a comprehensive bio-psychosocial formulation and differential diagnosis that incorporate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/ spiritual factors, economic issues, current relationships, psychosocial stressors and current physical examination. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 7. | Develop and implement with informed consent diagnostic and therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. | Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient using pharmacological, including medications, and therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 9. | Show ability to explain less common somatic treatment choices to patients/families in terms ofproposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 10. | Prescribe medications safely and effectively and evaluate ongoing treatment for response. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 11. | Devise individualized treatment plans for complex presentations, collaborating with peers, attending, other professionals of other non-medical disciplines and with physicians from other specialty services to coordinate and optimize the patient's care utilizing multiple modalities and criticallyappraising and integrating diverse recommendations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1, 2, 3, 4 |

| | Independent Learning Computer Modules | Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| Select the most appropriate evidence based interventions, treatments and adjustments in treatment of complex presentations based on consideration of patient factors and acuity. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 13. Manage adverse effects and safety concerns in complex or treatment refractory cases. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 14. Establish and maintain a therapeutic alliance with patients with complicated problems, select appropriate psychotherapeutic modalities based on case formulation, tailor therapy to the patient and appropriately manage boundary violations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 15. Complete the medical record systematically including admission assessments, daily progressnotes, discharge summaries and completion of appropriate consents and treatment plan updates in a timely manner. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 16. Interview patients skillfully, generate and prioritize differential diagnoses of patient's problems and formulate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment to create an individualized treatment plan for each patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 17. Evaluate suicidal and aggressive/homicidal risk potential of each patient acutely and on an ongoing basis during treatment. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 1, 2, 3, 4 |

| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| 18. Recognize and appropriately respond to family violence (e.g., child, partner, elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Objectives Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|--|---------------|
| Demonstrate a knowledge of major theoretical approaches to understanding the doctor-patientrelationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

| 3. | Demonstrate an understanding of the aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
|----|--|--|--|---------------|
| 4. | Demonstrate a knowledge of the etiologies, prevalence, diagnosis, treatment and prevention of the psychiatric conditions most likely to affect patients and how acquiring and losing specific capacities can influence the expression of pathology. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 5. | Demonstrate the knowledge of the fundamental principles of epidemiology, etiologies, diagnosis, treatment and prevention of all major medical disorders, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and acute treatment of medical disorders and conditions utilizing Up-To-Date when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 6. | Demonstrate knowledge to identify and treat atypical and complex medical conditions throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 7. | Demonstrate a knowledge of the symptoms of neurologic disorders and medical conditions commonly encountered in psychiatric practice and ensure the use appropriate consultation todiagnose and provide treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. | Demonstrate an understanding of neurologic and medical conditions that can affect evaluation and care of patients and incorporating neurobiological processes into case formulation, ordering and interpreting appropriate laboratory and radiologic testing and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

| | | Computer Modules | | |
|--------------|--|--|--|---------------|
| s d te | Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory resting, imaging, neuropsychological testing and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| | Demonstrate knowledge in the history of psychiatry and its relationship to the evolution ofmedicine. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 11. U | Understand and follow the legal parameters of psychiatric practice | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 12. | Demonstrate the knowledge of the indications for medical treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| C ir | Demonstrate knowledge of the theoretical mechanisms of therapeutic change, compare selection criteria and potential risks and benefits of different therapies, indications and potential consequences and analyze the evidence base for dentifying the optimum treatment recommendation in each patient presentation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

Reporting MilestonesPBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| Objectives: Residents are expected to: | Teaching Method Select all that apply | Evaluation Method Select all that apply | PGY Level |
|---|--|--|---------------|
| Identify strengths, deficiencies and limits in one's knowledge and expertise. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| Set learning and improvement goals using performance data to measure the effectiveness of the learning plan and when necessary, improve it. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Develop and implement strategies for filling gaps in medical knowledge, diagnostic andtreatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Identify and perform learning activities, challenging one's own assumptions and consideringalternatives in narrowing the gap(s) between their expected and actual performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Seek feedback with openness and humility from their supervising attending and othe healthcare providers and formative evaluations about their own practice to | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| systematically analyze their practice and implement improvement. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| 6. Systematically analyze practice using quality improvement methods. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Locate, appraise and assimilate evidence from scientific studies related to their patients' healthproblems and demonstrate ability to consult medical literature as needed to improve knowledge base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. Use information technology to optimize learning with online medical information. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Apply knowledge of study design, statistical methods and evidence-based medicine to theappraisal of clinical studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 10. Critically appraise and apply evidence even in the face of uncertainty and conflicting evidenceto guide care, tailored to the individual patient. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 1, 2, 3, 4 |

| | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|---|--|--|------------|
| 11. Teach medical students and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 12. Use supervisory feedback to improve interaction with patients and family members. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 13. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 14. Identify pharmacy, nursing, PT/OT and other resources needed to assist with optimizing patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner withthem to assess their care goals, including, when appropriate, end-of-life goals.

- Reporting Milestones
 ICS1 Patient- and Family-Centered Communication
 ICS2 Interprofessional and Team Communication
 ICS3 Communication within Health Care Systems

| Objectiv | ves: its are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------|---|--|--|---------------|
| 1. | Create and sustain a therapeutic and ethically sound relationship with patients, their familiesand the public as appropriate, across a broad range of socioeconomic and cultural backgrounds. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 2. | Maintain an empathic stance and establish appropriate boundaries. Independently recognizepersonal biases and attempt to proactively minimize their contribution to communication barriers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 3. | Communicate effectively with physicians, other non-physician healthcare professionals and healthcare related agencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 4. | Work effectively as a member or leader of a multidisciplinary health care team or other professional group, coordinating recommendations from different members to optimize patientcare. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 5. | Educate patients, families, students and other health care professionals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1, 2, 3, 4 |

| | | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam | |
|-----|--|--|--|---------------|
| 6. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute todepartmental or organizational initiatives to improve communication systems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Demonstrate competence in complex interviewing situations, such as interacting with patientswith thought disorganization, cognitive impairment, paranoia, aggressiveness and/or inappropriate behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 8. | Use effective listening skills in interactions with patients and their families, demonstrate proficiency in conveying difficult information to them and use shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 9. | Recognize and monitor the emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 10. | Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogueregarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 11. | Know how to inform patients and obtain their voluntary consent for the general plan of psychiatric care for their specific diagnoses and recommended therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 1, 2, 3, 4 |

| | Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|--|---|--|--|
|--|---|--|--|

Professionalism

Goal: Resident must demonstrate a commitment to professionalism and an adherence to ethical principles.

Reporting Milestones
Prof1 - Professional Behavior and Ethical Principles
Prof2 - Accountability/Conscientiousness

| | Accountability/Conscientiousness Well-Being | | | |
|---------|--|--|--|---------------|
| Objecti | | Teaching Method | Evaluation Method | PGY Level |
| 1. | Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 2. | Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best care possible. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 3. | Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an inpatient psychiatric setting, including: involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 4. | Accountability to patients, society, other health care providers and the profession which supersedes self-interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

| | | Computer Modules | | |
|-----|---|--|--|---------------|
| 5. | Respect, sensitivity and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 6. | Ability to recognize stress in medical practice, monitor stress in self and colleagues, and develop a plan for one's own personal and professional well-being. Identifying institutional factors that positively and/or negatively affect well-being. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Recognizing situations that may trigger professionalism lapses and intervene to prevent lapsesin self and others. Respond appropriately to professionalism lapses of self or colleagues. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 8. | Appropriately identifying, disclosing and addressing conflict or duality of interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 9. | Present patient information concisely and clearly verbally and complete documentation in atimely manner in the patient's medical record adhering to HIPAA policies and procedures. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 10. | Knowing how to inform patients and obtain voluntary consent for the general plan of medical care for their specific diagnoses with specific treatment interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 1, 2, 3, 4 |

| | Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|---|--|--|---------------|
| 11. Arriving to the hospital punctually, well-prepared with identified learning goals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 12. Demonstrating the effective utilization of case related clinical learning through availability, seeking feedback from supervisors, and appropriate follow-up. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| Modeling effective teaching skills to students and peers, providing appropriate supervision/teaching to trainees. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 14. Recognizing when others are unable to complete tasks and responsibilities in a timely mannerand assist in problem solving. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 15. Adhering to policies regarding duty hours, grievance procedures and physician reporting obligations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 16. Recognizing and using appropriate resources for managing and resolving ethical dilemmas asneeded (e.g. ethics consultations, literature review, risk | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 1, 2, 3, 4 |

| management/legal consultation). | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|---------------------------------|---|---|--|
|---------------------------------|---|---|--|

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

Reporting Milestones

SBP1 - Patient Safety and Quality Improvement (A, B, C)

SBP2 - System Navigation for Patient-Centered Care (A, B, C)

SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objecti Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level | |
|--------------------|--|--|--|---------------|--|
| 1. | Work effectively in various health care delivery settings and systems to coordinate patient careacross the health care continuum and beyond to optimize the transition from inpatient to outpatient treatment through effective care/handoffs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 | |
| 2. | Advocate for quality patient care, assist patients in dealing with the healthcare system, optimize the patient care system and understand how patient care is affected by the larger health care system utilizing case management and clinical pathways when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 | |
| 3. | Work in interprofessional teams to enhance patient safety and improve patient care quality and develop an understanding of the way in which patient care affects and is affected by other health care providers. Role model effective coordination of patient-centered care among different disciplines and specialties. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 | |

| 4. | Participate in identifying system errors in patient safety events and implementing potential system solutions for error prevention. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
|----|--|--|--|---------------|
| 5. | Develop an understanding of the economics of medical treatment and incorporate considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 6. | Understand health care finances and its impact on individual patients' health decisions, providing cost-effective evidence-based care that does not compromise quality of care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 8. | Understand the financing and regulation of medical practice, as well as information about the structure of public and private organizations that influence health care. Analyze practice patterns and professional requirements in preparation for practice. Understand the policies, procedures and duties regarding court orders regarding treatment interventions, guardianship and power of attorney for health care and their implications. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 9. | Assist patients in navigating system complexities and disparities in mental health care resources and adapting practice to provide for the needs of specific populations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

| | Computer Modules | | |
|---|--|--|---------------|
| 10. Professionally disclose patient safety events to patients and families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 11. Advocate for the promotion of health and the prevention of mental disorders, mobilizing community resources when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 12. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

SAMPLE SCHEDULE

INPATIENT SITE(S): Riverside Medical Center (RMC), Mental and Behavioral Health inpatient units (MHU) Kankakee, IL

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------------------|--------------------|--------------------|---------------------|--------------------|
| 0700-0800 | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 0900-1200 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding |
| 1200-1300 | | | | Lecture | |
| 1300-1700 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Lectures, Didactics | Inpatient rounding |

Internal Medicine Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: Four one-month blocks throughout the PGY-1 year.

Description: Residents will complete Internal Medicine rotations at Riverside Medical Center in their PGY-1 year. They will be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. The resident will have the opportunity for clinical experiences in order to become familiar with those elements of care that can be diagnosed, treated and managed by a primary care provider, and those that should be referred to other specialists for treatment and management. In some cases, treatment can be managed jointly. The resident will demonstrat3e the skills, attitudes and knowledge by the end of the IM rotations to diagnose, treat and competently manage patients with common and uncommon medical problems, acting as a primary physician in both inpatient and outpatient settings. Treatment plans are individually developed to meet each patient's needs utilizing diagnostic and pharmacologic interventions. The resident should be in the hospital for IM Morning Report starting at 7 AM Monday-Friday adjusted per Call rotation and attending availability. The resident will also attend the noon lecture series for IM while on these rotations. Attendance is taken at these conferences. The resident will continue to take Psychiatry Short-Call four times per month. It is expected residents will be well-exposed to the bio-psychosocial realities of inpatient and outpatient hospital medicine. This will include collaboration with utilization review experts, case managers, nursing staff and other professionals who share expertise in this area such as risk management, administration and pharmacy. The faculty attending throughout the rotation will supervise each resident. Other mentors will be used as needed.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, individual supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Morning Report by 7 AM. After the conclusion of morning report, the attending physician will provide orientation on this first day. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Suggested readings: To be assigned by the attending, recorded lectures, Up-To-Date and reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, IL

Internal Medicine

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Reporting Milestones:

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

Objectives: Teaching Method Evaluation Method PGY Level

Residents are expected to:

| Perform a comprehensive physical examination | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
|--|--|---|------|
| 2. Obtain advanced cardiac life support (ACLS) certification | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Certification Exam | PGY1 |
| 3. Formulate and carry out effective patient management plans | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 4. Perform a focused physical exam | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| Document clearly and succinctly patient management in the form of admitting notes and daily progress notes | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 6. Formulate and carry out a patient care plan independently | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to the care of patients.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Objectives: | Teaching Method | Evaluation Method | PGY Level |
|---|--|---|-----------|
| Residents are expected to: | | | |
| Present topics relevant to patient care at attending rounds | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 2. Use and access literature sources such as Up-To-Date to direct patient care | Didactic Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 3. Order and interpret appropriate laboratory and radiologic testing | Didactic Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| Acquire relevant clinical literature to enhance direct patient care expeditiously | Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|--|---|-----------|
| Identify errors made in patient care | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 2. Identify gaps in knowledge and pursue independent reading to improve | Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 3. Perform a literature search effectively to answer a clinical question | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 4. Identify pharmacy, nursing, and PT/OT resources to assist in patient care | Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | PGY1 |

