



DIVISION OF CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY PROGRAM

MANUAL
2008-2009



Brian M. Kubacak, M.D.
DIRECTOR OF PSYCHIATRY RESIDENCY TRAINING

Please report corrections and changes to:

Leah Stanley, Program Coordinator
Phone: (501) 364-4670
Fax: (501) 364-1592
Email: stanleyleahm@uams.edu
UAMS Division of Child & Adolescent Psychiatry
Located at: Arkansas Children's Hospital
1120 Marshall Street, Slot 654
Little Rock, AR 72202-3591

Introduction

PHILOSOPHY

The primary goal of the Child and Adolescent Psychiatry Residency Training Program of the University of Arkansas for Medical Sciences (UAMS) is to train physicians to become specialists in child and adolescent psychiatry. This philosophical principle is evident in our commitment to developing Child and Adolescent psychiatrists confident and able to function as advocates and practitioners of safe and effective treatment for children and their families.

We believe training in system oriented assessment is the cornerstone for treatment planning. We teach a biopsychosocial perspective and a developmental framework as the basis of assessment.

The mission of the UAMS College of Medicine includes education research, clinical and community service. We believe that the education of child and adolescent psychiatrists, general psychiatrists, pediatricians, as well as allied health professionals including psychologists and social workers, is an essential part of our effort to improve the quality of care provided to children and their families.

PROGRAM DESCRIPTION

University of Arkansas for Medical Sciences Division of Child and Adolescent Psychiatry, Residency Program in Child and Adolescent Psychiatry

The Division of Child and Adolescent Psychiatry of the University of Arkansas Department of Psychiatry conducts an ACGME approved two-year residency training program in child and adolescent psychiatry.

The program is based at Arkansas Children's Hospital, the location of the program's outpatient clinic and the site for our emergency department and consultation/liaison experience. The program has an important affiliation with Arkansas State Hospital, where residents work with acute adolescent patients as well as with a program for male adolescent sexual offenders. In addition to the outpatient clinic, other major clinical activities include the consultation service based at Arkansas Children's Hospital. Due to space considerations our outpatient program has expanded to the UAMS Program for Young Adults another site where we see adolescents and the college age population. We also provide child and adolescent acute inpatient care at the United Methodist Behavior Hospital.

The program's most basic goal is to help the resident achieve clinical competence in modern child and adolescent psychiatry. This is carried out under conditions which range from high supervision/low autonomy in the first year to increasing autonomy with less intense supervision in the second year.

The didactic program has a two-year curriculum, keeping the residents together as a group throughout the two years of training. The core seminar is a weekly two-hour teaching session. A third hour is devoted to a continuous case conference. Throughout the two years, the resident has a minimum of one hour of service specific supervision and one hour of psychotherapy supervision each week.

On a broad level, the training program seeks to train residents who are competent in the areas of patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice. This goal is consistent with the recent effort of the ACGME to emphasize the assessment of outcomes and resident competency in the residency training process. The program seeks to prepare residents to be independent learners and motivated leaders who will continue to build on their residency training as they go through their careers. There is training in psychopharmacology, where much current research activity in the field is focused. There is also a strong focus on the therapeutic relationship and psychotherapy, as these continue to be key aspects of quality psychiatric care.

The didactic program provides a broad overview of child and adolescent psychiatry, including its interface with other medical specialties such as neurology and developmental pediatrics. There is an emphasis on child development, family dynamics and relationships, and the types of effects which certain life events are likely to work upon children and parents. The sequelae of death of a sibling, divorce, adoption, and other separations and losses are fundamental to psychiatric evaluation and treatment; empathic and focused interviewing is a skill intrinsic to psychiatry.

The first year of training consists of two rotations. A six-month full-time rotation at the Arkansas State Hospital Adolescent Service is under the immediate direction of a division faculty psychiatrist and consists of one-half time on the acute service, and one-half time on the sexual offender service. The other first-year rotation is divided between the Psychiatric Outpatient Clinic and the Consultation Service. The resident on the consultation service responds to requests for psychiatric evaluation for patients at Arkansas Children's Hospital - those on inpatient services and in the emergency room. This resident also devotes part of their time in the psychiatry outpatient clinic.

The second year of training focuses on work in the outpatient clinics, and other outpatient activities and the community based acute inpatient unit. The emphasis in the clinic is on interviewing skills, diagnostic evaluation, various psychotherapies, and medication management, and working in a multi-disciplinary team. The clinic settings are organized using an evidence-based model of outpatient practice. In the second year, the resident works in our school consultation program, and obtains clinical experience in pediatric specialty clinics such as neurology, developmental disability clinic, eating disorders clinic and genetics clinic. Also in the second year, the resident may select from a variety of electives, including a research project or working in the University Hospital Student Mental Health Service.

CRITERIA AND PROCESS FOR RESIDENT SELECTION

The child and adolescent psychiatry residency training program uses both objective and subjective guidelines in selection of applicants. The Training Program Director is responsible for selection and appointment of residents to the training program. The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran's status. The criteria and processes for resident selection is as follows:

APPLICATION PROCESS

In the Division of Child and Adolescent Psychiatry, the program director, in consultation with other faculty, decides which applicants to invite for interviews. Recruitment emphasizes UAMS general psychiatry residents who have rotated on child and adolescent psychiatry in their PGY II year and are well known to the faculty. However, national and international candidates are welcome, and traditionally have taken a very important role in the division as both residents and faculty. Applicants submit formal applications and letters of reference and are interviewed by faculty and residents, all of whom submit a written evaluation of the candidate to the program director.

For further information call, fax, e-mail or write:

Brian Kubacak, M.D. Program Director

kubacakbrianm@uams.edu

Leah Stanley, Program Coordinator

stanleyleahm@uams.edu

UAMS Child & Adolescent Psychiatry Residency Training Program

Child Study Center, Located at Arkansas Children's Hospital

1120 Marshall St., Slot 654

Little Rock, AR 72202-3591

tel: (501) 364-3376

fax: (501) 364-1592

ELIGIBILITY

All applicants must meet the following eligibility requirements:

- 1 Ability to carry out the duties as required of the child and adolescent psychiatry training program.
2. Proficient in the English language as determined by the program director and/or selection committee to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics, and speaking English on conversational and medical topics.
3. Meet one of the following qualifications:
 - a) Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b) Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA).
 - c) Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.

d) A graduate who holds a full and unrestricted license to practice medicine in a US licensing jurisdiction.

e) Graduate of a medical school outside the United States or Canada with the following qualifications:

1. A currently valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG), or
2. A full and unrestricted license to practice medicine in a US licensing jurisdiction
3. The ability to reside continuously in the U.S. for the length of training.

SELECTION

1. The following information must be received before the applicant will be considered and before an applicant is invited for an interview:
 - a) Completed application
 - b) Official medical school transcript
 - c) Letter from his/her general psychiatry training program documenting general psychiatry training requirements met and not met during the resident's general psychiatry training program.
 - d) Three (3) letters of recommendation
 - e) CV
 - f) Personal statement
2. Once an applicant has been found to meet minimal selection criteria, the program coordinator contacts him/her by telephone to schedule an interview.
3. An applicant invited for an interview should review and be familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the resident and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided. Applicants can access this information through the UAMS Resident Handbook at www.uams.edu/gme/toc.htm.
4. The interview consists of one full day of interviews with faculty members and current child and adolescent psychiatry residents as well as tours of UAMS, ACH & ASH facilities.
5. Applicants are evaluated by residents and faculty who interact with the applicant. A written evaluation form is submitted to assess communication skills, breadth

and depth of interest in psychiatry, fund of knowledge in general and child and adolescent psychiatry, and personal qualities.

6. Criteria for selection include:
 - a) Review and confirmation of eligibility requirements
 - b) Overall academic performance in medical school
 - c) Recent clinical training or experience
 - d) Demonstrated ability to choose goals and complete the tasks necessary to achieve those goals
 - e) Maturity and emotional stability
 - f) Honesty, integrity and reliability
 - g) Motivation to pursue a career in the specialty of child and adolescent psychiatry
 - h) Prior research and publication experience
 - i) Verbal and written communication skills
 - j) Letters of recommendation from faculty
 - k) Dean's letter
 - l) Medical school transcript
 - m) The ability to reside continuously in the US for the length of the training

7. Following the interview, the Training Program Selection Committee, composed of faculty, residents and chief residents, reviews the applicant's file and written interview evaluations and ranks the applicant based on the criteria above.

APPOINTMENT/REGISTRATION

Upon verification by the training program director that the applicant has met eligibility requirements, completed the application process and been selected according to established criteria, the applicant will begin the process of appointment and registration with the College of Medicine. An applicant is considered fully appointed and registered only after all of the following documents have been completed and returned to the Director of Housestaff Records. Once the Director of Housestaff Records has received all the documents, the applicant is registered in the payroll system to receive a stipend and may begin the training program.

1. Documentation of a negative drug test
2. Verification of successful graduation if previously anticipated (e.g., final transcript, letter from Registrar, copy of diploma, currently valid ECFMG certificate, if applicable)
3. All of the following with valid signature:
 - a) Resident Agreement of Appointment (contract)
 - b) Medical Records Agreement
 - c) Attestation acknowledging receipt of GME Committee policies and procedures
 - d) Confidential Practitioner Health Questionnaire
 - e) Employee Drug Free Awareness Statement
 - f) Housestaff Medical Screening Form
 - g) Post Doctoral Medical Education Biographical Form
 - h) Copy of currently valid ECFMG certificate and valid visa (if applicable)

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UAMS Division of Child & Adolescent Psychiatry Faculty Roster

Chief of Child and Adolescent Psychiatry WOHDAN Associate Professor, UAMS College of Medicine Chief of Psychiatry Arkansas Children's Hospital Medical Director of Psychiatry Care Clinic (PPC)	Juanita Lynn Taylor, M.D.
Assistant Professor, UAMS College of Medicine, Residency Program Director	Brian M. Kubacak, M.D.
WHODAN Professor Emeritus	John E. Peters, M.D.
Clinical Instructor, UAMS College of Medicine Director of Arkansas Children's Hospital Consult Liaison Service	Zaid Malik, M.D.
Clinical Instructor, UAMS College of Medicine, Section Chief Methodist Behavioral Hospital Acute Inpatient Unit	Scott Hogan, M.D.
Associate Professor, UAMS College of Medicine Medical Director of Youth Home	Mark Andersen, M.D.
Clinical Assistant Professor, UAMS College of Medicine Assistant Medical Director of Youth Home	John Webber, M.D.
Assistant Professor, UAMS College of Medicine Medical Director of Adolescent Services Arkansas State Hospital	Steve Domon, M.D.
Clinical Assistant Professor, UAMS College of Medicine Arkansas State Hospital	R. Clint Gray M.D.
Assistant Professor, UAMS College of Medicine State Hospital Acute & Residential Unit	Veronica Williams, M.D.
Assistant Professor, UAMS College of Medicine	Richard Livingston, M.D.
Assistant Professor, UAMS College of Medicine	Rachel Bowman, Ph.D.
Assistant Professor, UAMS College of Medicine Arkansas State Hospital	April Coe Hout, Ph.D.
Assistant Professor, UAMS College of Medicine	Bruce Cohen, M.S.
Clinical Instructor UAMS College of Medicine	Angie Shy, M.D.