Interpersonal and Communication Skills

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

- ICS1 Patient- and Family-Centered Communication ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectives: | Teaching Method | Evaluation Method | PGY Level |
|---|---|---|-----------|
| Residents are expected to: 1. Deliver effective sign-out and transfer of care | Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| Communicate daily with members of the patient care team (attendings, consultants, care managers, etc. | Didactic Role Modeling | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation | PGY1 |
| 3. Communicate effectively with patients and their families | Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation Direct Observation | PGY1 |
| 4. Coordinate care of patients with multidisciplinary services | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation | PGy1 |

Professionalism

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

Reporting Milestones:

Prof1 - Professional Behavior and Ethical Principles

Prof2 - Accountability/Conscientiousness

Prof3 - Well-Being

| Objectiv | ves: | Teaching Method | Evaluation Method | PGY Level |
|----------|---|--|---|-----------|
| Resider | nts are expected to: | | | |
| 1. | Treat patients with respect and integrity | Didactic Bedside Teaching Role Modeling Independent Learning | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation | PGY1 |
| 2. | Maintain patient confidentiality at all times | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation | PGY1 |
| 3. | Organize and lead a team of caregivers into an effective patient management unit | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | End of Rotation Evaluation 360 Degree Evaluation | PGY1 |
| 4. | Recognize and address behavior that is unprofessional in junior colleagues or peers | Clinical Teaching Rounds Role Modeling | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation Direct Observation | PGY1 |

System-Based Practice

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

Reporting Milestones:

SBP1 - Patient Safety and Quality Improvement (A, B, C)

SBP2 - System Navigation for Patient-Centered Care (A, B, C)

SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objectiv <i>Residen</i> | es: <i>ts are expected to:</i> | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|---|-----------|
| 1. | Integrate case management early and effectively in patient care | Bedside Teaching Clinical Teaching Rounds Independent Learning | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | PGY1 |
| 2. | Demonstrate understanding of the role of clinical pathways in managing disease | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 3. | Implement and review clinical pathways | Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |

Procedures

Goal: Residents must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for area of practice,

Trainees during this rotation will observe, assist and perform the following:

- 1. Manage patients using the laboratory and imaging techniques appropriately.
- 2. Treat their patient's conditions with practices that are safe, scientifically based, effective, efficient, timely, and cost effective.

Part of developing proficiency with procedures is learning the indications, risks, and complications associated with them. Residents take part in the process of explaining procedures to the patient and obtaining informed consent as well as reviewing the results with patients and family members.

SAMPLE SCHEDULE

Internal Medicine SITES: Inpatient units, Riverside Medical Center, Kankakee, Ill.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|----------------------------|----------------------------|----------------------------|----------------------------|--|
| | | | | | |
| 0715-0800 | Morning Report |
| 0900-1200 | Medical Inpatient rounding |
| 1215-1300 | Noon IM conference | Noon IM conference | Noon IM conference | Noon IM conference | IM-Psych joint one hour lecture (1x a month) or regular noon IM conference |
| 1300-1700 | Medical Inpatient rounding |

Neurology Inpatient Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: Eight weeks (Two 4 week rotation blocks)

Description and Overall Rotation Goals: Residents will have the opportunity while on neurology inpatient service to learn the attitudes, skills and knowledge for diagnosis, treatment and comprehensive care management of the neurology patient, including competency in the performance of the neurologic exam. Patients range from young adult to elderly with advanced diseases, with diverse race and socioeconomic backgrounds representing the demographics of the community. Direct care activities will be supervised with the resident performing the neurological consultations and the teaching neurologist on the service, as the resident learns the practical elements of a consultation by observing the teaching neurologist. The resident should be in the hospital for morning report from 7:15 a.m. to 8:00 a.m., Monday – Friday (Thursday at 7:00 a.m.). This will assure the resident is ready for daily ward teaching rounds beginning immediately after morning report with an understanding as to new patient admissions during the night and any significant clinical changes overnight in patients already on the program subspecialty teaching service. All residents are expected to attend morning and Thursday afternoon lectures. Attendance is taken at these conferences. Thursday conference occurs from 12:00 p.m. through 5:00 p.m. It is expected that residents will be greatly exposed to the biopsychosocial realities or hospital medicine. This will include collaboration with social workers; care managers; nursing and other personnel who share expertise in this area. The course director throughout the rotation will supervise each resident. Other mentors will be used as needed. Local experts on case management, utilization management, risk management, etc.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the GME Lecture Hall by 7:15 a.m. After the conclusion of morning report, the attending physician will provide orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include formal weekday teaching rounds, morning Report sessions, other scheduled lectures. Monthly conferences related to neurology will be attended by the psychiatry resident on this rotation. Also, readings as assigned and use of medical library resources including computerized searches will be ancillary educational materials.

Medical records and procedure documentation: The resident is responsible for recording a consultation for each patient on the teaching service during the resident's rotation time.

Evaluation: At the end of the rotation, the resident will be evaluated by the supervising faculty. Personal feedback will be provided and an evaluation form will be completed on New Innovations. The resident will be evaluated by faculty in each of the required general competency areas.

Suggested readings: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" by Sadock, Sadock and Ruiz; and "Kaufman's Clinical Neurology for Psychiatrists" by Kaufman, Geyer & Milstein (8th ed) and other reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, Ill. (inpatient units).

Neurology

Patient Care

Goals: At the completion of the neurology rotation, the resident will demonstrate clinical skills of a comprehensive medical interview, history and physical examination, including functional assessment and mental status as needed; effectively use neuroimaging studies and electroencephalography; and interpret laboratory studies, including cerebrospinal fluid results. Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectives: | Teaching Method | Evaluation Method | PGY |
|--|--|--|-------|
| Residents are expected to: | | | Level |
| Improve their ability to evaluate and manage patients with common neurological problems, including formulating treatment plans | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | PGY1 |
| Improve their skills in the recognition of less common neurological disorders for which referral to a neurologist would be appropriate. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Certification Exam | PGY1 |
| 3. Recognizes indications for structural neuroimaging (cranial computed tomography [CT] and magnetic resonance imaging [MRI]) and neurophysiological testing (electroencephalography [EEG], evoked potentials, sleep studies) and appropriately orders them. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |

| Describe common neuropsychological tests and their indications ar appropriately orders them. | d Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 | |
|--|--|--|---|--|
|--|--|--|---|--|

| 5. | Recognize the significance of abnormal findings in routine neurodiagnostic test ₆ reports in psychiatric patients | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
|----|--|--|--|---|
| 6. | Identify the brain areas thought to be important in social and emotional behaviors | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 7. | Recognize neurological emergencies | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 8. | Recognize neurological consequences of traumatic brain injury. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological, as well as the application of this knowledge to the care of neurology patients.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Object | | Teaching Method | Evaluation Method | PGY |
|--------|--|--|--|-------|
| Reside | ents are expected to: | | | Level |
| 1. | Improve their knowledge of common neurologic disorders, including but not limited to, headache, dementia, seizures, cerebrovascular disease, Parkinson's disease and disorders of the peripheral nervous system such as peripheral neuropathy, mononeuropathy and radiculopathy, including their phenotypic expression, epidemiology, pathology, pathophysiology and natural history through both patient exposure and attendance at neurologic conferences during the rotation. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 2. | Demonstrate knowledge of fetal, childhood, adolescent, and early adult brain development, including abnormal brain development caused by genetic disorders, environmental toxins, malnutrition, social deprivation and other factors. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 3. | Recognize the relationship between neuroscience research and clinical neurology | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 4. | Demonstrate knowledge of procedure techniques and interpretation of electromyography (EMG) and nerve conduction velocity studies and electroencephalogram (EEG) and evoked potentials. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 5. | Discuss neurological disorders displaying symptoms likely to be regarded as psychiatric, and with psychiatric disorders likely to be neurologic. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 6. | Be aware of the nature of the interaction between psychiatric treatments and neurological treatments | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1 |

| | Computer Modules | Direct Observation | |
|---|--|--|---|
| 7. Compose differential diagnoses for common neurological symptoms | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 8. Appropriately and efficiently order and interpret neurological studies | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and by accepting feedback in order to develop self-improvement plans.

Reporting Milestones:

PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| FDLIZ - | Reflective Fractice and Commitment to Fersonal Growth | | | |
|---------|---|--|--|-------|
| Object | ives: | Teaching Method | Evaluation Method | PGY |
| Reside | ents are expected to: | | | Level |
| 1. | Conceptualize the neurologic method and to improve upon their ability to recognize and accurately evaluate patients' neurological complaint(s). This primarily occurs through patient contact followed by feedback from senior neurologic staff or neurologic residents. Specifically, residents improve their diagnostic skills by understanding the value of and learning to perform a detail-oriented history and neurologic examination that allows for the generation of an accurate and weighted differential diagnosis through the process of localization, recognition of temporal course and application of risk factor profile. | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |
| 2. | Gain an increased appreciation for the benefits and limitations of ancillary neurodiagnostic testing, including but not limited to neuroimaging, lumbar puncture and various clinical neurophysiological procedures. | Didactic Bedside Teaching Clinical Teaching Rounds Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam Direct Observation | 1 |
| 3. | Assume responsibility for critical assessment of the quality of the care delivered | Didactic Bedside Teaching Clinical Teaching Rounds | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation | 1 |

| | | Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | |
|----|---|---|--|---|
| 4 | Cook appropriate supervision, and recognize and correct the limits of | Didactic | End of Rotation Evaluation | 1 |
| 4. | Seek appropriate supervision, and recognize and correct the limits of | | 360 Degree Evaluation | 1 |
| | his or her knowledge | Bedside Teaching Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| | Create and present a brief teaching lecture on a basic aspect of | Didactic | End of Rotation Evaluation | 1 |
| 5. | Create and present a brief teaching lecture on a basic aspect of | Bedside Teaching | 360 Degree Evaluation | 1 |
| | psychiatric practice suitable for presentation to a medical student | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 6. | Create and present a grand rounds with support from teaching | Didactic | End of Rotation Evaluation | 1 |
| 0. | faculty | Bedside Teaching | 360 Degree Evaluation | - |
| | lacuity | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 7. | Consult appropriate summary sources including web-based searches | Didactic | End of Rotation Evaluation | 1 |
| ' | Solication approximate Continuity Continuity Tree Substitution | Bedside Teaching | 360 Degree Evaluation | |
| | | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals as part of a neurological team.

- ICS1 Patient- and Family-Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| 1055 Communication Within Ficulti Care Systems | | | |
|--|---|---|-------|
| Objectives: | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | Level |
| Reinforce interpersonal skills not only with colleagues and coworkers, but particularly through exposure to patients and families with progressive and degenerative neurological illness or with severe, often irreversible, brain injury. | Didactic Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam Direct Observation | PGY1 |

| 2. | Be adept at adapting interview process to patients with neurological | Didactic | End of Rotation Evaluation | 1 |
|----|--|--------------------------|------------------------------|---|
| | impairment. | Bedside Teaching | 360 Degree Evaluation | |
| | r. · · · | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 3. | Demonstrate the ability to interact constructively with patients, | Didactic | End of Rotation Evaluation | 1 |
| | families, colleagues and other professionals to obtain history, and | Bedside Teaching | 360 Degree Evaluation | |
| | create and implement treatment plans | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | create and implement deadment plans | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |

Professionalism

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

Reporting Milestones:Prof1 - Professional Behavior and Ethical Principles

Prof2 - Accountability/Conscientiousness

Prof3 - Well-Being

| Objectives: | Teaching Method | Evaluation Method | PGY |
|---|--|--|-------|
| Residents are expected to: | | | Level |
| Reinforce their own established professional skills by being exposed to the culture that exists within the Neurology Department that recognizes and values the primacy of patient care, sensitivity to the vulnerable circumstances that our patients and their families are in, and mutual respect for colleagues and coworkers. | Bedside Teaching Role Modeling | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | PGY1 |
| 2. Timely complete professional tasks | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 3. Monitor stress in self and others | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 4. Display integrity and ethical conduct in completion of tasks | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation | 1 |

| | | Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation | |
|----|--|--|---|---|
| | Despect the rights and privileges of others including an | Didactic | End of Rotation Evaluation | 1 |
| 5. | | | | 1 |
| | understanding of patient rights including a sensitivity to patient | Bedside Teaching | 360 Degree Evaluation | |
| | culture, age, gender and disability | Clinical Teaching Rounds | Ambulatory Clinic Evaluation Annual PD Evaluation | |
| | | Role Modeling | | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 6. | Identify situations that produce a conflict of interest | Didactic | End of Rotation Evaluation | 1 |
| | | Bedside Teaching | 360 Degree Evaluation | |
| | | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 7. | Understand policies regarding duty hours and grievance procedures | Didactic | End of Rotation Evaluation | 1 |
| | | Bedside Teaching | 360 Degree Evaluation | |
| | | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 8. | Understand physician reporting obligations | Didactic | End of Rotation Evaluation | 1 |
| | 1, 1 3 3 | Bedside Teaching | 360 Degree Evaluation | |
| | | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |
| 9. | Understand HIPPA policies and procedures especially related to | Didactic | End of Rotation Evaluation | 1 |
| J. | protection of personal health information as well as informed | Bedside Teaching | 360 Degree Evaluation | |
| | consent for all procedures, treatment or research purposes | Clinical Teaching Rounds | Ambulatory Clinic Evaluation | |
| | consent for an procedures, treatment of research purposes | Role Modeling | Annual PD Evaluation | |
| | | Independent Learning | In-Training Exam (PRITE) | |
| | | Computer Modules | Direct Observation | |

System-Based Practice

Goal: Residents must: demonstrate an awareness of and responsiveness to the larger context and system of healthcare, as well as the ability to call effectively on other resources in the system to provide optimal health care; understand the role of a consulting neurologist within the larger context of a complex healthcare team; and advocate for patients within the health system.