Resident Roster 2008 – 2009

1st Year Resident

Andrew Diederich, M.D

Katherine Yarnell, M.D.

2nd Year Residents

Muhammad Raza, M.D

Muhammad Azhar, M.D.

Educational Program

DIDACTIC CONFERENCES

Child and adolescent psychiatry didactic seminar – 2 hours, 48/year. Conferences are chaired by Division faculty and by guest faculty. The schedule is planned for the year, although many revisions are made as circumstances warrant.

Child and adolescent psychiatry case conference – 1 hour, 48/year. This conference is on the model of group supervision. It involves ongoing training in assessment and psychotherapeutic treatment. Methods used include case presentations, videos, reading, and live observation.

Journal Club meets the second Wednesday of each month following didactics the Program for Young Adults. One to two recent articles are presented and discussed as recorded on the didactic seminar schedule.

GRAND ROUNDS PARTICIPATION

The UAMS Department of Psychiatry Grand Rounds is a weekly lecture presentation (Thursdays at 4:00 p.m.) featuring a variety of national figures in American psychiatry as well as UAMS faculty and house staff. Grand Rounds is an educational activity for all faculty, residents, medical students, and associated mental health workers. This speaker series is a forum that supplements the formal didactic program and provides for the dissemination of new information from medical research and/or societal issues referable to psychiatry. The ACGME mandates resident attendance at this educational activity.

PRITE

Residents are required on an annual basis to take the child PRITE, and first year residents are required to take the general PRITE. The general PRITE is optional for second year residents. Results are discussed with the Director of Training, and used to identify areas of strength and weakness.

PRACTICE CLINICAL EXAMINATION – (Mock Board)

Residents are required on an annual basis to interview for thirty (30) minutes and discuss for thirty (30) minutes an adolescent patient with a faculty member. This is carried out and graded in the manner of ABPN examinations. The resident receives oral and written feedback on their performance. During the fall a second mock interview is performed and evaluated based on a vignette presentation consistent with ABPN child psychiatry board format.

SUPERVISION

In addition to the clinical supervision provided at the assigned clinical sites, each resident is assigned a psychotherapy supervisor. These supervisors are full-time faculty members or respected clinicians in the community on the clinical faculty. They provide a weekly opportunity for residents to discuss psychotherapy cases in detail and to discuss other professional issues.

PERFORMANCE STANDARDS FOR MEETING OBJECTIVES AND CRITERIA FOR GRADUATION

The standard for “acceptable” and “adequate” in the goals and objectives that follow is the judgment of the faculty individually and collectively. Graduation is contingent upon the satisfactory completion of all required rotations, courses and activities, as determined by the residency training committee. The residency training committee consists of all full-time faculty child psychiatrists and (for all purposes other than evaluation of residents) the chief resident in child and adolescent psychiatry.

Evaluation of residents occurs in a variety of ways, including quarterly evaluations, records review, and oral examination. The methods and goals of evaluation are targeted to be consistent with the ACGME requirements regarding the core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems based practice.

PROGRAM AND FACULTY EVALUATION

Residents complete the Resident’s Quarterly Evaluation of Supervision and Services (Manual pg. 77-79) form every 3 months as a means of evaluating faculty and their respective rotations. These forms are then reviewed by the program director, who provides an annual summary feedback to faculty. This feedback is confidential, in that the resident’s name is deleted from this feedback.

Residents also complete an annual Program Evaluation form (Manual pg. 75-76). These forms are reviewed by the program coordinator, who then gives a confidential compilation of the feedback to the program director and other faculty as relevant.

CERTIFICATE OF COMPLETION OF TRAINING

Upon satisfactory completion of the child and adolescent psychiatry residency program, each house staff member is presented a certificate by the College of Medicine. This certificate states the dates and the training satisfactorily completed. The certificates are signed by the appropriate Chief of Service, Dean of the College of Medicine, the Director of Clinical Programs, and the Chancellor of the University of Arkansas for Medical Sciences.

RESPONSIBILITIES OF CHILD AND ADOLESCENT PSYCHIATRY RESIDENTS THROUGH TRAINING SEQUENCE

1. PATIENT CARE

First year residents generally come with no more than six months experience in child and adolescent psychiatry and are presumed to require close supervision. Inpatient treatment training, which ordinarily occupies six (6) months of the first year, includes a limited patient load with direct daily attending supervision. At the beginning of training, the resident is expected to begin outpatient long-term care for a few selected patients. The care of these patients is addressed with at least one hour of supervision weekly. By the second year of training, the resident will perform patient care with proportionately less supervision. Residents will be ready upon graduation to assume complete responsibility for patient care, realizing that this includes recognition of their limitations and that they

will know how and when to obtain consultation, supervision, or make referrals. In the last year of training, child psychiatry residents will routinely provide psychiatric consultation to psychologists and social workers on patients that persons in those disciplines evaluate and treat.

2. ADMINISTRATION

First year residents are expected to fulfill a physician's normal administrative responsibilities, including timely completion of dictated paperwork and meeting hospital and clinic requirements for other documentation. As skills and knowledge increase, the residents will assume at least a share of the leadership of interdisciplinary teams in the process of diagnosis, treatment planning, and implementation of treatment plans.

3. TEACHING ACTIVITIES OF RESIDENTS

A variety of opportunities for teaching are available through the two years of training. All residents participate in the weekly didactic sessions, as they are expected to take turns reading, summarizing, and presenting relevant chapters and papers. Each second year resident is expected to participate in the ongoing continuing education of the Division staff through a presentation at the South Campus CE conference. Second year residents may also assist in giving lectures to second year medical students. Assistance is provided as needed in the preparation of lectures, and residents receive written feedback. Additionally, the resident engages in informal teaching activities with staff and medical students on elective.

Core Competency Development

PATIENT CARE

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Patient Care	Understand & perform procedures considered essential for the area of practice	Demonstrate theoretical understanding of & developmentally appropriate psychotherapeutic intervention(s) Recommend & provide rationale for psycho-pharmacological interventions	Individual supervision Didactics Case Conference	Oral exam Vignette Faculty clinical performance evaluation	Annual Annual Quarterly	Written & oral evaluation of exams Oral & written feedback at annual review
Patient Care	Communicate effectively, demonstrating caring & respectful behaviors when interacting with patients, family & staff	Perform thorough psychiatric evaluation of patients & their families Develop rapport & maintain effective long term treatment relationships with patients	Individual supervision Case Conference	Oral exam Vignette 360° evaluation	Annual Annual Semiannual	Written & oral evaluation of exams Oral & written feedback of 360° Evaluation

MEDICAL KNOWLEDGE

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Medical Knowledge	Investigatory & analytic thinking	Construct a developmentally appropriate formulation, differential diagnosis, & treatment plan	Didactic conference Case conference Individual supervision	Oral exam Vignette Faculty clinical performance evaluation	Annual Annual Quarterly	Immediate via verbal feedback &/or written report Oral and written feedback at annual review
Medical Knowledge	Knowledge & application of basic & clinical sciences	Demonstrate knowledge of neurology, behavioral sciences, & child psychiatry; utilize it in clinical decision making	Journal Club Didactic conference	Adult & Child PRITE exams Oral exam Vignette Exam	Annual Annual Annual	PRITE scores Immediate via verbal feedback &/or written report
Medical Knowledge	Knowledge & application of basic sciences	Ability to learn & disseminate relevant data & knowledge in C&A psychiatry	Leadership of didactic conferences Journal Club Grand Rounds & CE Presentations	Checklist evaluation	Monthly Annual CE	Written evaluation & discussion at semi-annual review

PRACTICE-BASED LEARNING & IMPROVEMENT

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Practice-Based Learning & Improvement	Analyze practice experience and perform practice based improvement activities using a systematic methodology	Assessment & treatment of patients meets or exceeds current standards of care based on literature and expert consensus	Individual supervision Didactics	Medical Record Review Vignette Exam	Quarterly Annual	Feedback on presence/absence of relevant indicators
Practice-Based Learning & Improvement	Use of information technology Facilitate learning of others	Demonstrate the ability to accumulate, assimilate & disseminate current medical information	Leadership of didactic conferences Journal club CE presentations	Checklist evaluation	Monthly Annual CE	Written evaluation & discussion at semi-annual review
Practice-Based Learning & Improvement	Use of evidence from scientific studies	Support clinical care decision based on relevant scientific literature	Independent reading Clinical & individual supervision Journal club	Vignette Exam	Annual	Immediate oral on relevant areas as well as written evaluation

PROFESSIONALISM

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Professionalism	Demonstrate sensitivity & responsiveness to patients' culture, age, gender & disability	Residents provide care based on patients' unique characteristics in a respectful & compassionate manner Treatment planning & delivery are ethically and professionally based	Individual supervision Didactics	Board Style Oral Exam 360° evaluation: patient survey	Annual Semi annual	Oral & written feedback
Professionalism	Demonstrate a commitment to ethical principles regarding clinical care, confidentiality & informed consent	Patient outpatient charts comply with professional standards for clinical care, confidentiality & consent	Completion of UAMS ethics module Clinic orientation Clinic supervision www.virtualmentor.org	Computer based quiz Vignette Exam	Annual Quarterly	Written feedback

INTERPERSONAL & COMMUNICATIONS SKILLS

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Interpersonal & Communication Skills	Creation of a therapeutic relationship with patients	Establish rapport in evaluating patients Maintain long term ethically sound treatment relationship with the patient & parent / guardian	Individual supervision Case conference	Oral exam 360° evaluation: patient survey	Annual Semi-annual	Oral & written
Interpersonal & Communication Skills	Use effective listening skills; elicit and provide information effectively	Demonstrate communication skills that facilitate a working alliance and effective diagnosis and treatment	Individual supervision Case conference	Oral exam 360° evaluation: patient survey	Annual Semi-annual	Oral & written feedback Discussion & if necessary modifications based on 360°
Interpersonal & Communication Skills	Work effectively as member or leader of health care team or other groups	Regular leadership of and participation in ongoing education and training exercises	Regular leadership of didactic and case conferences Treatment team at ASH	Checklist evaluation 360° evaluation	Monthly Annual CME	Written evaluation and discussion at semi-annual review

SYSTEMS-BASED PRACTICE

1	2	3	4	5	6	7
<i>Competency</i>	<i>Required Skills</i>	<i>Specific Objectives</i>	<i>Teaching Method</i>	<i>Evaluation Method</i>	<i>Timing</i>	<i>Feedback to Resident</i>
Systems-Based Practice	Advocate for patients within the healthcare system	Prioritize the best interests of the patient in day to day clinical practice	Individual supervision Clinic supervision	360° global rating	Semi-annual	Oral review & discussion of forms
Systems-Based Practice	Understand the interaction of individual actions with the larger system	Demonstrate knowledge of how to identify and integrate multidisciplinary treatment resources	Individual supervision Didactics Clinical (including C-L) rotations in schools, ACH, & pediatric specialty clinics	Oral exam 360° global rating	Annual Semi-annual	Oral & written feedback

Goals & Objectives For Program Components



***Key:**

PC = Patient Care

MK = Medical Knowledge

PB = Practice-based learning & improvement

IC = Interpersonal & Communication Skills

PR = Professionalism

SB = Systems-based practice

DIDACTIC PROGRAM

COORDINATOR: Brian Kubacak, M.D.