Reporting Milestones:

SBP1 - Patient Safety and Quality Improvement (A, B, C)

SBP2 - System Navigation for Patient-Centered Care (A, B, C)

SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objectives: | Teaching Method | Evaluation Method | PGY |
|----------------------------|-----------------|-------------------|-------|
| Residents are expected to: | | | Level |

| 1. | Demonstrate awareness of the numerous resources, both intra- and extramural, that are available and necessary for the optimal care of patients with chronic neurologic illness, including but not limited to physical medicine disciplines that are intended to maximize patients' function, comfort and safety both at home and in the workplace. | Bedside Teaching Clinical Teaching Rounds Independent Learning | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | PGY1 |
|----|--|--|--|------|
| 2. | Demonstrate awareness of rehabilitation options for neurological patients, including using system resources for cost-conscious care | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 3. | Understand how to access support services for self and others | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |
| 4. | Identify ways in which systems affect care quality and patient safety | Didactic Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Ambulatory Clinic Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1 |

SAMPLE SCHEDULE:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|---------------------|---------------------|---------------------|---------------------|---------------------|
| 0830-0900 | Morning Report |
| 0900-1200 | Neurology inpatient |
| 1215-1300 | | | | Lecture | |
| 1300-1700 | Neurology inpatient | Neurology inpatient | Neurology inpatient | Lectures | Neurology inpatient |

Outpatient Psychiatry Curriculum Pain Rotation Psychiatry Residency Program Riverside Medical Center

Rotation Length: Required during PGY 4 lasting 2 weeks with optional elective time added.

Site: Riverside Medical Center, Kankakee, IL & Uplifted Care, Bourbonnais, IL

Description: PGY 4 residents will continue their participation in the longitudinal outpatient psychiatry experience. They will be continuing to be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. Illnesses treated include acute mood and/or psychotic disorders possibly co-morbid with medical, substance use, impulse control or anxiety disorders. Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. They will continue to attend the Adult Continuity Clinics and a weekly Psychotherapy Clinic. Any resident interested in further Adolescent exposure will continue their Adolescent Continuity Clinic. Each clinic will be supervised by an attending psychiatrist. The rotations are designed to help residents progressively gain competence in the complexity and delivery of long-term psychiatric care in the outpatient setting.

Residents will be engaged in multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient treatment. PGY 4 residents during the Pain rotation will have their clinic schedule adjusted to accommodate the required experiences in the Pain clinic without disrupting their patient care commitments. They will spend 3 half days in clinic with the Pain specialists attending that specific clinic and Thursdays in the Procedure Lab with the attending. The rotations in outpatient psychiatry include didactics, individual and group supervision, clinical care and quality improvement which are designed to complement and augment the learning through the direct patient treatment. It is expected residents will be continually exposed to the biopsychosocial approach to outpatient medicine. This will include collaboration with social workers, case managers, nursing and personal who share expertise in this area. Each clinic and experience will have a supervising attending. Other mentors will be used as needed. Local experts on utilization review, quality improvement, pharmacy, administration and risk management will collaborate in this rotation.

The resident should be in the hospital for morning report starting at 8 AM Tuesday-Friday unless excused for specific rotation responsibilities. This will assure the resident is ready for daily clinical responsibilities. All residents are expected to attend morning report and Tuesday didactic lectures when on psychiatry rotations. Attendance is taken at these conferences.

Tuesday didactics occur from 1-5 PM. Residents are expected to attend GME required meetings at the hospital. All medication and psychotherapy clinics will transpire in the Riverside Psychiatric Associates outpatient office. Adolescent Intake and Continuity Clinic runs Mondays from 9-12 PM. Intake Clinic runs Monday from 1-5 PM. Continuity Clinics will run Wednesday 1-5 PM and Friday 9-12 PM and 1-4 PM. Psychotherapy Clinic runs Thursday 1-5 PM. The faculty attending throughout the rotation will supervise each resident. Other mentors will be used as needed. Orientation to the Pain rotation will occur on the first day in the Pain Clinic. Any vacation time to be taken during these rotations must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include individual and group supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Evaluation: At the end of the 2-week rotation, the resident will be evaluated by the supervising attending, peers, ancillary staff and self-evaluation as part of the 360-degree evaluation. Individual feedback will be provided concurrently and through quarterly evaluation forms completed in New Innovations

Suggested Reading: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Patient Care

Goal: Residents must be able to demonstrate progressive attainment of the knowledge, skills and attitudes required to provide patient care that is compassionate, appropriate, and effective for the end of life treatment of patients with chronic, possibly terminal, disorders in the outpatient setting. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

- PC 1- Psychiatric Evaluation (A, 8, C)
- PC 2- Psychiatric Formulation and Differential Diagnosis (A, 8, C)
- PC 3-Treatment Planning and Management (A, B, C)
- PC 4- Psychotherapy (A, 8, C)
- PC 5- Somatic Therapies (A, B, C)
- PC 6- Clinical Consultation

| Object <i>Reside</i> | ives ents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|-------------------------|--|--|--|--------------|
| 1. | Demonstrate competence in the evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | PGY4 |
| 2. | Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family and/or friends, the patient's other health care providers and the patient's medical records meeting HIPAA expectations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 3. | Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessary additional steps in the evaluation of pain conditions and incorporating risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 4. | Complete an initial evaluation and/or subsequent assessment of progress and physical/mental status examination, including the use and interpretation of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 5. | Develop a comprehensive bio-psychosocial formulation that incorporate | Didactics | Direct and Indirect Observation | |

| an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/spiritual factors, economic issues, current relationships, psychosocial stressors and current physical/mental status examination. 6. Develop and implement with informed consent diagnostic and | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules End of Rotation Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) Didactics Direct and Indirect Observation |
|---|--|
| therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific evidence and clinical judgment utilizing the results of physical, neurological and mental status examinations performed by themselves or extrapolated from the medical record. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 7. Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient using pharmacological and pain minimizing interventions to decrease patient suffering and optimize their recovery. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 8. Show ability to explain somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Direct and Indirect Observation End of Rotation Evaluation Anoual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| Prescribe medications safely and effectively, evaluate ongoing treatment and participate in multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Direct and Indirect Observation End of Rotation Evaluation Anoual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 10. Develop understanding and implement the use of psychotherapeutic strategies appropriate for an outpatient setting, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 11. Devise individualized treatment plans for complex presentations, collaborating with mental health professionals, primary care and specialist providers and other non-medical disciplines to understand the multifaceted etiologies of each patient's illnesses, their co-morbidities | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation |

| and interactions and coordinate and optimize the patient's care utilizing | Role Modeling | In-Training Exam (PRITE) | |
|--|--------------------------|---------------------------------|--|
| multiple modalities and critically appraising and integrating diverse | Independent Learning | Direct Observation | |
| recommendations. | Computer Modules | Clinical Skills Exam (CSE) | |
| 12. Select the most appropriate evidence-based interventions, treatments | Didactics | Direct and Indirect Observation | |
| and adjustments in treatment of complex presentations based on | Board Review | End of Rotation Evaluation | |
| consideration of patient factors and acuity. | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 13. Manage adverse effects and safety concerns in complex or treatment refractory cases. | Didactics | Direct and Indirect Observation | |
| , | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 14. Demonstrate understanding of the health system and health resources | Didactics | Direct and Indirect Observation | |
| available in the community and use this knowledge to participate in | Board Review | End of Rotation Evaluation | |
| treatment planning and connect acutely and chronically ill patients with | Bedside Teaching | 360 Degree Evaluation | |
| appropriate psychopharmacologic, psychotherapeutic and social | Clinical Teaching Rounds | Annual PD Evaluation | |
| rehabilitative interventions. | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 15. Provide psychiatric care to patients receiving treatment from non-medical | Didactics | Direct and Indirect Observation | |
| providers and coordinate that treatment with them. | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 16. Establish and maintain a therapeutic alliance with patients with | Didactics | Direct and Indirect Observation | |
| complicated problems, select appropriate therapeutic modalities based | Board Review | End of Rotation Evaluation | |
| on case formulation, tailor therapy to the patient and appropriately | Bedside Teaching | 360 Degree Evaluation | |
| manage boundary violations. | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 17. Complete the medical record systematically including initial assessments, | Didactics | Direct and Indirect Observation | |
| follow-up progress notes, appropriate rating scales and completion of | Board Review | End of Rotation Evaluation | |
| appropriate consents and treatment plan updates in a timely manner. | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| 10. Takon day, pakianta akillifully, ganayaka and animiking differential | Computer Modules | Clinical Skills Exam (CSE) | |
| 18. Interview patients skillfully, generate and prioritize differential | Didactics | Direct and Indirect Observation | |
| diagnoses of patient's problems and formulate an understanding of a | Board Review | End of Rotation Evaluation | |

| patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment to create an individualized treatment plan for each patient. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|--|
| 19. Evaluate suicidal and aggressive/homicidal risk potential of each patient initially and on an ongoing basis during treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 20. Recognize and appropriately respond to family violence (e.g., child, partner, elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as will apply this knowledge to patient care in the outpatient setting.

- MK 1- Development through the Life Cycle (A, B)
- MK 2- Psychopathology (A, B)
- MK 3- Clinical Neuroscience (A, B, C)
- MK 4- Psychotherapy (A, B, C)

| Objecti Resider | ves nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--------------------|--|--|--|--------------|
| 1. | Demonstrate a knowledge of major theoretical approaches to understanding the doctor-patient relationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 4 |
| 2. | Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | |

| | | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) |
|----|--|--|--|
| 3. | Demonstrate an understanding of the aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 4. | Demonstrate a knowledge of the epidemiology, etiologies, prevalence, diagnosis, treatment and prevention of the pain conditions most likely to affect patients including the biological, psychological, sociocultural and iatrogenic factors that affect the prevention, incidence, prevalence and long-term course and treatment of pain disorders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 5. | Demonstrate the knowledge of the fundamental principles of epidemiology, natural history, etiologies, diagnosis, treatment and prevention of all major pain disorders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 6. | Demonstrate the knowledge of the electrophysiology of pain, types of pain disorders, factors and co-morbidities impacting them and interventions aimed at optimizing pain management and quality of life. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 7. | Demonstrate the knowledge of the components of assessing pain complaints, the types of pain being assessed, the neurophysiology of pain and the co-morbidities, psychiatric and medical, impacting the patient's experience of their pain symptoms. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 8. | Demonstrate knowledge to identify and treat atypical and complex pain conditions throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |

| 9. | Demonstrate a knowledge of the symptoms of pain, neurologic disorders and medical conditions commonly encountered in psychiatric practice and ensure the use of appropriate consultation to diagnose and provide treatment. Demonstrate an understanding of pain, neurologic and medical conditions that can affect | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) Direct and Indirect Observation |
|-----|--|--|--|
| | evaluation and care of psychiatric patients and incorporating neurobiological processes into case formulation, differential diagnosis and treatment planning. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| | Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical and psychiatric examination of the patient, laboratory testing imaging and neurophysiologic testing and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| | Understand the indications for and uses of different treatment options available to address a patient's pain disorder and ability to describe the potential risks and benefits to a patient to facilitate treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 13. | Understand and follow the legal parameters of medical practice. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 14. | Demonstrate the knowledge of the indications for pain treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents must demonstrate the progressive attainment of the knowledge, skills and attitudes necessary to initiate self-directed and independent learning with goals of addressing and correcting any knowledge or skills gaps, keeping abreast of current information and practices and to continuously improve patient care, particularly focusing on the outpatient setting.