LOCATION: Arkansas Children's Hospital

DURATION: Wednesday afternoons for two years,
Part-time 1st and 2nd year child residents

GOALS:

The overall goal of the two-year curriculum is that a graduating resident will have demonstrated an acceptable level of clinical knowledge as well as a foundation of understanding of the basic sciences upon which the clinical knowledge is based. Familiarity with the literature and with research methods will enable the resident to be an "informed consumer" of the literature and to be prepared to keep up with new developments.

OBJECTIVES:

Through the didactic program the resident will:

1. Demonstrate adequate knowledge of the curriculum materials during didactic sessions, in supervision, and in annual testing. *MK
2. Demonstrate initiative in obtaining and summarizing new information as necessary. *MK, IC
3. Demonstrate appropriate commitment to the didactic program by regular attendance, participation, and completion of assignments for the required didactic sessions. *PR

ADOLESCENT ACUTE INPATIENT SERVICE

SUPERVISING AND ATTENDING PHYSICIAN: Steve Domon, M.D.

LOCATION: Arkansas State Hospital, Adolescent Unit

DURATION: 6 months, part-time 1st year child residents

GOALS:

During this rotation the resident will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for hospital-based treatment of acutely and/or severely disturbed adolescents.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate a knowledge base and competence in: diagnosing frequently seen primary and comorbid psychiatric conditions; planning psychiatric treatment for severely disturbed young people with multiple problems and/or environmental crises; developing rational goals for short-term hospital treatment; determining need for acute hospitalization; developing appropriate components of multimodal/multidisciplinary evaluation and hospital treatment; maintaining safety and health for the milieu as a whole and for individual patients in the hospital; understanding the principles of leadership required to provide effective administration of a multidisciplinary team in an acute inpatient setting. *MK, PR, PC, SB
2. Utilize appropriately milieu, behavioral, medical, and psychotherapeutic methods necessary in short-term treatment.
3. Perform a comprehensive medical and psychiatric work-up. *PC
4. Show adequate skill in leading and participating in team admission meetings, meetings with families, staffing conferences, team meetings, case reviews, formal and informal teaching sessions for junior residents and medical students and other professional group functions as required. *IC, PR, PB
5. Participate in substance abuse education groups. *PC
6. Show appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint precautionary statuses (e.g., suicide precautions), behavior modification, specialized group therapy approaches, and use of psychotropic medicines. *MK, PC

7. Communicate effectively through use of the medical record by: effectively writing the initial Psychiatric Evaluation; developing treatment plans; recording patient progress in the Progress Notes; making timely orders; and completing discharge summaries with 48 hours of discharge. *IC, PR
8. Gain experience in group and family therapeutic strategies. *PC

ADOLESCENT RESIDENTIAL SEX OFFENDER SERVICE

SUPERVISING AND ATTENDING PHYSICIAN: Steven Domon, M.D.

LOCATION: Arkansas State Hospital, Adolescent Unit

DURATION: 6 months, part-time 1st year child residents

GOALS:

During this rotation the resident will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for the treatment of behaviorally disruptive adolescents with and without comorbid psychiatric disorders.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate competence in diagnosing and treating comorbid psychiatric conditions in the context of Disruptive Behavior Disorders. *PC
2. Demonstrate the ability to participate in multidisciplinary assessment and treatment teams for the purpose of formulating comprehensive multifaceted interventions. *IC
3. Gain experience in collaborating with the divisions of the Department of Human Services with regards to patients in the care of the State of Arkansas. *SB
4. Gain a greater understanding of the various treatment approaches including medications, cognitive behavioral, and psychodynamic strategies used in addressing the various Disruptive Behavior Disorders. *MK
5. Gain experience in group and family therapeutic strategies. *PC
6. Gain experience in substance abuse treatment particularly in substance abuse education and treatment groups. *PC

ADOLESCENT ACUTE INPATIENT SERVICE

SUPERVISING AND ATTENDING PHYSICIAN: Steve Domon, M.D.

LOCATION: Arkansas State Hospital, Adolescent Unit

DURATION: 6 months, part-time 1st year child residents

GOALS:

During this rotation the resident will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for hospital-based treatment of acutely and/or severely disturbed adolescents.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate a knowledge base and competence in: diagnosing frequently seen primary and comorbid psychiatric conditions; planning psychiatric treatment for severely disturbed young people with multiple problems and/or environmental crises; developing rational goals for short-term hospital treatment; determining need for acute hospitalization; developing appropriate components of multimodal/multidisciplinary evaluation and hospital treatment; maintaining safety and health for the milieu as a whole and for individual patients in the hospital; understanding the principles of leadership required to provide effective administration of a multidisciplinary team in an acute inpatient setting. *MK, PR, PC, SB
2. Utilize appropriately milieu, behavioral, medical, and psychotherapeutic methods necessary in short-term treatment.
3. Perform a comprehensive medical and psychiatric work-up. *PC
4. Show adequate skill in leading and participating in team admission meetings, meetings with families, staffing conferences, team meetings, case reviews, formal and informal teaching sessions for junior residents and medical students and other professional group functions as required. *IC, PR, PB
5. Participate in substance abuse education groups. *PC
6. Show appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint precautionary statuses (e.g., suicide precautions), behavior modification, specialized group therapy approaches, and use of psychotropic medicines. *MK, PC

7. Communicate effectively through use of the medical record by: effectively writing the initial Psychiatric Evaluation; developing treatment plans; recording patient progress in the Progress Notes; making timely orders; and completing discharge summaries with 48 hours of discharge. *IC, PR
8. Gain experience in group and family therapeutic strategies. *PC

JUVENILE OUTPATIENT FORENSIC ROTATION

SUPERVISING AND ATTENDING PHYSICIAN: R. Clint Gray, M.D.

LOCATION: Arkansas State Hospital, Forensic Services

DURATION: 1 to 3 months, part-time 1st and 2nd year child residents

GOALS:

During this rotation the resident will be introduced to the ethics, concepts, skills and information that are unique to the field of adolescent forensic evaluations.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate a knowledge base and competence in: application of State and Federal statute to mental health issues, assessment and formulating forensic opinions and use of appropriate forensic evaluation tools
2. Perform and complete a forensic report under supervision.
4. Show adequate skill in participating in forensic journal club, lectures and report review. Participate in formal and informal teaching sessions for junior residents and medical students and other professional group functions as required.
8. Gain experience in appropriate use and interpretation of forensic testing
9. Gain experience in collaboration with other mental health specialties in developing forensic opinions.

ADOLESCENT DUAL DIAGNOSIS DEVELOPMENTAL DISABILITIES
INPATIENT SERVICE

SUPERVISING AND ATTENDING PHYSICIAN: R. Clint Gray, M.D.

LOCATION: Arkansas State Hospital, Adolescent Dual Diagnosis Developmental Disabilities Unit

DURATION: 3 months, part-time 1st year child residents

GOALS:

During this rotation the resident will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for hospital-based treatment of adolescents with a developmental disability and concurrent mental illness.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate a knowledge base and competence in: diagnosing and treating adolescents with developmental disabilities and concurrent mental illness, planning psychiatric treatment for severely disturbed young people with multiple problems and/or environmental crises, developing rational goals for residential hospital treatment, developing appropriate components of multimodal/multidisciplinary evaluation and hospital treatment, maintaining safety and health for the milieu as a whole and for individual patients in the hospital, understanding the principles of leadership required to provide effective administration of a multidisciplinary team in an acute inpatient setting.
2. Utilize appropriately milieu, behavioral, medical, and psychotherapeutic methods necessary in residential treatment.
3. Perform a comprehensive medical and psychiatric work-up.
4. Show adequate skill in leading and participating in team admission meetings, meetings with families, staffing conferences, team meetings, case reviews, formal and informal teaching sessions for junior residents and medical students and other professional group functions as required.
6. Show appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint, behavior modification, specialized group therapy approaches, and use of psychotropic medicines.
7. Communicate effectively through use of the medical record by: effectively writing the initial Psychiatric Evaluation, developing treatment plans, recording

patient progress in the Progress Notes, making timely orders, and completing discharge summaries with 48 hours of discharge.

8. Gain experience in group, individual and family therapeutic strategies.
9. Gain experience in collaboration with Developmental Disabilities Services during inpatient treatment and in discharge planning.

CSC PSYCHIATRIC CARE CLINIC SERVICE

SUPERVISOR: Brian Kubacak, M.D.

LOCATION: Arkansas Children's Hospital – Child & Adolescent Psychiatry Outpatient Clinic

DURATION: 24 months, part-time 1st and 2nd year child residents

GOALS:

During this rotation, the resident will obtain adequate knowledge and skill to diagnose children, adolescents, and families in an outpatient setting, determine the psychiatric services needed, and provide with indicated comprehensive psychiatric services including crisis intervention, pharmacologic treatment, family guidance and family therapy, behavioral methods, and cognitive, supportive and psychodynamic individual psychotherapies.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate in supervision and in annual testing adequate knowledge of the theoretical basis of, and recent literature on the following therapeutic approaches as applied to children and adolescents: psychodynamic, cognitive and behavioral, and family therapy, including assumptions upon which the model is based, mechanisms through which it works, stages in treatment, disorders which respond best, and selection of candidates for the particular approach with particular emphasis on developmental and family considerations. *MK
2. Show adequate knowledge of the range of psychiatric diagnoses applicable to children, diagnostic uncertainty and differential diagnosis, methods for determining diagnosis more precisely including medical diagnostic procedures. *MK
3. Demonstrate theoretical and practical knowledge of developmental, psychological, and educational tests across the age range. *MK, PC
4. Demonstrate sound knowledge of the natural histories, complications, and characteristic areas of impairment associated with childhood mental illness, and to integrate this information into biopsychosocial case formulations and developing treatment plans. *MK, PC
5. Demonstrate during supervision sessions the ability to integrate theoretical information into actual patient care including psychiatric and developmental assessments, coping with resistances and obstacles to treatment, and termination of therapy. *MK, PC, PR

6. Show adequate understanding and use of the multidisciplinary clinic model and the ability to collaborate effectively with psychologists and social workers in outpatient care. *PC
7. Demonstrate acceptable knowledge of the risk, benefits, selection, and practical use of psychotropic medications in the outpatient setting (in supervision and in formal testing.) Other issues related to medication include developmental considerations, informed consent of patients and families, medical monitoring and safety precautions, laboratory use when indicated, compliance issues, monitoring of effectiveness, and psychological aspects of medication treatment for youths and families. *MK, PC
8. Demonstrate skill in management of psychiatric emergencies and crises, including assessment of severity, correct identification of the level and nature of services needed, brief supportive therapy for youth and families in the crisis situation, and initiation of appropriate treatments. *PC

PYA PSYCHIATRIC CARE CLINIC SERVICE

SUPERVISOR: J. Lynn Taylor, M.D.

LOCATION: UAMS Program for Young Adults

DURATION: 12 months, part-time 2nd year child residents

GOALS:

During this rotation, the resident will obtain adequate knowledge and skill to diagnose adolescents, and families in an outpatient setting, determine the psychiatric services needed, and provide when indicated comprehensive psychiatric services including crisis intervention, pharmacologic treatment, family guidance and family therapy, behavioral methods, and cognitive, supportive and psychodynamic individual psychotherapies.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate in supervision and in annual testing adequate knowledge of the theoretical basis of, and recent literature on the following therapeutic approaches as applied to children and adolescents: psychodynamic, cognitive and behavioral, and family therapy, including assumptions upon which the model is based, mechanisms through which it works, stages in treatment, disorders which respond best, and selection of candidates for the particular approach with particular emphasis on developmental and family considerations. *MK
2. Show adequate knowledge of the range of psychiatric diagnoses applicable to adolescents and young adults, diagnostic uncertainty and differential diagnosis, methods for determining diagnosis more precisely including medical diagnostic procedures. *MK
3. Demonstrate theoretical and practical knowledge of developmental, psychological, and educational tests across the age range. *MK, PC
4. Demonstrate sound knowledge of the natural histories, complications, and characteristic areas of impairment associated with childhood mental illness, and to integrate this information into biopsychosocial case formulations and developing treatment plans. *MK, PC
5. Demonstrate during supervision sessions the ability to integrate theoretical information into actual patient care including psychiatric and developmental assessments, coping with resistances and obstacles to treatment, and termination of therapy. *MK, PC, PR

6. Show adequate understanding and use of the multidisciplinary clinic model and the ability to collaborate effectively with psychologists and social workers in outpatient care. *PC
7. Demonstrate acceptable knowledge of the risks, benefits, selection, and practical use of psychotropic medications in the outpatient setting (in supervision and in formal testing.) Other issues related to medication include developmental considerations, informed consent of patients and families, medical monitoring and safety precautions, laboratory use when indicated, compliance issues, monitoring of effectiveness, and psychological aspects of medication treatment for youths and families. *MK, PC
8. Demonstrate skill in management of psychiatric emergencies and crises, including assessment of severity, correct identification of the level and nature of services needed, brief supportive therapy for youth and families in the crisis situation, and initiation of appropriate treatments. *PC

PEDIATRIC CONSULTATION LIAISON SERVICE

SUPERVISOR: Zaid Malik, M.D.

LOCATION: Arkansas Children's Hospital

DURATION: 6 months rotation. Full-time 1st year child residents,
Part-time at home call for after hours and weekend
Coverage 1st and 2nd year child residents

GOALS:

During this rotation the resident will obtain knowledge and experience that will enable her/him to effectively work with other medical and paramedical personnel while diagnosing and treating children and their families when emotional conditions and medical conditions confound each other.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate an appropriate fund of knowledge about somatoform disorders, illness behaviors, the psychiatric complications of severe head and body injuries, severe and chronic illness, life-threatening conditions, pediatric intensive care, abuse and neglect, and the impact of abnormal attachment states. They will also become familiar with the indications, risks, and proper use of psychotropic medications in young people vis-à-vis drug interactions and use in medically ill young people. *MK
2. Demonstrate ability to work effectively with physicians, nurses, other professionals, and family members in a medical setting in the assessment and treatment of emotional and behavioral problems of pediatric patients. This includes communicating findings with the requesting physician in each case. *IC, PR
3. Demonstrate skills in brief supportive individual and family psychotherapy appropriate for intervention in a medical setting for the problems noted above, and appropriate clinical judgment regarding arrangement of further psychiatric care when indicated. *PC
4. Demonstrate speed and flexibility – emergent patients will be seen as soon as possible on the date of the request. Less urgent consultations may be delayed if the requesting physician is informed that the patient will be seen within 24 hours. *PR

5. Demonstrate an aptitude for independent learning as demonstrated by taking on an elective interest. This may include administrative work, education, research, or scholarly writing. If appropriate, this project may involve other clinicians. *PB
6. Demonstrate an aptitude for teaching by presenting at a Friday CME conference. The subject matter may be relevant to the project above, or another area of interest for the resident. *IC, PB
7. Demonstrate the ability to recognize and address when consultations involve systems level issues or transference/counter transference issues that may include family, nursing care, medical staff, or other parts of the patient care team. *SB

**ARKANSAS CHILDREN'S HOSPITAL EMERGENCY DEPARTMENT CRISIS
SERVICE**

SUPERVISOR: Lynn Taylor, M.D.

LOCATION: Arkansas Children's Hospital – Emergency Department

DURATION: 6 months rotation full-time 1st year child residents,
part-time at home call for after hours and weekend
coverage 1st and 2nd year child residents

GOALS:

During this rotation the resident will develop knowledge and experience that will enable her to deal effectively with child, adolescent, and family psychiatric emergencies. This work leads to two important goals: one is to carry out accurate psychiatric evaluations in a high-intensity setting; the other is to work well with other health and mental health professionals as well as with community workers in a high-intensity setting.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate crisis intervention skills in working with children, adolescents, and their families. *PC, PR
2. Demonstrate facility in evaluating and making management recommendations regarding child and adolescent acute psychiatric patients. *PC, PR
3. Demonstrate facility in working with community agencies including police, courts, and child welfare when necessary. *SB
4. Demonstrate facility in working collaboratively with hospital staff of physicians, nurses and other mental health professions. *IC

PEDIATRIC NEUROLOGY CLINIC ROTATION

SUPERVISOR: May Griebel, M.D.

LOCATION: Arkansas Children's Hospital – Pediatric Neurology Clinic

DURATION: Minimum 12 half-day clinics over 3 month's part-time 2nd year child residents

GOALS:

The overall goal of the neurology rotation is to provide a base of experience and knowledge that is sufficient for the practice of child and adolescent psychiatry as well as consulting with child neurologists. Areas of exposure should include comorbidity, primary neurological disorders, differential diagnosis, pharmacology, and basic sciences. The formal didactic component of this rotation will be covered as part of the two year child and adolescent seminar series; supplemental materials and learning may be included in the clinical experience.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Demonstrate adequate knowledge of developmental neuroanatomy and neurophysiology; brain imaging techniques; movement disorders, their causes and treatment; neurologic correlates of developmental disorders; seizure disorders, their psychiatric correlates and treatments; non-localizing or "soft" signs and their clinical correlates; psychiatric consequences of brain injury; behavioral correlates of perinatal insults; and the uses and limits of electroencephalography in child and adolescent psychiatry. *MK
2. Demonstrate acceptable skill in neurologic examination of children, covering the age range from infancy through adolescence. *PC
3. Demonstrate adequate knowledge in the clinic setting of diagnosis and treatment of common pediatric neurologic conditions and of appropriate neurologic and psychiatric interventions when indicated. *MK

Applied Behavior Analysis Elective

SUPERVISORS: Rachel Bowman, Ph.D.

LOCATION: ACH, Child & Adolescent Psychiatry Outpatient Clinic

TELEPHONE: 364-5150

DURATION: 4 half days for 1 month, part-time 2nd year child residents

GOALS:

The resident will obtain knowledge and experience that will enable him/her to effectively work with Children and adolescents with developmental disabilities through behavioral therapy.

1. Demonstrate adequate fund of knowledge on behavioral therapy.
2. Demonstrate adequate knowledge in conducting research of behavioral theories and familiarize with works of Lovaas, Skinner, and other major psychologists in the field.
2. Demonstrate acceptable skill in ABA Therapies, Discrete Trial Training
3. Observe and participate therapy sessions with children with developmental disabilities.

MENTAL RETARDATION/DEVELOPMENTAL DISORDERS ROTATION

SUPERVISOR: Eldon Schultz, M.D.

LOCATION: Arkansas Children's Hospital – Dennis Developmental Ctr. Clinic

DURATION: Minimum 12 half day clinics over 3 months, Part-time 2nd year residents

GOALS:

Upon completion of this rotation the resident will have experience with the many presentations of mental retardation and will enhance his/her appreciation of normal development. The resident will be capable of assessing for developmental delays and general medical illness. The resident will have competence in treatment modalities that integrate psychosocial and medical needs.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Participate in several seminars over the course of the two year didactic series on normal development and its aberrations, and will be provided reading material regarding the clinical and developmental conditions encountered. *IC, PB
2. Observe and participate in the assessment of patients or he/she may assist in a comprehensive neurodevelopmental evaluation by carrying out a physical examination, taking a careful developmental history, completing a thorough mental status exam, and integrating relevant educational, psychological, and medical information. *PC, IC
3. Synthesize the above information and be able to produce a formulation that covers general medical factors, developmental factors, and psychosocial factors which contribute to the child's problem. *PC
4. Work with the multidisciplinary team in a manner compatible with a team approach, cognizant of the need to arrive at a consensus leading to comprehensive interventions. *IC

CHIEF RESIDENT

SUPERVISOR: Brian Kubacak, M.D.

LOCATION: Arkansas Children's Hospital – Child & Adolescent Psychiatry Outpatient Clinic

DURATION: 6 months, part-time 2nd year child resident

GOALS:

By completing this assignment, the resident will gain experience in the administration of a child and adolescent psychiatry residency training program and develop problem-solving strategies by serving as an intermediary between residents and staff, including attending faculty. Supervision will be scheduled with the child and adolescent psychiatry division chief.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Assist in the orientation process of second-year general psychiatry residents new to Arkansas Children's Hospital, to include: -obtaining identification badges - obtaining parking passes -getting keys -computer access codes -medical records identification numbers -orientation to the on-call system -walking tour to medical records, ER, physician parking lot, etc. *PB
2. Attend and actively participate in residency training committee meetings. *IC, PB
3. Assist in recruitment of new child and adolescent psychiatry residents and faculty, including organizing lunch with current child and adolescent psychiatry residents, providing information about the program, etc. *PR
4. Work with the residency training director to develop an agenda for monthly resident meetings. *IC
5. Facilitate the development and implementation of the call schedule for ACH. *IC
6. Assist in negotiations among the residents regarding coverage for sick time, distribution of responsibilities, and similar concerns. *IC
7. Participate in the clinical teaching of medical students. *PB

SCHOOL CONSULTATION SERVICE

SUPERVISOR: Bruce Cohen, M.S.

LOCATION: North Little Rock School District – NLR Schools

DURATION: 12 half days over 3 months, part-time 2nd year child residents

GOALS:

The resident will obtain knowledge and experience that will be a preparation for effective performance as a psychiatric consultant to schools for the purpose of assisting them in providing optimal educational experiences for the child with special mental health needs as well as contributing to the emotional well-being of all children.

OBJECTIVES:

Upon completion of this rotation, the resident will:

1. Recognize the school's unique position to effectively address a true mixture and range of emotional problems in children. *PC
2. Demonstrate an understanding of the complex interactions between school personnel, parents, and the child's needs in providing diagnostic assessments, consultations, and recommendations. *PR
3. Gain skill in forming relationships with school personnel to increase collaborative efforts in treating and planning for individual patients. *IC
4. Demonstrate sufficient understanding of PL94-142 and its subsequent amendments to apply it in the school setting. *MK
5. Recognize developmental characteristics of children for ages kindergarten through high school. *MK

RESEARCH ELECTIVE

SUPERVISOR: Lynn Taylor, M.D., Terry Kramer, Ph.D.

LOCATION: ACH, Child & Adolescent Psychiatry Outpatient Clinic

DURATION: Flexible, available part-time for 1st and 2nd year child residents

GOALS:

This elective rotation is intended to provide the resident with the knowledge of the basics of clinical research, and involve the resident in a project involving some of the following:

Logistics, IRB application approval process, Funding, Recruiting, Publishing.