- PBL 1- Evidence-based and Informed Practice
- PBL 2- Reflective Practice and Commitment to Personal Growth

| Objective Residents | es: s are expected to: | Teaching Method | Evaluation Method | PGY Level |
|------------------------|---|--|--|--------------|
| | Identify strengths, deficiencies and limits in one's knowledge and expertise regarding pain, the etiologies, co-morbidities, assessment and treatment of. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 4 |
| | Set learning and improvement goals regarding pain using performance data to measure the effectiveness of the learning plan and when necessary, improve it. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| | Develop and implement strategies for filling gaps in medical knowledge, diagnostic and treatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| | Identify and perform learning activities, challenging one's own assumptions and considering alternatives in narrowing the gap(s) between their expected and actual performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| | Seek feedback with openness and humility from their supervising attending and other health care providers and formative evaluations about their own practice to systematically analyze their practice and implement improvement in diagnostic, treatment and assessment skills. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | |

| | | Role Modeling | In-Training Exam (PRITE) |
|-----|---|--------------------------|---------------------------------|
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 6. | Systematically analyze practice using quality improvement methods. | Didactics | Direct and Indirect Observation |
| 0. | bysic matically analyze practice using quality improvement methods. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 7 | Locate, appraise and assimilate evidence from scientific studies related to their patients' | Didactics | Direct and Indirect Observation |
| 7. | | | |
| | health problems and demonstrate ability to consult medical literature as needed to | Board Review | End of Rotation Evaluation |
| | improve knowledge base and care of patients. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 8. | Use information technology to optimize learning with online medical information. | Didactics | Direct and Indirect Observation |
| | | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 9. | Apply knowledge of study design, statistical methods and evidence-based medicine to the | Didactics | Direct and Indirect Observation |
| | appraisal of clinical studies. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 10. | Critically appraise and apply evidence even in the face of uncertainty and conflicting | Didactics | Direct and Indirect Observation |
| | evidence to guide care, tailored to the individual patient. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 11. | Teach medical students and other health care providers. | Didactics | Direct and Indirect Observation |
| | | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 12. | Use supervisory feedback to improve interaction with patients and family members. | Didactics | Direct and Indirect Observation |
| | · · · · · · · · · · · · · · · · · · · | Board Review | End of Rotation Evaluation |

| | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | |
|--|---|---|--|
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 13. Participate in quality improvement activities appropriately. | Didactics | Direct and Indirect Observation | |
| | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. Residents must demonstrate progressive attainment of the knowledge, skills and attitudes required to develop and maintain effective interpersonal, professional and patient relationships, particularly in the outpatient setting.

- ICS 1- Patient and Family-Centered Communication
- ICS 2- Interprofessional and Team Communication
- ICS 3- Communication within Health Care System

| Objectives: <i>Residents are expect</i> | ted to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|--|--------------|
| families and demograph respectfully | sustain a therapeutic and ethically sound relationship with patients, their different the public as appropriate, across a broad range of socioeconomic, ic, ethnic racial and cultural backgrounds to communicate effectively and while assessing the patient and discussing diagnosis and treatment lations in a consultive role. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 4 |
| Independe | n empathic stance and establish appropriate boundaries. Intly recognize personal biases and attempt to proactively meir contribution to communication barriers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| | ate effectively with physicians, other non-physician professionals, peers and healthcare related agencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | |

| | | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) |
|-----|--|--|--|
| 4. | Work effectively as a member or leader of a multidisciplinary health care team or other professional group, coordinating recommendations from different members to optimize patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation |
| 5. | Educate patients, families, students and other health care professionals. | Computer Modules Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Clinical Skills Exam (CSE) Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) |
| 6. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute to departmental or organizational initiatives to improve communication systems. | Independent Learning Computer Modules Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning | Direct Observation Clinical Skills Exam (CSE) Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation |
| 7. | Demonstrate competence in complex interviewing situations, such as interacting with patients with thought disorganization, cognitive impairment, and/or inappropriate behavior. | Computer Modules Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Clinical Skills Exam (CSE) Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 8. | Use effective listening skills in interactions with patients and their families, demonstrate proficiency in conveying difficult information to them and use shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 9. | Recognize and monitor their emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 10. | Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogue regarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation |

| | Clinical Teaching Rounds | Annual PD Evaluation | |
|--|------------------------------------|---|--|
| | Role Modeling Independent Learning | In-Training Exam (PRITE) Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 11. Know how to inform patients and obtain their voluntary consent for the general plan of | Didactics | Direct and Indirect Observation | |
| care for their specific pain diagnoses and recommended therapeutic interventions. | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |

Professionalism

Goal: Resident must demonstrate a commitment to professionalism and an adherence to ethical principles.

Reporting Milestones:

PROF 1- Professional Behavior and Ethical Principles PROF 2- Accountability/Conscientiousness

PROF 3- Well-being

| Objectiv <i>Residen</i> | ves: ots are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|--|--------------|
| 1. | Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively with appropriate demeanor. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 4 |
| 2. | Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best care possible. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 3. | Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an outpatient setting, including: decisional capacity to accept or refuse medical care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 4. | Accountability to patients, society, other health care providers and the profession which | Didactics | Direct and Indirect Observation | |

| | supersedes self-interest. | Board Review | End of Rotation Evaluation |
|-----|--|--|---|
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 5. | Respect, sensitivity and responsiveness to diverse patient populations, including but not | Didactics | Direct and Indirect Observation |
| | limited to diversity in gender, age, culture, race, religion, disabilities, national origin, | Board Review | End of Rotation Evaluation |
| | socioeconomic status, and sexual orientation. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 6. | Ability to recognize stress in medical practice, monitor stress in self and colleagues, and | Didactics | Direct and Indirect Observation |
| | develop a plan for one's own personal and professional well-being. Identifying | Board Review | End of Rotation Evaluation |
| | institutional factors that positively and/or negatively affect well-being. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| _ | Description of the Board Heat was believed up to the Board Heat Control of the Board Heat Contro | Computer Modules | Clinical Skills Exam (CSE) |
| 7. | Recognizing situations that may trigger professionalism lapses and intervene to prevent lapses in self and others. Respond appropriately to professionalism lapses of self or | Didactics | Direct and Indirect Observation |
| | | Board Review | End of Rotation Evaluation |
| | colleagues. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| 0 | Annual desired the desired and address of the control of the contr | Computer Modules | Clinical Skills Exam (CSE) |
| 8. | Appropriately identifying, disclosing and addressing conflict or duality of interest, | Didactics | Direct and Indirect Observation |
| | assessing transference and countertransference issues while maintaining appropriate | Board Review | End of Rotation Evaluation |
| | demeanor with patients. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | Duocout untiont information consistly and closely undelly and assemble decreased | Computer Modules | Clinical Skills Exam (CSE) |
| 9. | Present patient information concisely and clearly verbally and complete documentation | Didactics | Direct and Indirect Observation |
| | in a timely manner in the patient's medical record adhering to HIPM policies and | Board Review | End of Rotation Evaluation |
| | procedures. | Bedside Teaching | 360 Degree Evaluation Annual PD Evaluation |
| | | Clinical Teaching Rounds Role Modeling | |
| | | | In-Training Exam (PRITE) Direct Observation |
| | | Independent Learning Computer Modules | |
| 10 | Vincuing how to inform nationts and obtain valuations concent for the general plan of | Didactics | Clinical Skills Exam (CSE) |
| IU. | Knowing how to inform patients and obtain voluntary consent for the general plan of | | Direct and Indirect Observation |
| | medical care for their specific diagnoses with specific treatment interventions. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |

| | Computer Modules | Clinical Skills Exam (CSE) | |
|--|--------------------------|---------------------------------|--|
| 11. Arriving to the outpatient site punctually, well-prepared with identified learning goals | Didactics | Direct and Indirect Observation | |
| and maintain professional appearance and behavior. | Board Review | End of Rotation Evaluation | |
| i ii | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 12. Demonstrating the effective utilization of case related clinical learning through | Didactics | Direct and Indirect Observation | |
| availability, seeking feedback from supervisors, and appropriate follow-up. | Board Review | End of Rotation Evaluation | |
| 3 | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 13. Modeling effective teaching skills to students and peers, providing appropriate | Didactics | Direct and Indirect Observation | |
| supervision/ teaching to trainees. | Board Review | End of Rotation Evaluation | |
| Super reserve to training to training to | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 14. Recognizing when others are unable to complete tasks and responsibilities in a timely | Didactics | Direct and Indirect Observation | |
| manner and assist in problem solving. | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 15. Adhering to policies regarding duty hours, grievance procedures and physician reporting | | Direct and Indirect Observation | |
| obligations. | Board Review | End of Rotation Evaluation | |
| 3 | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 16. Recognizing and using appropriate resources for managing and resolving ethical | Didactics | Direct and Indirect Observation | |
| dilemmas as needed (e.g. ethics consultations, literature review, risk management/lega | | End of Rotation Evaluation | |
| consultation). | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Focus will be on systems of care in the outpatient setting and the interaction with multiple systems throughout the region in order to provide evidence-based, outcome driven, quality care for patients. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

- SBP 1- Patient Safety and Quality Improvement (A, B, C)
- SBP 2- System Navigation for Patient-Centered Care (A, B, C)
- SBP 3- Physician Role in Health Care Systems (A, B, C)

| Objectiv <i>Resider</i> | ves: ots are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|--|--------------|
| 1. | Work effectively in various health care delivery settings and systems to coordinate patient care across the health care continuum and beyond to optimize the transition from inpatient to outpatient treatment through effective care/handoffs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 4 |
| 2. | Collaborate with mental health providers, medical consultants, and community organizations to provide the best patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 3. | Advocate for quality patient care, assist patients in dealing with the larger health system, optimize the patient care system and understand how patient care affects and is affected by the health care system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 4. | Work in interprofessional teams to enhance patient safety and improve patient care quality and develop an understanding of the way in which patient care affects and is affected by other health care providers. Role model effective coordination of patient-centered care among different disciplines and specialties. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 5. | Participate in identifying system errors in patient safety events and implementing potential system solutions for error prevention. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | |

| | | T | · · · · · · · · · · · · · · · · · · · |
|------------|--|--------------------------|---------------------------------------|
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 6. | Develop an understanding of the economics of outpatient medical treatment and | Didactics | Direct and Indirect Observation |
| | incorporate considerations of value, cost awareness, delivery and payment, and risk- | Board Review | End of Rotation Evaluation |
| | benefit analysis in patient and/or population-based care. | Bedside Teaching | 360 Degree Evaluation |
| | , , , , , , | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 7. | Understand health care finances and its impact on individual patients' health decisions, | Didactics | Direct and Indirect Observation |
| ' ' | providing cost-effective evidence-based care that does not compromise quality of care. | Board Review | End of Rotation Evaluation |
| | providing cost effective evidence based care that does not compromise quality of care. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 8. | Understand how types of medical practice and delivery systems differ from one another, | Didactics | Direct and Indirect Observation |
| 0. | including methods of controlling health care cost, ensuring quality, and allocating | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | resources. | | |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 9. | Understand the financing and regulation of medical practice, as well as information | Didactics | Direct and Indirect Observation |
| | about the structure of public and private organizations that influence health care. | Board Review | End of Rotation Evaluation |
| | Analyze practice patterns and professional requirements in preparation for practice. | Bedside Teaching | 360 Degree Evaluation |
| | Understand the policies, procedures and duties regarding guardianship and power of | Clinical Teaching Rounds | Annual PD Evaluation |
| | attorney for health care, advanced directives and HIPAA compliance and their | Role Modeling | In-Training Exam (PRITE) |
| | implications. | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 10. | Assist patients in navigating system complexities and disparities in health care resources | Didactics | Direct and Indirect Observation |
| | and adapting practice to provide for the needs of specific populations. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| 11. | Professionally disclose patient safety events to patients and families. | Didactics | Direct and Indirect Observation |
| | · | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam (CSE) |
| | | | |

| 12. Effectively manage patient scheduling and triaging and manage the clinical practice, collaborating with professionals, balancing the needs of patients in the practice and the resources available. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|---|--|--|--|
| 13. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |

SAMPLE SCHEDULE

INPATIENT SITE(S): Riverside Medical Center (RMC) and Ho

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|-----------------------|---------------------|--------------------|----------------------|--------------------|
| 0700-0800 | Adolescent Intake and | Morning Report | Morning Report | Morning Report | Morning Report |
| 0900-1200 | Continuity Clinic | Inpatient rounding | Inpatient rounding | Inpatient rounding | Continuity Clinics |
| 1200-1300 | | Psychiatry Lectures | | | |
| 1300-1700 | Intake Clinic | Psychiatry Lectures | Continuity Clinics | Psychotherapy Clinic | Continuity Clinics |

PGY 4 residents during the Palliative Medicine rotation will have their clinic schedule adjusted to accommodate the required experiences at Uplifted Care without disrupting their patient care commitments.

They will spend 3 half days at Uplifted Care attending Hospice rounds with the nurse and Palliative Medicine rounds with the NP and full day on Thursdays attending the multidisciplinary staffing and working with the medical director.

Outpatient Psychiatry – Sleep Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: Required during PGY 4 lasting 2 weeks with optional elective time added.