OBJECTIVES:

Upon completion of this elective rotation, the resident will:

1. Demonstrate adequate knowledge in conducting clinical research in children and adolescents. *PB
2. Develop and apply knowledge in relevant steps of the research process. *PB, MK
3. Work in coordination with other members on the research project. *IC

EATING DISORDERS CLINIC ELECTIVE

SUPERVISOR: Maria Portilla, M.D.

LOCATION: Arkansas Children's Hospital – Eating Disorders Clinic

DURATION: 8 half day clinics, minimum 4 half day clinics in one month,
part-time 2nd year child residents

GOALS:

During this rotation, the resident will obtain knowledge and experience in the diagnosis and management of eating disorders. The resident will develop the ability to work in a multidisciplinary team environment.

OBJECTIVES:

During this rotation, the resident will:

1. Participate in the evaluation and treatment of eating disorder patients and will read pertinent material regarding development, diagnosis, and management of eating disorders. *MK, PC, PB
2. Participate in one or more psychological evaluations as part of the eating disorder work-up. *PC
3. Perform a full psychiatric evaluation on selected patients referred by the eating disorders team and provide medication management and follow-up as indicated. *PC, IC
4. Work with the multidisciplinary treatment team to present findings supportive of comprehensive treatment. *IC

ARKENASAS STATE HOSPITAL ADOLESCENT FORENSIC ELECTIVE

SUPERVISOR: Clint Gray, M.D.

LOCATION: Arkansas State Hospital

TELEPHONE: 686-9000

DURATION: Flexible, Part-time 2nd year child residents

GOALS:

This rotation is intended to provide the resident with experience and exposure to issues that arise when psychiatry and the law interact.

OBJECTIVES:

During this rotation the resident will:

1. Develop an understanding of the juvenile justice system.
2. Develop an understanding of the legal issues involved in the treatment of minors.
3. Gain understanding of the guiding ethical principles in Forensic Psychiatry.
4. Participate in the evaluations of juveniles and adults for fitness and competency to stand trial evaluations.
5. Gain experience and understanding in the administration of psychological tests involved in the forensic evaluations.
6. Participate in weekly forensic psychiatry lectures and didactics.
7. Observe and participate in correctional mental health treatment.
8. Observe court testimony of mental health experts.

STUDENT MENTAL HEALTH OUTPATIENT CLINIC ELECTIVE

SUPERVISOR: Linda Worley, M.D.

LOCATION: University of Arkansas for Medical Sciences – Student Health Clinic

DURATION: 6 – 12 months (flexible), part-time 2nd year child residents

GOALS:

During this elective rotation the resident will be involved in the initial psychiatric assessment, ongoing psychotherapy, and medication management of UAMS students requiring such attention. The resident will work with staff psychiatrists as part of the treatment team providing comprehensive assessment and multimodal treatment. Supervision will incorporate clinically relevant developmental concepts (attachment patterns, separation individuation issues, etc.).

OBJECTIVES:

Upon completion of this elective rotation, the resident will:

1. Develop the ability to assess and diagnose the psychiatric problems experienced by these people in a prolonged adolescent developmental phase of life. *PC, PR
2. Be involved in the continued treatment in a variety of modalities including: individual and family therapy and medication management in the student mental health setting. *PC
3. Learn about the specific psychiatric issues surrounding a late adolescent graduate student population. *MK, PR

CHILD/ADOLESCENT SUBSTANCE ABUSE TREATMENT ELECTIVE

SUPERVISOR: J. Lynn Taylor, M.D.

LOCATION: Program for Young Adults

DURATION: Flexible, part-time 2nd year child residents

GOALS:

During this elective rotation, the resident will be involved in the assessment and treatment of children and adolescents with substance abuse problems. The resident will work with substance abuse professionals as part of the treatment team providing comprehensive assessment and multimodal treatment. The experience will be through participation with the PULSE treatment and evaluation team. PULSE is a SAMHSA funded program evaluating the effectiveness of a specific CBT intervention for substance use disorder in adolescents.

OBJECTIVES:

Upon completion of this elective rotation, the resident will:

1. Develop the ability to assess and diagnoses children and adolescents with substance use problems. *MK, PC
2. Be involved in the treatment of children and adolescents with substance abuse problems by participating in different treatment modalities including group therapy, multi-family group therapy and family therapy. *PC
3. Provide additional consultation on patients dually diagnosed with substance abuse and mental health problems. *IC, PC

FAMILY TREATMENT PROGRAM ELECTIVE

SUPERVISOR: Karen Worley, Ph.D.

LOCATION: Arkansas Children's Hospital, Family Treatment Program

DURATION: Flexible, part-time 2nd year child residents

GOALS:

This elective rotation is intended to train the resident in the assessment and treatment of sexual abuse victims and their families. This includes learning about systems issues in child abuse cases, such as the involvement of the state Division of Child and Family Services, attorney's adlidem, law enforcement officials, and other professionals involved in these cases.

OBJECTIVES:

Upon completion of this elective rotation, the resident will:

1. Develop a theoretical and practical understanding of sexual abuse as it affects individuals and families. *MK
2. Apply his or her understanding of sexual abuse to the assessment and treatment of sexual abuse victims through individual, family, and group psychotherapy over several months. *PC
3. Work in coordination with other members of the multidisciplinary team. *IC, SB

CHILD AND ADOLESCENT ACUTE INPATIENT SERVICE

SUPERVISING AND ATTENDING PHYSICIAN: Scott Hogan, M.D.

LOCATION: United Methodist Behavioral Hospital, Maumelle, AR

DURATION: 6 months, five ½ days per week, part-time 2nd year child residents

GOALS:

During the rotation the resident will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for community hospital-based treatment of acutely and/or severely disturbed children and adolescents.

OBJECTIVES:

Upon completion of the rotation, the resident will:

1. Demonstrate a knowledge based and competence in: diagnosing frequently seen primary and comorbid psychiatric conditions in children and adolescents; planning psychiatric treatment for severely disturbed children and adolescents with multiple problems and/or environmental crises; developing rational goals for short-term hospital treatment; determining need for acute hospitalization; developing appropriate components of multi modal/multidisciplinary evaluation and hospital treatment; maintaining safety and health for the milieu as a whole and for individual patients in the hospital; understanding the principles of leadership required to provide effective administration of the multidisciplinary team in an acute inpatient setting. *MK,PR,PC, SB
2. Utilize appropriately milieu, behavioral, medical, and psychotherapeutic methods necessary in short-term treatment.
3. Perform a comprehensive medical and psychiatric work-up. *PC
4. Show adequate skill in leading and participating in term admission meetings, staffing conferences, term meetings case reviews formal and informal teaching sessions for junior residents and medical students and other professional group functions as required. *IC, PR,PB
5. Perform brief family therapy to assist in stabilization and reunification of the family unit during a time of crisis. *PC
6. Show appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint precautionary statuses (e.g. suicide precautions), behavior modification, specialized group therapy approaches, and use of psychotropic medications. *MK,PC

7. Communicate effectively through use of the medical record by; effectively writing the initial psychiatric evaluation; developing treatment plans; recording patient progress in the progress notes; making timely orders, and completing discharge summaries within 48 hours of discharge. *IC,PR
8. Understand the role of community-based acute psychiatric hospitalization as, one component, of the broader child and adolescent mental healthcare system. *SB

EVALUATIONS:

1. Each resident will be given a formal evaluation at the end of the first three months of the rotation and again at the conclusion of the six month rotation. This will allow the resident to evaluate the educational experience, and quality of supervision and instruction provided by the teaching faculty. Each evaluation will be reviewed by the program director, and any concerns or deficiencies addressed.
2. The teaching faculty will also be given a formal evaluation after the first three months and again at the conclusion, of the six month rotation. This will allow the attending physician to evaluate the knowledge, professionalism, and patient care skills of each resident.

ADOLESCENT RESIDENTIAL TREATMENT, YOUTH HOME, INC. ELECTIVE

SUPERVISORS: Mark Anderson, M.D. & John Webber, M.D.

LOCATION: Youth Home, Inc.

DURATION: Minimum 4 half days per month, part-time 2nd year child residents

GOALS:

The overall goal is to acquire the skills and knowledge necessary to provide clinical care and administrative leadership for residential-based treatment of severely disturbed adolescents.

OBJECTIVES:

1. After completing the adolescent inpatient rotation, residents will be able to demonstrate a knowledge base and competence in: diagnosing frequently seen primary or comorbid conditions; planning psychiatric treatment for severely disturbed young people with multiple problems and/or environmental crises; developing rational goals for long-term residential treatment; developing appropriate components of multimodal/multidisciplinary evaluation and residential treatment; maintaining safety and health of the milieu and for individual patients in the treatment facility; understanding the principles of leadership required to provide effective administration of a multidisciplinary team in residential inpatient setting.
2. Residents will be able to utilize appropriately milieu, behavioral, psychopharmacologic and psychotherapeutic methods necessary in residential treatment.
3. Residents will be able to perform a comprehensive medical and psychiatric work-up.
4. Residents will have shown adequate skill in leading and/or participating in team admission meetings, meetings with families, team meetings, case reviews, formal and informal teaching sessions for residential treatment staff and clinical staff and other professional group functions as required.
5. Residents will have demonstrated the ability to successfully assume the overall management of patient's who are hospitalized, and their families from admission through aftercare plans and discharge.
6. Residents will have shown appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint, precautionary statuses (e.g., suicide precautions), behavior modification, specialized group therapy approaches, and use of psychotropic medicine.
7. Residents will be able to communicate effectively through use of medical record by: effectively writing the initial psychiatric evaluation and admission physical; developing treatment plans; recording patient progress in the weekly medication notes; making timely orders; and completing discharge summaries. Furthermore, on all patients, residents will dictate psychiatrist's summaries every thirty days to reflect diagnosis, psychotropic medication, physical status, response to treatment, and justification for continues treatment.
8. Residents will gain experience in group and family therapy.

FAILURE TO THRIVE CLINIC ELECTIVE

SUPERVISOR: Janine Watson, Ph.D.

LOCATION: Arkansas Children's Hospital – Clinic 5

DURATION: Flexible, part-time 2nd year child residents

GOALS

This rotation is intended to provide the resident with experience in sleep disorders etiology, co-morbidity and treatment issues in children and adolescents.

OBJECTIVES

Upon completion of this elective rotation, the resident will:

1. Demonstrate adequate knowledge of sleep phases in sleep patterns and sleep disorders. *MK
2. Apply his or her understanding to assessment and treatment of sleep disorders through pharmacotherapy, psychotherapy or appropriate referral for sleep studies. *MK, PC
3. Work in coordination with other members of the treatment team at the sleep clinic. * IC

SLEEP DISORDERS CLINIC ELECTIVE

SUPERVISOR: May Griebel, M.D.

LOCATION: Arkansas Children's Hospital – ENT Clinic

DURATION: Flexible, Part-time, 2nd year child residents

GOALS:

This rotation is intended to provide the resident with experience in sleep disorders etiology, co-morbidity and treatment issues in children and adolescents.

OBJECTIVES:

Upon completion of this elective rotation, the resident will:

1. Demonstrate adequate knowledge of sleep phases in sleep patterns and sleep disorders. *MK
2. Apply his or her understanding to assessment and treatment of sleep disorders through pharmacotherapy, psychotherapy or appropriate referral for sleep studies. *MK, PC
3. Work in coordination with other members of the treatment team at the sleep clinic. *IC

Schedules and Assignments

Rotations for Pediatric Psychiatry Residents

YEAR 1

Didactics 10%	
Arkansas State Hospital Acute Service 60% x 6 months	Arkansas Children's Hospital C/L Service 73% x 6 months
Arkansas State Hospital Sexual Offender Unit 20% x 6 months	
Arkansas Children's Hospital Outpatient Clinic 8% for 6 months	Arkansas Children's Hospital Outpatient Clinic 15% for 6 months
Arkansas Children's Hospital – Emergency Department Crisis Service 2% for 12 months	

YEAR II

Didactics 10% X 12 months	
Outpatient Clinic – 50% X 8 months (4 ½ days in Medication Management & Psychotherapy)	Outpatient Clinic 40% X 4 Months (4 1/2 days in Medication Management & Psychotherapy)
Rotations – 48% x 6 months -School Consultation -Pediatric Neurology -Mental Retardation and Developmental Disorders -Chief Resident -Electives	Methodist Behavior Hospital Acute Inpatient Child and Adolescent Service 50% x 4 months
Arkansas Children's Hospital – Emergency Department Crisis Service 2% for 12 months (evening and weekend at home call)	

General information

CALL SCHEDULE

College of Medicine Policy

After hours call schedules for resident physicians are developed by the Chief Resident. It is mandatory that members of the house staff be available all times that they are assigned to duty.

Division of Child and Adolescent Psychiatry Policy

Night and weekend call at Arkansas Children's Hospital is an educational responsibility. Call may be traded but cannot be bought or sold. This policy includes both general and child psychiatry residents. Typically, residents take call 3-4 days each month.

On-Call Quarters

Currently there is no in-house call required of child psychiatry residents. Call coverage for Arkansas Children's Hospital can generally be taken from home. When necessary, house staff are provided on-call quarters at Arkansas Children's Hospital.

CONTRACTUAL AGREEMENT

House staff appointments are for a period not exceeding one year. A house staff agreement outlining the general mutual responsibility of the College of Medicine and house staff member is signed at the beginning of the term of service and is in effect for the full term of service. Renewal of an agreement for an additional term of service is at the discretion of the Residency Program.

CHECK OUT PROCEDURE (When leaving the House Staff Program)

Departing residents should be reminded that, according to the contract of their appointment, all patient charts must be dictated and signed prior to leaving. We have an active check-out procedure whereby each resident must obtain the signature of the medical record librarian at each of the three major teaching hospitals (UH, ACH, VAH). Those residents not completing their assigned responsibilities will have the last paycheck withheld, and a blank diploma will be issued at the end of the year. Usually this is not a problem when house staff are aware of the situation well in advance, and only rarely will it be a cause for some embarrassment for a tardy or inattentive resident at the last moment.

Upon completion of your training program, you must go through the clearance procedure. On receipt of completed form in the House Staff Office, your certificate will be released to you.

DAYCARE

Daycare for dependent children ages 6 weeks to 5 years is available at the Child Enrichment Center in the East Campus Building on the Arkansas Children's Hospital campus. The daycare is open Monday – Friday from 6:15 am. until 7:30 pm.. Based on an 8 hour work day, weekly cost is \$97.00 for ages 6 weeks to 3 years and \$85.00 for ages 3 years to 5 years. Drop-in daycare is \$10.00 per hour for a minimum of 2 hours. Parents need to call ahead. Children must have up-to-date immunization record. For more information call 364-3566.

EMPLOYEE ASSISTANCE PROGRAM (686-2588)

The Arkansas Employee Assistance Program (AEAP) was developed to provide counseling, information, and management consultation for employees who experience some form of personal distress. The program was implemented as a result of the UAMS commitment to the well-being of valued employees. The AEAP recognizes the need to include family members in the helping process; therefore, family members are eligible to participate in the AEAP.

GRIEVANCE PROCEDURE

A grievance is defined as an expression of dissatisfaction regarding:

- a) Duties assigned to a resident
- b) Application of hospital or college policies
- c) Questions regarding the non-re-appointment, non-promotion, or dismissal of a resident

The grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by those who believe that rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person or persons. An attempt should be made to resolve the difficulties by an informal hearing of the resident with his/her departmental chair or with a senior departmental faculty advisory body if the chair prefers. If unsuccessful at this point and deemed advisable by the Dean, a panel will be convened, composed of at least 6 faculty members drawn at random from the College of Medicine Appeals Board, to provide a formal hearing on the grievance issue. The recommendations of the Appeals Panel will be transmitted to the Dean for the final decision.

HEALTH SERVICES AND HOSPITALIZATION

Health services and hospitalization are provided to all members of the staff. Coverage for spouses and children may be purchased by the individual house staff member. Premiums will be deducted from your check when you are paid by UAMS. No salary deductions are made for time lost due to illness. However, an excessive amount of time lost in this manner must be made up before the College of Medicine can issue a certificate indicating satisfactory completion of internship or residency requirement.

When a house staff member cannot assume his/her responsibilities because of personal illness, he/she shall inform the Chief Resident on the service to which he/she is assigned.

HOLIDAYS

Official UAMS holidays include the following:

New Year's Day (January 1st)
Martin Luther King Day (3rd Monday in January)
Presidents' Day
Memorial Day (4th Monday in May)
Independence Day (July 4th)
Labor Day (1ST Monday in September)
Veteran's Day (November 11th)
Thanksgiving Day (4th Thursday in November)
Christmas Eve (December 24th)
Christmas Day (December 25th)

Holiday on-call schedules are arranged by the Chief Resident. ASH and VA holidays are somewhat different and should be checked separately.

HOUSE STAFF

The interns, residents, and fellows who comprise the house staff of the College of Medicine are responsible to the Chiefs of Service to whom they are assigned. The Chiefs of Service are responsible for teaching and patient care within their specialty. Clinical problems should be referred to the Chiefs of Service through the Chief Residents. The Dean of the College of Medicine and Associate Dean for Postdoctoral Affairs work with the house staff in solving administrative problems as they arise and provide assistance when needed.

The specific duties of a house officer are determined by the Chiefs of Service. In each instance, these will be subject to change at the discretion of the Chiefs of Service. In general, the house officer will conduct him/herself in a manner becoming a professional. Courteous consideration of patients is mandatory. He/she must be cooperative with associates, both medical and non-medical, and prompt in meeting responsibilities.

It is the responsibility of each house officer to become familiar with the rules and regulations pertaining to procedures, medical records, etc., for each hospital and service in which the house officer is assigned a rotation.

The instruction of medical students in the clinical years is an important function of our teaching hospital. Interns and residents are expected to actively participate in the teaching program of the particular service to which they are assigned. This teaching responsibility should be taken seriously, and each house officer shall take the time to discuss, with the medical student, problems relating to patients.

The House Staff Office provides administrative assistance to the clinical departments, interns, residents, and fellows for issues or problems pertaining to house staff affairs. Examples of situations in which the House Staff Office may be involved include the following:

1. Professional liability insurance
2. Health insurance
3. Medical licensure
4. Payroll
5. Ordering uniforms
6. Letters regarding military status
7. Letters of recommendation
8. Narcotic exemption forms

The House Staff Office is located in Room M1/1021 in the College of Medicine Dean's office. This office suite is just off the hospital lobby. Hours are from 7:00 A.M. to 4:30 P.M., Monday through Friday.

ID BADGES

Arkansas Children's Hospital ID Badges may be picked up at the Security Office in the East Campus Building, on Arkansas Children's Hospital campus. Contact Lowell Staggs at 364-3747 for more information.

LEAVE: ADMINISTRATIVE/PROFESSIONAL/EDUCATIONAL/SICK/VACATION

Three factors govern the circumstances under which a trip to attend a professional meeting will be approved or disapproved (Leave requests must be signed by the Chief of Service, resident's immediate supervisor, and the Director of the Residency Program to attend a professional meeting):

- (1) Whether adequate coverage is maintained for patient care responsibilities,
- (2) The availability of travel funds, and
- (3) The training value of the meeting the resident proposes to attend. Forms are available from the Residency Program office.

If you are traveling on departmental business which will require reimbursement from the department, a Travel Authorization form must be completed BEFORE you begin your trip. Upon return, all ORIGINAL RECEIPTS must be submitted to the Residency Program Coordinator. Failure to follow the above procedures could result in no reimbursement from the department.

Sick Leave: If you cannot come to work due to illness, notify the attending physician as well as the Residency Program Coordinator.

Residents have 12 days of sick leave (including weekend days) for medical reasons during each year of training. The sick leave cannot be “carried over”. Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

Leave of absence for medical reasons may be extended beyond twelve days with pay when the nature of the illness is job-related. Such decisions are to be made by the Training Program Director and the Dean or his designee. It may not exceed the termination date of the appointment.

Excessive sick leave: A sick leave request in excess of twelve days requires a special review by the Dean or his designee and the Training Program Director. A letter stating the nature of the illness and the reason for the requested extension of sick leave must be provided by the personal physician of the house staff member.

Salary considerations: Unused vacation time can be used to extend the pay period, but when maximum sick leave and vacation time have been exhausted, the house staff member is placed on leave without pay.

Termination of the training program: When the house staff member has been absent for longer than twelve consecutive weeks, a decision about the ability to return to full duties must be reached and a decision made based upon the circumstances involved. The personnel needs of the department will be given primary consideration, and it may be necessary to terminate the house staff member and employ another to fulfill the house staff duties.

Vacation Leave: Residents receive 21 days (15 work days plus weekend days) of paid vacation each year. This cannot be “carried over” from one year to the next.

LIBRARY

The UAMS Library is housed in the Education II Building and occupies space on three levels with the Audio-Visual Library a part of the fifth floor. The library contains 38,000 books and regularly receives approximately 108 journals related to the behavioral sciences, 1,619 medical journals, and 57 neurology journals. Available databases include MEDLINE, PsycINFO, and CURRENT CONTENTS / CLINICAL MEDICINE, among several others.

There is also a branch of the UAMS library in the Sturgis Building at Arkansas Children's Hospital that is available 24 hours a day to residents.

MAILBOXES

Mailboxes are located in the reception office of the Child Study Center, ACH-South Campus, 5th floor. Please check daily if possible.

MOONLIGHTING

Residents are not required to moonlight.

In order to be eligible for moonlight activities, the resident must follow the procedures as outlined in the *GMEC policy, Moonlighting and Malpractice Insurance Coverage while Moonlighting*. The resident must submit a written request to the program director and obtain his written approval (form located on page ____). This information is maintained in the resident's file.

Professional liability coverage (malpractice insurance) provided through UAMS does not cover moonlighting activities. Malpractice insurance for such activities is the sole responsibility of the resident. It is the responsibility of the clinical facility hiring the resident to determine whether the appropriate credentials, adequate liability coverage and appropriate skill levels are in place.

The resident must follow the highest professional ethical standards, being careful to realistically and honestly represent his/her self to the community as to the level of competence and training (i.e., as a physician and a psychiatrist-in-training).

Residents must assure the Program that their moonlighting jobs do not promote their services as those of full-trained psychiatrists.

Moonlighting privileges will be withdrawn if the resident's performance in the program is unsatisfactory. In the event permission to moonlight is withdrawn by the program director, the obligation to notify an outside employer is the responsibility of the resident who established that employment and not the responsibility of the resident who established that employment and not the responsibility of the program director or UAMS.