Description: PGY 4 residents will continue their participation in the longitudinal outpatient psychiatry experience. They will be continue to be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. Illnesses treated include acute mood and/or psychotic disorders possibly co-morbid with medical, substance use, impulse control or anxiety disorders. Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. They will continue to attend the Adult Continuity Clinics and a weekly Psychotherapy Clinic. Any resident interested in further Adolescent exposure will continue their Adolescent Continuity Clinic. Each clinic will be supervised by an attending psychiatrist. The rotations are designed to help residents progressively gain competence in the complexity and delivery of long term psychiatric care in the outpatient setting. Residents will be engaged in multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient treatment. PGY 4 residents during the Sleep rotation will have their clinic schedule adjusted to accommodate the required experiences in the Sleep Center without disrupting their patient care commitments. They will spend 3 half days in Clinic with the Pulmonologists attending that specific clinic and Fridays reading Sleep Study results with that attending. The rotations in outpatient psychiatry include didactics, individual and group supervision and clinical care and quality improvement components which are designed to complement and augment the learning through the direct patient treatment. It is expected residents will be continually exposed to the biopsychosocial approach to outpatient medicine. This will include collaboration with social workers, case managers, nursing and personal who share experience in this area. Each clinic and experience

All residents are expected to attend morning report and Tuesday didactic lectures when on psychiatry rotations. Attendance is taken at these conferences. Tuesday didactics occur from 1-5 PM. Residents are expected to attend GME required meetings at the hospital. All medication and psychotherapy clinics will transpire in the Riverside Psychiatric Associates outpatient office. Adolescent Intake and Continuity Clinic runs Mondays from 9-12 PM. Intake Clinic runs Monday from1-5 PM. Continuity Clinics will run Wednesday 1-5 PM and Friday 9-12 PM and 1-4 PM. Psychotherapy Clinic runs Thursday 1-5 PM. The faculty attending throughout the rotation will supervise each resident. Other mentors will be used as needed. Orientation to the Sleep rotations will occur in the first day in the Sleep Center.

Any vacation time to be taken during these rotations must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include individual and group supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Mental Health Unit by 8 AM. After the conclusion of morning report, the attending physician will provide an orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Evaluation: At the end of the 3-month rotations, the resident will be evaluated by the supervising attending, peers, ancillary staff and self-evaluation as part of the 360 degree evaluation. Individual feedback will be provided concurrently and through quarterly evaluation forms completed in New Innovations.

Suggested readings: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, IL

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health for patients and their families in the in-patient setting. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectiv | | Teaching Method | Evaluation Method | PGY |
|----------|--|--|--|----------|
| Residei | nts are expected to: | | | Level |
| 1. | Demonstrate competence in the evaluation and treatment of patients of different ages andgenders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | PGY 4 |
| 2. | Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family, friends, health care providers and the patient's medical records meeting HIPAA expectations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 3. | Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessary additional steps in the evaluation of complex conditions and incorporating risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 4. | Complete an initial evaluation and/or subsequent assessment of progress and mental status examination, including the use of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| 5. | Develop a comprehensive bio-psychosocial formulation and differential diagnosis | Didactics | Direct and Indirect Observation | |

| | that incorporate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/ spiritual factors, economic issues, current relationships, psychosocial stressors and current mental status examination. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules Didactics | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) Direct and Indirect Observation |
|-----|--|--|--|
| 6. | Develop and implement with informed consent diagnostic and therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific evidence and clinical judgment utilizing the results of physical, neurological and mental status examinations performed by themselves or extrapolated from the medical record. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 7. | Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient using pharmacological, and sleep optimizing interventions to decrease patient suffering and optimize their recovery. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 8. | Show ability to explain less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 9. | Prescribe medications safely and effectively, evaluate ongoing treatment and participate in multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| | Develop understanding and implement the use of psychotherapeutic strategies appropriate for an outpatient setting, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 11. | Devise individualized treatment plans for complex presentations, collaborating with mental health professionals, primary care and specialist providers and other non-medical disciplines to understand the multifaceted etiologies of each patient's illnesses, their comorbidities and interactions and coordinate and optimize the patient's care utilizing multiple modalities and critically appraising and integrating diverse recommendations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) |

| | Independent Learning | Direct Observation |
|--|--------------------------|---------------------------------|
| | Computer Modules | Clinical Skills Exam (CSE) |
| 12. Select the most appropriate evidence based interventions, treatments and adjustments in | Didactics | Direct and Indirect Observation |
| treatment of complex presentations based on consideration of patient factors and acuity. | Board Review | End of Rotation Evaluation |
| treatment of complex presentations based on consideration of patient factors and activity. | Bedside Teaching | 360 Degree Evaluation |
| | | |
| | Clinical Teaching Rounds | Annual PD Evaluation |
| | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 13. Manage adverse effects and safety concerns in complex or treatment refractory cases. | Didactics | Direct and Indirect Observation |
| | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching Rounds | Annual PD Evaluation |
| | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 14. Demonstrate understanding of the health system and health resources available in the | Didactics | Direct and Indirect Observation |
| community and use this knowledge to participate in treatment planning and connect | Board Review | End of Rotation Evaluation |
| acutely and chronically ill patients with appropriate psychopharmacologic, | Bedside Teaching | 360 Degree Evaluation |
| psychotherapeutic and social rehabilitative interventions. | Clinical Teaching Rounds | Annual PD Evaluation |
| p-, | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 15. Desirido percebistrio coro to reticoto receiving treatment from non readical annidore and | Didactics | Direct and Indirect Observation |
| 15. Provide psychiatric care to patients receiving treatment from non-medical providers and | | |
| coordinate that treatment with them. | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching Rounds | Annual PD Evaluation |
| | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 16. Establish and maintain a therapeutic alliance with patients with complicated | Didactics | Direct and Indirect Observation |
| problems, select appropriate therapeutic modalities based on case formulation, tailor | Board Review | End of Rotation Evaluation |
| therapy to the patient and appropriately manage boundary violations. | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching Rounds | Annual PD Evaluation |
| | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 17. Complete the medical record systematically including admission assessments, daily | Didactics | Direct and Indirect Observation |
| progressnotes, discharge summaries and completion of appropriate consents and | Board Review | End of Rotation Evaluation |
| treatment plan updates in a timely manner. | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching Rounds | Annual PD Evaluation |
| | Role Modeling | In-Training Exam (PRITE) |
| | Independent Learning | Direct Observation |
| | Computer Modules | Clinical Skills Exam (CSE) |
| 18. Interview patients skillfully, generate and prioritize differential diagnoses of patient's | Didactics | Direct and Indirect Observation |
| problems and formulate an understanding of a patient's biological, psychological, | Board Review | End of Rotation Evaluation |
| problems and formulate an understanding of a patient's biological, psychological, | Dogia Keview | LITU OF NOCALIOTE EVALUATION |

| behavioral and sociocultural issues associated with etiology and treatment to create an | Bedside Teaching | 360 Degree Evaluation | |
|---|--------------------------|---------------------------------|--|
| individualized treatment plan for each patient. | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 19. Evaluate suicidal and aggressive/homicidal risk potential of each patient initially and on an | Didactics | Direct and Indirect Observation | |
| ongoing basis during treatment. | Board Review | End of Rotation Evaluation | |
| | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |
| 20. Recognize and appropriately respond to family violence (e.g., child, partner, elder | Didactics | Direct and Indirect Observation | |
| physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and | Board Review | End of Rotation Evaluation | |
| perpetrators. | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam (CSE) | |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as will apply this knowledge to patient care in the outpatient setting.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

| Objectiv <i>Resider</i> | ves hts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|--|--------------|
| 1. | Demonstrate a knowledge of major theoretical approaches to understanding the doctor-patientrelationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | PGY4 |
| 2. | Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | |

| | | Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
|----|--|--|--|
| 3. | Demonstrate an understanding of the aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 4. | Demonstrate a knowledge of the epidemiology, etiologies, prevalence, diagnosis, treatment and prevention of the sleep conditions most likely to affect patients including the biological, psychological, sociocultural and iatrogenic factors that affect the prevention, incidence, prevalence and long-term course and treatment of sleep disorders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 5. | Demonstrate the knowledge of the fundamental principles of epidemiology, natural history, etiologies, diagnosis, treatment and prevention of all major sleep disorders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 6. | Demonstrate the knowledge of the electrophysiology of sleep, types of sleep disorders, factors and co-morbidities impacting them and interventions aimed at optimizing sleep duration and quality. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 7. | Demonstrate knowledge to identify and treat atypical and complex sleep conditions throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 8. | Demonstrate a knowledge of the symptoms of sleep, neurologic disorders and medical conditions commonly encountered in psychiatric practice and ensure the use appropriate consultation todiagnose and provide treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |

| Demonstrate an understanding of sleep, neurologic and medical conditions that can affect evaluation and care of psychiatric patients and incorporating neurobiological processes into case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
|--|--|--|
| 10. Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical and psychiatric examination of the patient, laboratory testing, imaging, neurophysiologic testing and sleep studies and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 11. Understand the indications for and uses of different treatment options available to address a patient's sleep disorder and ability to describe the potential risks and benefits to a patient to facilitate treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 12. Understand and follow the legal parameters of medical practice. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| 13. Demonstrate the knowledge of the indications for sleep treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents must demonstrate the progressive attainment of the knowledge, skills and attitudes necessary to initiate self-directed and independent learning with goals of addressing and correcting any knowledge or skills gaps, keeping abreast of current information and practices and to continuously improve patient care, particularly focusing on the outpatient setting.

| Direct and Indirect Observation Review End of Rotation Evaluation 360 Degree Evaluation I Teaching Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam Inter Modules Comparison Clinical Skills Exam Comparison Compa |
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| e Teaching I Teaching S In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| Direct and Indirect Observation Review End of Rotation Evaluation 360 Degree Evaluation I Teaching I Teaching S In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| Direct and Indirect Observation Review End of Rotation Evaluation 360 Degree Evaluation I Teaching I Teaching In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) |
| Direct and Indirect Observation Review End of Rotation Evaluation 360 Degree Evaluation I Teaching SINGLE TRAINING ENDIRED SINGLE TRAINING SI |
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| | Deand Devieus | Find of Detation Fundamental |
|--|---------------------------------------|---------------------------------|
| | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching | Annual PD Evaluation |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |
| | Computer Modules | |
| 7. Locate, appraise and assimilate evidence from scientific studies related to their patients' | Didactics | Direct and Indirect Observation |
| healthproblems and demonstrate ability to consult medical literature as needed to | Board Review | End of Rotation Evaluation |
| improve knowledge base and care of patients. | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching | Annual PD Evaluation |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |
| | Computer Modules | Cillical Skiils Exam (CSE) |
| 8. Use information technology to optimize learning with online medical information. | Didactics | Direct and Indirect Observation |
| 8. Use information technology to optimize learning with online medical information. | | |
| | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching | Annual PD Evaluation |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |
| | Computer Modules | |
| 9. Apply knowledge of study design, statistical methods and evidence-based medicine to the | Didactics | Direct and Indirect Observation |
| appraisal of clinical studies. | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching | Annual PD Evaluation |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |
| | Computer Modules | Chilical Skills Exam (CSE) |
| 10. Critically appraise and apply evidence even in the face of uncertainty and conflicting | Didactics | Direct and Indirect Observation |
| evidenceto guide care, tailored to the individual patient. | Board Review | End of Rotation Evaluation |
| evidenceto guide care, tanorea to the marviadar patient. | | 360 Degree Evaluation |
| | Bedside Teaching Clinical Teaching | Annual PD Evaluation |
| | | |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |
| | Computer Modules | |
| 11. Teach medical students and other health care providers. | Didactics | Direct and Indirect Observation |
| | Board Review | End of Rotation Evaluation |
| | Bedside Teaching | 360 Degree Evaluation |
| | Clinical Teaching | Annual PD Evaluation |
| | Rounds | In-Training Exam (PRITE) |
| | Role Modeling | Direct Observation |
| | Independent Learning | Clinical Skills Exam (CSE) |

| | Computer Modules | | |
|---|--|--|--|
| 12. Use supervisory feedback to improve interaction with patients and family members. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. Residents must demonstrate progressive attainment of the knowledge, skills and attitudes required to develop and maintain effective interpersonal, professional and patient relationships, particularly in the outpatient setting.