Residents will be subject to dismissal from the program for the following:

1. Moonlighting without written approval of the program director.
2. Continuing to moonlight after permission to do so is withdrawn.
3. Using the UAMS or ACH DEA number while moonlighting.

PAGERS

Pagers are furnished by the separate services where appropriate. If a resident is issued a pager by the Department, the resident accepts full responsibility for the pager. If the pager is lost, the resident will be expected to reimburse the Department. If there is just cause for the loss (theft in car or home, fire, wreck, etc.), the resident can present the cause to the Residency Education Committee.

PARKING

Parking is available in the Parking Deck for residents assigned to UAMS. Residents assigned to ACH will receive parking stickers, access cards, and keys from the ACH-Security Office on the corner Battery and 10th Streets. For more information contact Lowell Staggs at 364-3747.

PAY SCHEDULES

House staff members are paid monthly. Checks are distributed from the House Staff Office to the Departments on the last working day of each month. Checks may not be obtained prior to this time.

Checks are delivered to the Residency Program Office on the 5th floor of the ACH-South Campus Building. Direct deposit to the bank of your choice is also available.

POLICIES OF THE GRADUATE MEDICAL EDUCATION (GME) COMMITTEE

The policies of the GME Committee are reviewed and revised periodically; revised policies are effective as determined by the GME Committee. All GME Committee policies can be located on the UAMS College of Medicine website: www.uams.edu/gme/policies.htm. Residents are expected to be familiar with and adhere to these policies.

Policies include but are not limited to the following:

- 1.100 Graduate Medical Education Training Programs and Residents
- 1.110 Institutional and Program Agreements for Educational Activities
- 1.120 Sponsorship of New Residency (& Fellowship) Program
- 1.130 Educational Activities for non-UAMS COM Residents
- 1.200 Recruitment and Appointment
- 1.210 Residents Transferring Between Residency Programs
- 1.300 Evaluation and Promotion
- 1.400 Addressing Concerns in a Confidential and Protected Manner
- 1.410 Adjudication of Resident Grievances
- 1.420 Academic & Other Disciplinary Actions (Probation, Suspension, Dismissal)
- 1.500 Appropriate Treatment of Residents in an Educational Setting

- 2.100 Financial Support and Apportionment of Positions
- 2.200 Resident Vacation
- 2.210 Leave-Sick, Professional, Family Medical, Leave of Absence, Bereavement
- 2.300 Physician Impairment, Drug Testing and Drug Abuse Intervention
- 2.400 Post Employment Medical Screening (joint policy with UAMS, #4.5.18)
- 2.500 Certification of Cardiac Life Support
- 2.600 Patient Care Activities under the “Residency Program Exemption” to the Arkansas Medical Practices Act, Including Prescribing of Controlled Substances and other Medications
- 2.700 Reduction in Size or Closure of a Training Program
- 2.710 Restrictive Covenants
- 2.720 Residents with HIV and infectious HBV
- 2.800 Medical Records

(Resident Supervision/Work Environment)

- 3.100 Resident Supervision
- 3.200 Duty Hours and Work Environment
- 3.300 Moonlighting and Malpractice Insurance Coverage While Moonlighting
- 3.400 Supplemental Clinical Activities (“Internal Moonlighting”)
- 3.500 Religious Accommodation

PROFESSIONAL LIABILITY INSURANCE

Each house staff physician is provided professional liability insurance when on official duty. Forms for the insurance are available in the House Staff Office. Additional coverage may be obtained from the insurance carrier. Additional coverage is required if the resident will be “moonlighting,” and it is the responsibility of the house staff member to pay the amount of the premium.

RAISING AND RESOLVING ISSUES OF CONCERN

Policy of the Child and Adolescent Psychiatry Training Program

At times various issues resulting from miscommunication, stress, or inappropriate behavior may arise. Residents must have a procedure to raise and resolve issues of concern in a confidential manner.

In compliance with the UAMS COM GME Committee policy on raising and resolving issues in a confidential manner, the following guidelines apply within the this training program.

1. A resident should discuss the concern with the chief resident, attending physician, or the resident’s assigned faculty supervisor as appropriate.

2. If the above discussion does not resolve the concern, the resident should meet with the Program Director.
3. If the issue cannot be resolved by the Program Director, the resident should contact the Chair of the Resident Council or the Associate Dean for Graduate Medical Education. These groups will discuss with the resident the options for resolution of the concern (including convening a peer review panel).
4. For issues that are extremely serious and for which confidentiality is of the utmost importance, the resident may seek assistance directly from the Program Director and/or the Associate Dean for GME.

RESIDENT PARTICIPATION IN NON-DEPARTMENTAL ACTIVITIES/PUBLIC SERVICE

When engaged in non-remunerative or remunerative activities in which a resident might be reasonably perceived by the public to represent UAMS or the Department of Child and Adolescent Psychiatry, advance clearance from the office of the Residency Director is required.

SUICIDE BY A PATIENT

The following are guidelines for management:

1. Remember that death of the patient does not necessarily end the therapist's interaction with the patient's family, and further contact with the family should be discussed with the supervisor.
2. The supervisor(s) and the Residency Training Director, and the head of the service (if different from the supervisor) should be notified immediately – at any time of the day or night.
3. The University attorney and the malpractice insurance company defense attorney should be consulted by the UAMS faculty member involved.
4. The Chief Resident should be notified by either the resident or the Residency Training Director, unless the Residency Training Director deems this inappropriate for some reason.
5. A chart review should be arranged, generally within 24 hours, involving the resident, the attending on the service, the supervisor, the residency training director, chairman, and any other staff with close involvement.
6. The hospital administrator should be notified.

SUPERVISORY LINES OF RESPONSIBILITY

Policy of the Child and Adolescent Psychiatry Training Program

In compliance with the UAMS COM GME Committee policy on supervisory lines of responsibility the following apply to the supervision for the care of patients:

1. Attending faculty physician supervision is provided at all times appropriate to the skill level of the residents on the services/rotations.
2. The attending faculty member who has primary responsibility for supervising the resident's experience in patient care is identified in the written description of each service/rotation. In general, the identified faculty member oversees the resident and is available at all times in person, by telephone or beeper. Exceptions or variations from this are clearly communicated with the resident to insure continuous appropriate supervision of clinical care.
3. On-call responsibilities and supervision are documented on the call schedule and are reviewed with the resident at the beginning of training in child and adolescent psychiatry.

TUITION DISCOUNTS

Tuition discounts extend to interns, residents, fellows (both house staff and post doctoral fellows in the basic sciences), and full-time employees of the Little Rock Veterans Administration Medical Center who also are members of the faculty at UAMS. The fringe benefit also applies to members of the immediate families in the same manner that it is available to other full-time employees of UAMS

WEBSITE

The address to access the Department of Psychiatry website is: www.uams.edu/psych

This site contains information on Department faculty, general residency program, calendar of events, and other items of interest.

The address to access the Division of Child and Adolescent Psychiatry website is www.childpsych.uams.edu

This site contains information on clinical programs and other items of interest.

DUTY HOURS AND WORK ENVIRONMENT

In compliance with the UAMS COM GME Committee policies on work hours/work environment and moonlighting and considering that the care of the patient and educational clinical duties are of the highest priority, the following guidelines apply: In the Department of Child and Adolescent Psychiatry, the program director monitors any professional activity outside the residency and ensures that it does not interfere with the resident's education, performance, or clinical responsibility. The program director monitors all on-call schedules and hours to prevent undue interference with education, performance, or clinical responsibility. Duty hours must be limited to 80 hours or less per week, averaged over a four week period, inclusive of all call activities.

WORK HOURS

1. Work week: on average, each resident works no more than 54 hours of assigned clinical duties per week.
2. Days off: Residents will be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a four week period, inclusive of call. One day is defined as one continuous 24 hour period free from all clinical, educational, and administrative activities.
3. Hospital call: Call for ACH may be taken from home approximately once weekly.
4. Backup coverage: provided if patient care needs create resident fatigue sufficient to jeopardize patient care or resident welfare during or following on-call periods.
5. Adequate time for rest and personal activities must be provided. This will consist of a 10 hour time period provided between all daily duty periods and after any in-house call.

The resident is expected to be on duty during normal working hours, Monday through Friday. Additional work hours include on-call duties. Call will be initiated from home and will not be so frequent as to preclude rest and reasonable personal time for each resident. When residents are called into the hospital from home, the hours the residents spend in-house are counted toward the 80 hour limit. The program director and the faculty will monitor the demands of at home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue. Residents will be expected to register their duty hours on a weekly basis in the UAMS New Innovations program. Night, weekend and holiday call schedules are formulated by the faculty or chief resident and depends on the specific educational rotation. Residents must be available by telephone or pager while on-call. Specific call schedules and responsibilities

are delineated in the written goals/objectives of each rotation which are reviewed with the resident at the beginning of the rotation.

Exceptions to the above work hours include official holidays and while on approved annual, sick, or educational leave.

WORK ENVIRONMENT

1. Supervision: staff physician supervision is provided at all times appropriate to the skill level of the resident. A specific staff physician supervisor is noted on the goals/ objectives of each rotation or the call schedule. Decisions made by the resident/fellow while on-call are under the supervision of the responsible faculty staff member. The progressive increase in the knowledge and ability of the resident when handling these decisions is an important step toward becoming a confident specialist.
2. Call room: a call room is available for all residents who decided to sleep in the hospital while on call.
3. Ancillary support: adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the resident's responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

EVALUATION AND PROMOTION

During the training period, each of the above elements of clinical competence will be assessed in writing on a quarterly basis by direct faculty supervisors with subsequent review by the Program Director. Evaluation by peer resident physicians, patients, nursing staff and other paramedical personnel may be included at less frequent intervals. A resident will meet with the Program Director twice a year to review evaluations, in-service scores, and clinical rotations. Written evaluations of the resident will be reviewed and signed by the resident to indicate that he/she has seen the evaluations. The evaluations will be maintained in confidential files and only available to authorized personnel. All evaluation forms pertaining to the residents are labeled "Confidential Peer Review Document". Reappointment and promotion to a subsequent year of training require satisfactory ratings on these evaluations. Upon request, the resident may review his/her evaluation file at any time during the year.

A resident receiving 1 unsatisfactory evaluation during the year will be immediately reviewed by the Program Director or Resident Peer Review Committee and written recommendations made to him/her may include:

1. Specific corrective actions
2. Repeating a rotation
3. Psychological counseling
4. Academic warning status or probation
5. Suspension or dismissal, if prior corrective action, academic warning and/or probation has been unsuccessful.

The resident may appeal an unsatisfactory evaluation by submitting a written request to appear before the training program's Resident Evaluation Committee in a meeting called by the Program Director. The Committee reviews a summary of the deficiencies of the resident, and the resident has the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of this Committee is final.