- ICS1 Patient- and Family-Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---|--|--|--------------|
| Create and sustain a therapeutic and ethically sound relationship with patients, their families and the public as appropriate, across a broad range of socioeconomic, demographic, ethnic racial and cultural backgrounds to communicate effectively and respectfully while assessing the patient and discussing diagnosis and treatment recommendations in a consultive role | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | PGY4 |
| Maintain an empathic stance and establish appropriate boundaries. Independently recognizepersonal biases and attempt to proactively minimize their contribution to communication barriers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
| Communicate effectively with physicians, other non-physician healthcare professionals and healthcare related agencies. | | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |

| 4. | Work effectively as a member or leader of a multidisciplinary health care team or other professional group, coordinating recommendations from different members to optimize patientcare. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|-----|--|--|--|--|
| 5. | Educate patients, families, students and other health care professionals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 6. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute todepartmental or organizational initiatives to improve communication systems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 7. | Demonstrate competence in complex interviewing situations, such as interacting with patientswith thought disorganization, cognitive impairment, and/or inappropriate behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 8. | Use effective listening skills in interactions with patients and their families, demonstrate proficiency in conveying difficult information to them and use shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 9. | Recognize and monitor the emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 10. | Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogueregarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | |

| | Clinical Teaching Rounds | Annual PD Evaluation | |
|--|--------------------------|---------------------------------|--|
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam | |
| 11. Know how to inform patients and obtain their voluntary consent for the general | Didactics | Direct and Indirect Observation | |
| plan of psychiatric care for their specific diagnoses and recommended | Board Review | End of Rotation Evaluation | |
| therapeutic interventions. | Bedside Teaching | 360 Degree Evaluation | |
| | Clinical Teaching Rounds | Annual PD Evaluation | |
| | Role Modeling | In-Training Exam (PRITE) | |
| | Independent Learning | Direct Observation | |
| | Computer Modules | Clinical Skills Exam | |

Professionalism

Goal: Resident must demonstrate a commitment to professionalism and an adherence to ethical principles.

Reporting Milestones
Prof1 - Professional Behavior and Ethical Principles
Prof2 - Accountability/Conscientiousness
Prof3 - Well-Being

| Objectiv Resider | ves: tts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|--|--|--------------|
| 1. | Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 2. | Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best care possible. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 3. | Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an outpatient setting, including: decisional capacity to accept or refuse medical care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 4. | Accountability to patients, society, other health care providers and the profession which supersedes self-interest. | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | |

| | | T = = | T |
|-----|---|--------------------------|---------------------------------|
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| 5. | Respect, sensitivity and responsiveness to diverse patient populations, including | Didactics | Direct and Indirect Observation |
| | but not limited to diversity in gender, age, culture, race, religion, disabilities, | Board Review | End of Rotation Evaluation |
| | national origin, socioeconomic status, and sexual orientation. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| | Ability to recognize stress in medical practice, monitor stress in self and | Didactics | Direct and Indirect Observation |
| 0. | colleagues, and develop a plan for one's own personal and professional well- | Board Review | End of Rotation Evaluation |
| | | | |
| | being. Identifying institutional factors that positively and/or negatively affect | Bedside Teaching | 360 Degree Evaluation |
| | well-being. | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| 7. | | Didactics | Direct and Indirect Observation |
| | prevent lapsesin self and others. Respond appropriately to professionalism lapses | Board Review | End of Rotation Evaluation |
| | of self or colleagues. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| 8. | Appropriately identifying, disclosing and addressing conflict or duality of interest. | Didactics | Direct and Indirect Observation |
| | 11 1 7 7 37 3 | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| 0 | Present patient information concisely and clearly verbally and complete | Didactics | Direct and Indirect Observation |
| 9. | documentation in atimely manner in the patient's medical record adhering to HIPAA | Board Review | End of Rotation Evaluation |
| | | | |
| | policies and procedures. | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |
| | | Computer Modules | Clinical Skills Exam |
| 10. | Knowing how to inform patients and obtain voluntary consent for the general plan | Didactics | Direct and Indirect Observation |
| | of medical care for their specific diagnoses with specific treatment interventions. | Board Review | End of Rotation Evaluation |
| | | Bedside Teaching | 360 Degree Evaluation |
| | | Clinical Teaching Rounds | Annual PD Evaluation |
| | | Role Modeling | In-Training Exam (PRITE) |
| | | Independent Learning | Direct Observation |

| | Computer Modules | Clinical Skills Exam |
|--|--|--|
| 11. Arriving to the outpatient site punctually, well-prepared with identified learning goals and maintain professional appearance and behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 12. Demonstrating the effective utilization of case related clinical learning through availability, seeking feedback from supervisors, and appropriate follow-up. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 13. Modeling effective teaching skills to students and peers, providing appropriate supervision/teaching to trainees. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 14. Recognizing when others are unable to complete tasks and responsibilities in a timely mannerand assist in problem solving. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 15. Adhering to policies regarding duty hours, grievance procedures and physician reporting obligations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 16. Recognizing and using appropriate resources for managing and resolving ethical dilemmas asneeded (e.g. ethics consultations, literature review, risk management/legal consultation). | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Focus will be on systems of care in the outpatient setting and the interaction with multiple systems throughout the region in order to provide evidence-based, outcome driven, quality care for patients. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

- SBP1 Patient Safety and Quality Improvement (A, B, C)
- SBP2 System Navigation for Patient-Centered Care (A, B, C)
- SBP3 Physician Role in Health Care Systems (A, B, C)

| Objective Resident | es: ts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|-----------------------|--|--|--|--------------|
| 1. | Work effectively in various health care delivery settings and systems to coordinate patient care across the health care continuum and beyond to optimize the transition from inpatient to outpatient treatment through effective care/handoffs. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | PGY4 |
| | Collaborate with mental health providers, medical consultants, and community organizations to provide the best patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| | Advocate for quality patient care, assist patients in dealing with the larger health system, optimize the patient care system and understand how patient care affects and is affected by the health care system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| | Work in interprofessional teams to enhance patient safety and improve patient care quality and develop an understanding of the way in which patient care affects and is affected by other health care providers. Role model effective coordination of patient-centered care among different disciplines and specialties. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
| 5. | Participate in identifying system errors in patient safety events and implementing potential system solutions for error prevention. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | |

| 6. | Develop an understanding of the economics of outpatient medical treatment and | Role Modeling Independent Learning Computer Modules Didactics | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam Direct and Indirect Observation |
|-----|---|--|--|
| 0. | incorporate considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care. | Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 7. | Understand health care finances and its impact on individual patients' health decisions, providing cost-effective evidence-based care that does not compromise quality of care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 8. | Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 9. | Understand the financing and regulation of medical practice, as well as information about the structure of public and private organizations that influence health care. Analyze practice patterns and professional requirements in preparation for practice. Understand the policies, procedures and duties regarding guardianship and power of attorney for health care, advanced directives and HIPM compliance and their implications. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 10. | Assist patients in navigating system complexities and disparities in health care resources and adapting practice to provide for the needs of specific populations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |
| 11. | Professionally disclose patient safety events to patients and families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam |

| 12. Effectively manage patient scheduling and triaging and manage the clinical practice, collaborating with professionals, balancing the needs of patients in the practice and the resources available. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|---|--|--|--|
| 13. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |

SAMPLE SCHEDULE

INPATIENT SITE(S): Riverside Medical Center (RMC), Mental and Behavioral Health inpatient units (MHU) Kankakee, IL

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------------------|--------------------|--------------------|---------------------|--------------------|
| 0700-0800 | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 0900-1200 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding |
| 1200-1300 | | | | Lecture | |
| 1300-1700 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Lectures, Didactics | Inpatient rounding |

Outpatient Psychiatry Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Length: Four 3-month rotation blocks in PGY 3 consisting of 6 continuing clinics, and in PGY 4 consisting of 3 continuing clinics.

Description: PGY 3 and 4 residents will participate in a longitudinal outpatient psychiatry experience. They will be exposed to a variety of patients of different ages and genders from across the life cycle and diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds. Illnesses treated include acute mood and/or psychotic disorders possibly co-morbid with medical, substance use, impulse control or anxiety disorders.

Treatment plans are individually developed to meet each patient's needs utilizing biologic and psychotherapeutic interventions. There will be a weekly Intake Clinic, an Adolescent Intake and Continuity Clinic, 3 Adult Continuity Clinics and a weekly Psychotherapy Clinic. Each clinic will be supervised by an attending psychiatrist. The rotations are designed to help residents progressively gain competence in the complexity and delivery of long-term psychiatric care in the outpatient setting. Residents will be engaged in multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient treatment. PGY 3 residents will also engage in 4-month rotating experiences through Pathways IOP/PHP, Thresholds, Banyan, Bourbonnais Terrace Nursing Home, Miller Nursing Home and Bourbonnais Grove Assisted Living providing psychiatric assessment and treatment to diverse patient populations. These experiences will demonstrate the psychosocial rehabilitation techniques used in the evaluation and treatment of differing disorders in a chronically-ill patient population. No more than 20% of the patients treated will be children or adolescents. The rotations in outpatient psychiatry include didactics, individual and group supervision and clinical care and quality improvements which are designed to complement and augment the learning through the direct patient treatment. It is expected residents will be continually exposed to the biopsychosocial approach to outpatient medicine. This will include collaboration with social workers, case managers, nursing and personal who share expertise in this area. Each clinic and experience will have a supervising attending. Other mentors will be used as needed. Local experts on utilization review, quality improvement, pharmacy, administration and risk management will collaborate in this rotation. The resident should be in the hospital for morning report starting at 8 AM Tuesday-Friday unless excused for specific rotation responsibilities. This wil

All residents are expected to attend morning report and Tuesday didactic lectures when on psychiatry rotations. Attendance is taken at these conferences. Tuesday didactics occur from 1-5 PM. On overnight post-call days, the resident may leave by 8:30 AM if their work is completed and patients have been checked out to the resident on call for that day per transition of care policy. Residents are expected to attend GME required meetings at the hospital. All medication and psychotherapy clinics will transpire in the Riverside Psychiatric Associates outpatient office. Adolescent Intake and Continuity Clinic runs Mondays from 9-12 PM. Intake Clinic runs Monday from1-5 PM. Continuity Clinics will run Wednesday 1-5 PM and Friday 9-12 PM and 1-4 PM. Psychotherapy Clinic runs Thursday 1-5 PM. The faculty attending throughout the rotation will supervise each resident. Other mentors will be used as needed. Orientation to the outpatient rotations will occur in the first week of the PGY 3 year.

Any vacation time to be taken during these rotations must be approved by the GME Department in advance through the usual means.

Ancillary Educational Materials: Additional ancillary educational resources will include individual and group supervision, Morning Report sessions, other scheduled lectures and conferences, readings as assigned and use of medical library resources including computerized searches.

Rotation: Prior to the start of the rotation, the resident will contact the attending physician to designate time/place to meet. On the first day of the rotation, the resident should report to the Mental Health Unit by 8 AM. After the conclusion of morning report, the attending physician will provide an orientation on this first day. A list of patients currently on the teaching service will then be provided. Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

Evaluation: At the end of the 3-month rotations, the resident will be evaluated by the supervising attending, peers, ancillary staff and self-evaluation as part of the 360 degree evaluation. Individual feedback will be provided concurrently and through quarterly evaluation forms completed in New Innovations.

Suggested readings: "Kaplan and Sadock's Comprehensive Textbook of Psychiatry" (11th ed.) by Sadock, Sadock and Ruiz; "Stahl's Essential Psychopharmacology" (4th ed.) by Stephen M Stahl; and other reading assignments as directed by the attending.

Site: Riverside Medical Center, Kankakee, IL

Patient Care

Goal: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and promotion of health for patients and their families in the in-patient setting. Residents must be able to perform all medical, diagnostic and surgical procedures considered essential for the area of practice.

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectiv <i>Resider</i> | ves nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|----------------------------|--|--|--|---------------|
| 1. | Demonstrate competence in the evaluation and treatment of patients of different ages andgenders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural and economic backgrounds | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 2. | Communicate effectively and demonstrate caring and respectful behaviors to forge a therapeutic alliance with patients and their families to gather clear, accurate and complete information about their patients from the following sources: the patient, the patient's family, friends, health care providers and the patient's medical records meeting HIPAA expectations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 3. | Optimize the patient assessment by eliciting and observing subtle and unusual findings, interpreting collateral information and test results to determine necessary additional steps in the evaluation of complex conditions and incorporating risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 4. | Complete an initial evaluation and/or subsequent assessment of progress and mental status examination, including the use of appropriate diagnostic studies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1, 2, 3, 4 |

| | | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) | |
|-----|---|--|--|---------------|
| 5. | Develop a comprehensive bio-psychosocial formulation and differential diagnosis that incorporate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment such as genetic predisposition, developmental issues, co-morbid medical issues, substance use and abuse, ethnic/cultural/ spiritual factors, economic issues, current relationships, psychosocial stressors and current mental status examination. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 6. | Develop and implement with informed consent diagnostic and therapeutic evidence-based interventions and strategies based on patient information and preferences, up-to-date scientific | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 7. | Forge and maintain a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds and from a variety of ethnic, racial, sociocultural and economic backgrounds to counsel and educate regarding diagnosis and formulation, and implement the management and treatment of the patient using pharmacological, including medications, and psychotherapy interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. | Show ability to explain less common somatic treatment choices to patients/families in terms ofproposed mechanisms of action, potential risks and benefits and the evidence base. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 9. | Prescribe medications safely and effectively and evaluate ongoing treatment for response. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 10. | Develop understanding and implement the use of psychotherapeutic strategies appropriate for an inpatient setting, including supportive techniques, cognitive-behavioral interventions and psychodynamic strategies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1, 2, 3, 4 |

| | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) | |
|---|--|--|---------------|
| Demonstrate competence to identify recommendation for the administration of electroconvulsive therapy (ECT). Specifically residents will be able to: a. Describe selection of appropriate patients for ECT, including psychiatric indications andmedical/psychiatric contraindications b. Educate patients and their families about the risks and benefits of and alternatives to ECT c. Describe process and elements necessary to obtain informed consent for ECT frompatients | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 12. Devise individualized treatment plans for complex presentations, collaborating with mental health professionals of other non-medical disciplines and with physicians from other specialty services to coordinate and optimize the patient's care utilizing multiple modalities and criticallyappraising and integrating diverse recommendations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 13. Select the most appropriate evidence based interventions, treatments and adjustments in treatment of complex presentations based on consideration of patient factors and acuity. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 14. Manage adverse effects and safety concerns in complex or treatment refractory cases. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 15. Demonstrate understanding of the mental health system and mental health resources available in the community and use this knowledge to participate in acute treatment planning, dischargeplanning and development of appropriate aftercare plans to manage and connect acutely and chronically mentally ill patients with appropriate psychopharmacologic, psychotherapeutic and social rehabilitative interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Provide psychiatric care to patients receiving treatment from non-medical providers and coordinate that treatment with them. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1, 2, 3, 4 |

| | Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| 17. Establish and maintain a therapeutic alliance with patients with complicated problems, selectappropriate psychotherapeutic modalities based on case formulation, tailor therapy to the patient and appropriately manage boundary violations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 18. Provide psychotherapy tailored to the patient, either supportive, psychodynamic or cognitive- behavioral, identifying the core feelings, key issues, and what issues mean to the patient withinand across sessions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 19. Complete the medical record systematically including admission assessments, daily progressnotes, discharge summaries and completion of appropriate consents and treatment plan updates in a timely manner. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 20. Interview patients skillfully, generate and prioritize differential diagnoses of patient's problems and formulate an understanding of a patient's biological, psychological, behavioral and sociocultural issues associated with etiology and treatment to create an individualized treatment plan for each patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 21. Evaluate suicidal and aggressive/homicidal risk potential of each patient initially and on a ongoing basis during treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 22. Recognize and appropriately respond to family violence (e.g., child, partner, elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation | 1, 2, 3, 4 |

| Independent Learning | Clinical Skills Exam (CSE) | |
|----------------------|----------------------------|--|
| Computer Modules | | |

Medical Knowledge

Goal: Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as will apply this knowledge to patient care in the outpatient setting.

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

| MK4 - Psychotherapy (A, B, C) Objectives | Teaching Method | Evaluation Method | PGY |
|---|--|--|---------------|
| Residents are expected to: | reaching riction | Evaluation retriod | Leve |
| Demonstrate a knowledge of major theoretical approaches to understanding the doct patientrelationship. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| Demonstrate a knowledge of the biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Demonstrate an understanding of the aspects of American culture and subcultures including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, preferences and power. | Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Demonstrate a knowledge of the etiologies, prevalence, diagnosis, treatment and prevention of the psychiatric conditions most likely to affect psychiatric inpatients and how acquiring and losing specific capacities can influence the expression of psychopathology. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation | 1, 2, 3, 4 |

| | | Role Modeling Independent Learning Computer Modules | In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|-----|--|--|--|---------------|
| 5. | Demonstrate the knowledge of the fundamental principles of epidemiology, etiologies, diagnosis, treatment and prevention of all major psychiatric disorders in the current diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and acute treatment of psychiatric disorders and conditions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 6. | Demonstrate knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 7. | Demonstrate a knowledge of the symptoms of neurologic disorders and medical conditions commonly encountered in psychiatric practice and ensure the use appropriate consultation todiagnose and provide treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. | Demonstrate an understanding of neurologic and medical conditions that can affect evaluation and care of psychiatric patients and incorporating neurobiological processes into case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 9. | Demonstrate an investigatory and analytic approach to thinking through clinical situations understanding the reliability and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, psychological and neuropsychological testing and correlating their significance to case formulation and treatment planning. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 10. | Understand the indications for and uses of electroconvulsive and neuromodulation therapies. | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 1, 2, 3, 4 |

| | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| Demonstrate knowledge in the history of psychiatry and its relationship to the evolution ofmedicine. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 12. Understand and follow the legal parameters of psychiatric practice. Demonstrate the knowledge of the indications for psychiatric treatment. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Demonstrate knowledge of psychopharmacological treatment of mental illness, including indications, side-effects, treatment algorithms, the management of treatment-resistant illness, augmentation strategies, combination strategies and interactions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 14. Demonstrate knowledge of the theoretical mechanisms of therapeutic change, compare selection criteria and potential risks and benefits of different psychotherapies, indications and potential consequences and analyze the evidence base for combining psychotherapy and pharmacotherapy. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

Practice-based Learning and Improvement

Goal: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents must demonstrate the progressive attainment of the knowledge, skills and attitudes necessary to initiate self-directed and independent learning with goals of addressing and correcting any knowledge or skills gaps, keeping abreast of current information and practices and to continuously improve patient care, particularly focusing on the outpatient setting.

| Reporting Milestones PBLI1 - Evidence-Based and Informed Practice PBLI2 - Reflective Practice and Commitment to Personal Growth | | | |
|--|--|--|---------------|
| Objectives: Residents are expected to: | Teaching Method Select all that apply | Evaluation Method Select all that apply | PGY Level |
| Identify strengths, deficiencies and limits in one's knowledge and expertise. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| Set learning and improvement goals using performance data to measure the effectiveness of the learning plan and when necessary, improve it. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Develop and implement strategies for filling gaps in medical knowledge, diagnostic andtreatment skills using supervision and feedback. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Identify and perform learning activities, challenging one's own assumptions and consideringalternatives in narrowing the gap(s) between their expected and actua performance. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Seek feedback with openness and humility from their supervising attending and of healthcare providers and formative evaluations about their own practice to systematically analyze their practice and implement improvement. | ther Didactics Board Review Bedside Teaching Clinical Teaching Rounds | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) | 1, 2, 3, 4 |

| | Role Modeling Independent Learning Computer Modules | Direct Observation Clinical Skills Exam (CSE) | |
|--|--|--|---------------|
| 6. Systematically analyze practice using quality improvement methods. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Locate, appraise and assimilate evidence from scientific studies related to their patients' healthproblems and demonstrate ability to consult medical literature as needed to improve knowledge base and care of patients. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 8. Use information technology to optimize learning with online medical information. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| Apply knowledge of study design, statistical methods and evidence-based medicine theappraisal of clinical studies. | e to Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 10. Critically appraise and apply evidence even in the face of uncertainty and conflicting evidenceto guide care, tailored to the individual patient. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

| | Independent Learning Computer Modules | | |
|--|--|--|---------------|
| 11. Teach medical students and other health care providers. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 12. Use supervisory feedback to improve interaction with patients and family members. Participate in quality improvement activities appropriately. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |

Interpersonal and Communication Skills

Goal: Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must learn to communicate with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals. Residents must demonstrate progressive attainment of the knowledge, skills and attitudes required to develop and maintain effective interpersonal, professional and patient relationships, particularly in the outpatient setting.

- ICS1 Patient- and Family-Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectiv Resider | ves: ots are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|---|--|--|---------------|
| 1. | Create and sustain a therapeutic and ethically sound relationship with patients, their familiesand the public as appropriate, across a broad range of socioeconomic and cultural backgrounds. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 2. | Maintain an empathic stance and establish appropriate boundaries. Independently recognizepersonal biases and attempt to proactively minimize their contribution to | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| | communication barriers. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | |
|----|---|--|--|---------------|
| 3. | Communicate effectively with physicians, other non-physician healthcare professionals and healthcare related agencies. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 4. | Work effectively as a member or leader of a multidisciplinary health care team or other professional group, coordinating recommendations from different members to optimize patientcare. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam (CSE) | 1, 2, 3, 4 |
| 5. | Educate patients, families, students and other health care professionals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 6. | Present verbally and maintain comprehensive, timely and legible medical records. Contribute todepartmental or organizational initiatives to improve communication systems. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Demonstrate competence in complex interviewing situations, such as interacting with patientswith thought disorganization, cognitive impairment, paranoia, aggressiveness and/or inappropriate behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

| 8. | Use effective listening skills in interactions with patients and their families, demonstrate proficiency in conveying difficult information to them and use shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
|-----|--|--|--|---------------|
| 9. | Recognize and monitor the emotional responses to patients and adjust their practice accordingly. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 10. | Respectfully communicate feedback and constructive criticism to superiors. Facilitate dialogueregarding systems issues among community stakeholders. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 11. | Know how to inform patients and obtain their voluntary consent for the general plan of psychiatric care for their specific diagnoses and recommended therapeutic interventions. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

Professionalism

Goal: Resident must demonstrate a commitment to professionalism and an adherence to ethical principles.

Reporting Milestones Prof1 - Professional Behavior and Ethical Principles

Prof2 - Accountability/Conscientiousness Prof3 - Well-Being

| Objectives: Residents are expected to: | Teaching Method | Evaluation Method | PGY Level |
|--|---|--|---------------|
| Providing compassion, integrity and respect in all their interactions with patients, families and other health care providers and communicate effectively. | Didactics Board Review Bedside Teaching | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation | 1, 2, 3, 4 |

| | | Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|----|--|--|--|---------------|
| 2. | Responding to patient care needs that supersedes self-interest. Displaying increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best care possible. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 3. | Respect for patient privacy and autonomy, appreciating the ethical issues which can arise in an inpatient psychiatric setting, including: involuntary treatment; decisional capacity to accept or refuse psychiatric care; informed consent; the challenges imposed by financial constraints; confidentiality of patient information; and the potential for violation of appropriate boundaries. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 4. | Accountability to patients, society, other health care providers and the profession which supersedes self-interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 5. | Respect, sensitivity and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 6. | Ability to recognize stress in medical practice, monitor stress in self and colleagues, and develop a plan for one's own personal and professional well-being. Identifying institutional factors that positively and/or negatively affect well-being. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Recognizing situations that may trigger professionalism lapses and intervene to prevent lapsesin self and others. Respond appropriately to professionalism lapses | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| | of self or colleagues. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|-----|---|--|--|---------------|
| 8. | Appropriately identifying, disclosing and addressing conflict or duality of interest. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 9. | Present patient information concisely and clearly verbally and complete documentation in atimely manner in the patient's medical record adhering to HIPAA policies and procedures. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 10. | Knowing how to inform patients and obtain voluntary consent for the general plan of psychiatric care for their specific diagnoses with specific treatment interventions. Arriving to the hospital punctually, well-prepared with identified learning goals. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 11. | Arriving to the outpatient site punctually, well-prepared with identified learning goals and maintain professional appearance and behavior. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 12. | Demonstrating the effective utilization of case related clinical learning through availability, seeking feedback from supervisors, and appropriate follow-up. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 13. | Modeling effective teaching skills to students and peers, providing appropriate supervision/teaching to trainees. | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|--|--|--|---------------|
| 14. Recognizing when others are unable to complete tasks and responsibilities in a timely mannerand assist in problem solving. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 15. Adhering to policies regarding duty hours, grievance procedures and physician reporting obligations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 16. Recognizing and using appropriate resources for managing and resolving ethical dilemmas asneeded (e.g. ethics consultations, literature review, risk management/legal consultation). | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

System-Based Practice

Goal: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. Focus will be on systems of care in the outpatient setting and the interaction with multiple systems throughout the region in order to provide evidence-based, outcome driven, quality care for patients. Residents must learn to advocate for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end-of-life goals.

- SBP1 Patient Safety and Quality Improvement (A, B, C)
- SBP2 System Navigation for Patient-Centered Care (A, B, C)
- SBP3 Physician Role in Health Care Systems (A, B, C)

| SETS THYSICIAN ROLE IN TREATM CARE SYSTEMS (TYPE) | | | |
|---|-----------------|---------------------------------|-------|
| Objectives: | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | Level |
| | Didactics | Direct and Indirect Observation | 1, 2, |
| 1. Work effectively in various health care delivery settings and systems to | Board Review | End of Rotation Evaluation | 3, 4 |

| | coordinate patient careacross the health care continuum and beyond to optimize the transition from inpatient to outpatient treatment through effective care/handoffs. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|----|--|--|--|---------------|
| 2. | Collaborate with psychiatrists and other mental health providers in the community, medicalconsultants, and community organizations to provide for the best patient care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 3. | Advocate for quality patient care, assist patients in dealing with the larger mental health system, optimize the patient care system and understand how patient care affects and isaffected by the mental health care system. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 4. | Work in interprofessional teams to enhance patient safety and improve patient care quality and develop an understanding of the way in which patient care affects and is affected by other health care providers. Role model effective coordination of patient-centered care among different disciplines and specialties. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 5. | Participate in identifying system errors in patient safety events and implementing potential system solutions for error prevention. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 6. | Develop an understanding of the economics of inpatient psychiatric treatment and incorporate considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population based care. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 7. | Understand health care finances and its impact on individual patients' health decisions, providing cost-effective evidence-based care that does not compromise | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| | quality of care. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|-----|--|--|--|---------------|
| 8. | Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 9. | Understand the financing and regulation of psychiatric practice, as well as information about the structure of public and private organizations that influence mental health care. Analyze practice patterns and professional requirements in preparation for practice. Understand the policies, procedures and duties regarding involuntary commitment, 5 day letters, court orders regarding treatment interventions, guardianship and power of attorney for health care and their implications. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 10. | Assist patients in navigating system complexities and disparities in mental health care resources and adapting practice to provide for the needs of specific populations. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 11. | Professionally disclose patient safety events to patients and families. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 12. | Advocate for the promotion of mental health and the prevention of mental disorders, mobilizing community resources when indicated. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |
| 13. | Effectively manage patient scheduling and triaging and manage the clinical practice, collaborating with professionals, balancing the needs of patients in the practice and the | Didactics Board Review | Direct and Indirect Observation End of Rotation Evaluation | 1, 2, 3, 4 |

| resources available. | Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | |
|---|--|--|---------------|
| 14. Demonstrate the skills required to identify, develop, implement, and analyze a quality improvement project. | Didactics Board Review Bedside Teaching Clinical Teaching Rounds Role Modeling Independent Learning Computer Modules | Direct and Indirect Observation End of Rotation Evaluation 360 Degree Evaluation Annual PD Evaluation In-Training Exam (PRITE) Direct Observation Clinical Skills Exam | 1, 2, 3, 4 |

SAMPLE SCHEDULE

INPATIENT SITE(S): Riverside Medical Center (RMC), Mental and Behavioral Health inpatient units (MHU) Kankakee, IL

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------------------|--------------------|--------------------|---------------------|--------------------|
| 0700-0800 | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 0900-1200 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding | Inpatient rounding |
| 1200-1300 | | | | Lecture | |
| 1300-1700 | Inpatient rounding | Inpatient rounding | Inpatient rounding | Lectures, Didactics | Inpatient rounding |

Research Curriculum Psychiatry Residency Program Riverside Medical Center

Rotation Duration: One Month during PGY4.

Description:

The Research rotation will provide the trainee with protected time for participation in a research project involving human subjects and support in all phases of development and execution of a study protocol. Trainees will increase their understanding of the research process including how research is conducted, evaluated and explained to patients and applied to patient care. This rotation will also cover research literacy, and the concepts and process of evidence-based clinical practice including question formation, information searching, critical appraisal and medical decision-making. Completion of this rotation will aid in developing an understanding of study design, implementation, analysis, and publication for clinical research as well as cultivate an appreciation and capacity to understand the components necessary to create medical knowledge.

Trainees are able to choose their own mentors and projects after approval from the Designated Institutional Official (DIO) and Program Director (PD). All activities will be supervised by the PD and the trainee's faculty research advisor.

It is anticipated that most research projects will take place over the course of several months up to a few years, with the research rotation being protected time allocated for periods of intensive work such as background literature reviews, data collection, or data analysis.

Prior to and throughout this rotation, trainees will collaborate with research coordinators, IRB staff, data analytics staff, social workers, care managers, nursing and other personnel who share expertise in this area.

Rotation:

The trainee should be in the hospital for morning report starting at 8:00 am, Tuesday – Friday. Clinic and lecture days will be required per established schedule.

Any vacation time to be taken during this rotation must be approved by the GME Department in advance through the usual means.

A Scholarly Activity proposal must submitted and approved prior to the start of this rotation. The proposal should identify the faculty research advisor who will also precept this rotation. It should also include an initial version of the research question and the scope of the proposed literature search and other activities proposed for the rotation. At the end of the rotation, a summary of the work done during the rotation is due to the PD.

If the trainee is submitting a clinical research protocol and submitting an Institutional Review Board (IRB) application to Riverside's IRB, the application must be submitted a month before the rotation and approved prior to the start of this rotation. In the case of a prospective study the trainee will present the study to the IRB and gain acceptance and approval to perform the study. Retrospective studies will require IRB approval as well, and will be performed under the supervision of an attending.

Evaluation: Trainees are expected to have a scheduled weekly meeting with their faculty research advisor to plan and track progress in the rotation. At the end of the rotation, the resident will be evaluated by the supervising faculty member. Personal feedback will be provided and an evaluation form will be completed in New Innovations. The resident will be evaluated in each of the required general competency areas.

Prerequisite to rotation: Current CITI Program course (Biomedical Research, refresher, or appropriate to research area) completion with 80 percent score overall, and no modules with less than 60 percent.

Resources: Research Design in DeckerMed

Patient Care

Goal:

Trainees must demonstrate the ability to effectively treat patients, provide medical care, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.

Reporting Milestones:

- PC1 Psychiatric Evaluation (A, B, C)
- PC2 Psychiatric Formulation and Differential Diagnosis (A, B, C)
- PC3 Treatment Planning and Management (A, B, C)
- PC4 Psychotherapy (A, B, C)
- PC5 Somatic Therapies (including Psychopharmacology and Neurostimulation Therapies) (A, B, C)
- PC6 Clinical Consultation

| Objectiv Resider | ves nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|---|--|--------------|
| 1. | Residents will develop competence in formulating a diagnosis based on the data they have obtained, including evaluation of past records. They will be competent to make a thorough differential diagnosis, and be able to plan further steps to clarify the diagnoses utilizing either the clinical interview or a tool designated by the particular research study. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 2. | Gather and critically appraise references for therapy in peer-reviewed and other resources. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 3. | Develop understanding how reach supports evidence-based patient care | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

Medical Knowledge

Goal:

Trainees must demonstrate the research skills required to investigate their research equation through the development and execution of a clinical investigation plan.

Reporting Milestones:

- MK1 Development through the Life Cycle (including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology) (A, B)
- MK2 Psychopathology (includes Knowledge of Diagnostic Criteria, Epidemiology, Pathophysiology, Course of Illness, Comorbidities, and Differential Diagnosis of Psychiatric Disorders, including Substance Use Disorders and Presentation of Psychiatric Disorders across the Life Cycle and in Diverse Patient Populations) (A, B)
- MK3 Clinical Neuroscience (includes Knowledge of Neurology, Neuropsychiatry, Neurodiagnostic Testing, and Relevant Neuroscience and their Application in Clinical Settings) (A, B, C)

MK4 - Psychotherapy (A, B, C)

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|--|--|----------------------|---------------------------------|-------|
| Objectives | | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | | Level |
| Residents must demonstrate knowledge of a | established and evolving biomedical, clinical, | Independent Learning | Direct and Indirect Observation | 4 |
| epidemiological and social-behavioral science | es, as well as the application of this | Computer Modules | End of Rotation Evaluation | |
| knowledge to patient care, focusing on how | these areas apply to a research project. | Role Modeling | | |

| 2. | The ability to critically appraise and understand the relevant research literature and to apply research findings appropriately to clinical practice, including the concepts and process of evidenced-based clinical practice. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
|----|--|---|---|---|
| 3. | Use of case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in the diagnosis for description in case studies and other research design models. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 4. | Formulate a research question that is measurable and relevant. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 5. | Demonstrate an understanding of hypothesis testing by declaring a study hypothesis | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 6. | Develop a clinical investigation plan to test their hypothesis | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 7. | Trainees will increase their knowledge about how to conduct an official literature review for a scholarly project | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 8. | Trainees will seek and learn about statistical design of the research literature discovered in their projects | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 9. | Demonstrate knowledge of the scientific method of problem solving and evidence-based medical decision making by developing critical appraisal skills when evaluating research. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

Practice-based Learning and Improvement

Goal:

Trainees must demonstrate the ability to utilize available resources to access, review, collect and analyze medical literature essential for a specific research question or practice problem, and summarize the findings presented by authors in a clear manner so that they can assimilate scientific evidence, and to continuously improve patient care based on constant self- evaluation and life-long learning.

Reporting Milestones:

PBLI1 - Evidence-Based and Informed Practice

PBLI2 - Reflective Practice and Commitment to Personal Growth

| T DE12 Reflective Tractice and Communicate to Tersonal Growth | | | |
|--|----------------------|---------------------------------|-------|
| Objectives: | Teaching Method | Evaluation Method | PGY |
| Residents are expected to: | | | Level |
| Identify strengths, deficiencies and limits in one's knowledge to set learning and | Independent Learning | Direct and Indirect Observation | 4 |
| improvement goals particularly in context of developing and implementing a research | • | End of Rotation Evaluation | |
| project. | Role Modeling | | |
| 2. Incorporate formative evaluation feedback into a research practice, focusing on the | Independent Learning | Direct and Indirect Observation | 4 |
| revision and submission process for publication. | Computer Modules | End of Rotation Evaluation | |
| | Role Modeling s | | |

| 3. | Trainees will be active in self-directed reading about their scholarly projects, relevant literature and in seeking help from faculty when obstacles appear. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
|----|--|---|--|---|
| 4. | Demonstrate understanding of objectives, study designs, and methods of a research study. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 5. | Systematically analyze and optimize current practice using quality improvement methods | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

Interpersonal and Communication Skills

Goal:

Trainees must demonstrate interpersonal and communication skills that result in the effective exchange of information and conclusions drawn from the research study or quality improvement.

Reporting Milestones:

- ICS1 Patient and Family Centered Communication
- ICS2 Interprofessional and Team Communication
- ICS3 Communication within Health Care Systems

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|---|---|--------------|
| 1. | Write an abstract summarizing the objective, study design, measures, and results of their study and explain to patients the purpose of research and how research is designed, conducted and evaluated. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 2. | Trainees will develop progressively increased skill in effectively interacting with IRB, clinical investigation, physicians and other health professionals when gathering data, recruiting patients, and following the research design protocol. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 3. | Trainees will develop increasing skill in collaborating with peers and faculty members in scholarly activities | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 4. | Create a poster that is presented/submitted to a regional/national conference or committee; or publish a research article in a reputable journal | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 5. | Complete an IRB Closure Report and present your findings to Riverside's Institutional Review Board | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

Professionalism

Goal:

Trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles regarding QI and research.

- Prof1 Professional Behavior and Ethical Principles
- Prof2 Accountability/Conscientiousness

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|--|---|---|--------------|
| 1. | Demonstrate an understanding of the ethical principles that guide the conduct of ethical research by completing CITI training with satisfactory scores. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 2. | Apply their knowledge of their clinical investigation plan and training on research involving human subjects to complete and Institutional Review Board application. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 3. | Demonstrate an understanding of both the ethical and scientific aspect of their clinical investigation plan by presenting their study to the Institutional Review Board. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 4. | Demonstrate compassion, integrity and respect for others in research activities involving human subjects. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 5. | Trainees will ensure execution of safe and ethical scholarly/research projects at all phases of execution | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

System-Based Practice

Goal:

Trainees must demonstrate an awareness of and responsiveness to the larger context of research's impact on healthcare systems.

Reporting Milestones:
SBP1 - Patient Safety and Quality Improvement (A, B, C)
SBP2 - System Navigation for Patient-Centered Care (A, B, C)
SBP3 - Physician Role in Health Care Systems (A, B, C)

| Objectiv Resider | ves: nts are expected to: | Teaching Method | Evaluation Method | PGY Level |
|---------------------|---|---|---|--------------|
| 1. | Trainees will learn how to engage the various systems, administrators and clinicians involved in completing research/scholarly activities. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 2. | Critically appraises different types of research, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and practice guidelines, and applies such to own research protocol or QI project. | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 3. | Demonstrate the ability to create and submit a data analytics request for data necessary to completing a research study | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 4. | Collect and maintain study data in a databank | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |
| 5. | Analyze data relevant to the study question and explain the importance of the analysis in improving patient care | Independent Learning Computer Modules Role Modeling | Direct and Indirect Observation End of Rotation Evaluation | 4 |

| 6. Advocate for quality patient care and optimal patient care systems based on critical | Independent Learning | Direct and Indirect Observation | 4 |
|---|----------------------|---------------------------------|---|
| appraisal of clinical studies and evidence-based medicine recommendations. | Computer Modules | End of Rotation Evaluation | 1 |
| | Role Modeling | | |

SAMPLE for Research Rotation SCHEDULE

RESEARCH SITE(S): Riverside Medical Center (RMC), Kankakee, Ill.

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|---------------------------------------|------------------|------------------|-------------------------------|------------------|
| 8:00-8:30a | Morning Report | Morning Report | Morning Report | Morning Report | Morning Report |
| 9:00a-12:00p | Revise work based on faculty feedback | Independent work | Independent work | Independent work | Independent work |
| 12:00-1:00p | | | | Noon Psychiatry Conference | |
| 1:00 – 5:00p | Clinic | Lectures | Clinic | Psychotherapy Clinic | Clinic |