At the completion of the training program the Program Director prepares a final evaluation of the clinical competence of the resident. This evaluation stipulates the degree to which the resident has mastered each component of clinical competence – clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, and provision of medical care. This evaluation verifies the resident has demonstrated sufficient professional ability to practice competently and independently. This evaluation remains in the program's files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

Academic and Other Disciplinary Actions (in compliance with UAMS COM GME policy on disciplinary actions)

PROBATION

Probation is defined as the trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the training program. A resident may be placed on probation for any one or more of the following:

1. Failure to perform satisfactorily at conferences, rounds, clinic and ward rotations
2. Receiving more than one unsatisfactory performance on the resident evaluation form
3. Failure to comply with the policies and procedures of the Training Program, the GME Committee, UAMS Medical Center or the participating institutions
4. Misconduct that infringes on the principles and guidelines set forth by this training program
5. When reasonably documented professional misconduct or ethical charges are brought against the resident which bear on his/her fitness to participate in the training program. When a resident is placed on probation, the Program Director shall provide specific remedial steps to the resident in a written statement within a week of the notification of probation. The statement will specify the period of time in which the resident must correct a deficiency or problem, the specific

remedial steps, and the consequences of non-compliance with the remediation. Based upon the resident's compliance with remedial steps, the resident may be:

1. Continued on probation
2. Removed from probation
3. Suspended
4. Dismissed from the residency program

SUSPENSION

Suspension is defined as a period of time in which a resident is not allowed to take part in all or some of the activities of the training program. A resident may be suspended from clinical or other activities of the training program for reasons including, but not limited to, any of the following:

1. Failure to meet the requirements of probation
2. Failure to meet the performance standards of the training program
3. Failure to comply with the policies and procedures of the Training Program, the GME Committee, the UAMS Medical Center, or the participating institutions.
4. Misconduct that infringes on the principles and guidelines set forth by this training program
5. Documented and recurrent failure to complete medical records in a timely and appropriate manner defined as above.
6. Misconduct or failure to meet ethical standards which bear on his/her fitness to participate in the training program
7. When reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program
8. If a resident is deemed an immediate danger to patients, himself or herself or to others
9. If a resident fails to comply with the medical licensure laws of the State of Arkansas.

If suspension is deemed necessary, the Program Director notifies the resident through a written statement, with a copy to the Associate Dean for GME, to include:

1. Reasons for the action
2. Specific and appropriate measures to assure satisfactory resolution of the problem(s)
3. Activities of the program in which the resident may and may not participate
4. The date the suspension becomes effective
5. Determination of leave with or without pay

6. Consequences of non-compliance with the terms of suspension
7. Whether the resident is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year.

During the suspension, the resident will be placed on leave, with or without pay as appropriate depending on the circumstances. At any time during or after the suspension, the resident may be reinstated with no qualifications, reinstated on probation, continued on suspension or dismissed from the program.

DISMISSAL

Dismissal is the condition in which a resident is directed to leave the training program, with no award of credit for the current training year.

1. Dismissal from the training program may occur for reasons including, but not limited to, any of the following:
 - a. Failure to meet the performance standards of the training program
 - b. Failure to comply with the policies and procedures of the training program, the GME Committee, the UAMS Medical Center, or the participating institutions
 - c. Illegal conduct
 - d. Unethical conduct
 - e. Performance and behavior which compromise the welfare and of patients, self, or others
 - f. Failure to comply with the medical licensure laws of the State of Arkansas
 - g. Inability of the resident to pass the requisite examinations for licensure to practice medicine in the United States
2. If dismissal is planned, the Training Program Director shall contact the Associate Dean for Graduate Medical Education and provide written documentation, which led to the proposed action.
3. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty; other illegal conduct).
4. When dismissal is being considered because of performance or conduct, the Training Program Director shall notify the resident in writing of the basis of the action, the proposed action, the requirements for the resident and time frame for satisfactory resolution of the problem(s).
5. In the event the situation is not improved within the timeframe, the resident will be dismissed.

A resident involved in the disciplinary actions of probation, suspension and dismissal has the right to appeal according to the GME Committee policy Adjudication of Resident Grievances.

FORMS

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES

Division of Pediatric Psychiatry

Request For Leave With Pay

Date: _____

I, _____ request _____ day(s) of: Sick
Educational (circle one)
Vacation
Administrative

leave with pay during my absences from duty starting _____ and ending
_____, both dates inclusive. My work on _____ service will be
covered by _____. My attending duty on _____ will be
provided by _____.

Signature

APPROVED:

Supervisor's Signature

Brian Kubacak, MD, Medical Director
UAMS Child Study Center
Division of Pediatric Psychiatry,
Residency Training Director

This form is to be completed and approved **BEFORE** taking vacation, educational or administrative leave, but is completed after taking sick leave (except in those instances when sick leave is scheduled in advance).

Anonymous Resident Rating
UAMS Division of Child & Adolescent Psychiatry
Resident's Annual Evaluation of Education Experiences & Programs

Please rate each of the items below on a scale from 1-10, with 1 being dissatisfied and 10 being very satisfied.

1. Responsibilities Of The Program Director

How does the program director perform with regard to:

Devoting sufficient time to the program:

1 2 3 4 5 6 7 8 9 10

Responsiveness to mental, physical, or emotional difficulties of the resident:

1 2 3 4 5 6 7 8 9 10

Facilitating resident involvement in clinical activities, education and research:

1 2 3 4 5 6 7 8 9 10

Responsiveness to resident feedback and suggestions:

1 2 3 4 5 6 7 8 9 10

2. Faculty

How is the faculty overall performing with regard to:

Providing adequate training & supervision for residents:

1 2 3 4 5 6 7 8 9 10

Participating &/or facilitating clinical discussion, educational activities & research:

1 2 3 4 5 6 7 8 9 10

Responsiveness to resident feedback & suggestions:

1 2 3 4 5 6 7 8 9 10

3. Facilities & Resources

The program provides adequate professional, technical & clerical assistance needed to support the education program:

1 2 3 4 5 6 7 8 9 10

4. Educational Content

How is the didactics course regarding:

Comprehensive & well-organized course material:

1 2 3 4 5 6 7 8 9 10

Education regarding development (child & adolescent):

1 2 3 4 5 6 7 8 9 10

Education regarding clinical assessment & treatment:

1 2 3 4 5 6 7 8 9 10

Education regarding research methodology & analyzing medical literature:

1 2 3 4 5 6 7 8 9 10

5. Overall

I feel the education I am currently receiving is adequate & appropriate for my level:

1 2 3 4 5 6 7 8 9 10

Comments: please elaborate on any of the above that need further explanation, or on other educational issues within the training program.

**Confidential Peer Review Document
UAMS Division of Child & Adolescent Psychiatry
Resident Quarterly Evaluation Form**

Resident: _____ Service: _____

Dates of Service: Start _____ End _____

General:

Please list noteworthy strengths of this resident:

Please list noteworthy weaknesses of this resident:

Ratings:

1 = below average (needs attention/remediation)

- Unable to perform at a minimally acceptable level
- Only able to perform at an adequate level with constant supervision/direction
- Does not demonstrate the expected rate of improvement during the experience

Must be discussed with the resident; documented with suggestions for remediation

2 = average (phase appropriate)

- Able to perform at an adequate level
- Able to perform with less supervision/direction with repetition
- Demonstrates consistent improvement in performance throughout experience

3 = above average (noteworthy strength)

- Able to perform at a level consistently above that expected for level of training
- Able to perform with minimal supervision/direction
- Demonstrates consistent improvement in performance throughout experience with considerable self-initiative

N/A = not applicable

Clinical Science:

Demonstrates appropriate fund of knowledge	1	2	3	N/A
Effectively uses skills & knowledge clinically	1	2	3	N/A

Interpersonal Skills & Communication:

Consistent use of empathic style of communication	1	2	3	N/A
Demonstrates effective interviewing & listening skills	1	2	3	N/A
Demonstrates leadership skills	1	2	3	N/A
Works effectively on a team	1	2	3	N/A
Presents organized & comprehensive case/information	1	2	3	N/A

Patient Care:

Assessment/Interview	1	2	3	N/A
Develops rapport/demonstrates empathy	1	2	3	N/A
Structures appropriately	1	2	3	N/A
Obtains pertinent information	1	2	3	N/A
History	1	2	3	N/A
Mental Status Exam	1	2	3	N/A
Collaborative information	1	2	3	N/A
Demonstrates skill in working with				
Preschool children	1	2	3	N/A
Elementary age children	1	2	3	N/A
Adolescents	1	2	3	N/A
Parents/Guardians/Families	1	2	3	N/A
Demonstrates knowledge and skill in				
Psychopharmacology	1	2	3	N/A
Psychotherapeutic techniques (list)	1	2	3	N/A
<hr/>				
Family therapy	1	2	3	N/A
Consultation/Liaison	1	2	3	N/A
Crisis intervention	1	2	3	N/A
Other	1	2	3	N/A
Treatment Planning/Treatment	1	2	3	N/A
Develops rational, comprehensive, realistic plan	1	2	3	N/A
Coordinates care with appropriate others	1	2	3	N/A

Practice Based Learning & Improvement

Demonstrates academic interests/use of relevant literature	1	2	3	N/A
Demonstrates independent learning	1	2	3	N/A
Uses supervision to improve performance	1	2	3	N/A
Utilizes technology to learn about & manage patients	1	2	3	N/A
Able to teach others about psychiatric issues	1	2	3	N/A

Professionals & Ethical Behavior

Thorough/complete in documentation	1	2	3	N/A
On time for designated, scheduled activities	1	2	3	N/A
Arranges appropriate coverage	1	2	3	N/A
Demonstrates self-awareness/observation of own actions	1	2	3	N/A
Recognizes/manages transference/counter transference	1	2	3	N/A
Maintains equilibrium under stress	1	2	3	N/A
Knowledge of/committed to ethical principles	1	2	3	N/A
Demonstrates knowledge of/sensitivity to cultural, ethnic, & other characteristics	1	2	3	N/A

Systems Based Care

Displays knowledge of community agencies/resources	1	2	3	N/A
Practices cost effective quality health care	1	2	3	N/A
Helps patients negotiate access to services	1	2	3	N/A
Collaborates with other professionals to provide care	1	2	3	N/A

Global Summary

Has this individual met the level of a new practitioner? Yes No

Supervisor Date

Resident Date

Please return to: Leah Stanley, Resident Coordinator
1120 Marshall Street, Slot 654
Little Rock, AR 72202
501-364-4670
501-364-1592 fax

Confidential Peer Review Document
UAMS Division of Child & Adolescent Psychiatry
Resident's Quarterly Evaluation of Supervision & Services

Resident: _____ Service: _____

Supervisor: _____ Term of Service: From _____ To _____

Service Evaluation

Supervision Evaluation

A. Please use the scale below to evaluate the following area:

- 1 = unacceptable (must include narrative comment)
- 2 = minimally acceptable
- 3 = acceptable
- 4 = good
- 5 = outstanding (deserves commendation include narrative comment)

1. Fund of knowledge	1	2	3	4	5	n/a
2. Quality of instruction in:						
a. assessment of patient	1	2	3	4	5	n/a
b. case management	1	2	3	4	5	n/a
c. milieu issues	1	2	3	4	5	n/a
d. use of medications	1	2	3	4	5	n/a
3. Administrative training & responsibility						
a. attendance at meetings & sessions	1	2	3	4	5	n/a
b. allows resident the proper amount of responsibility	1	2	3	4	5	n/a
4. Personal attitudes:						
a. quality as a role model	1	2	3	4	5	n/a
b. encourages growth of the resident	1	2	3	4	5	n/a

Comments:

B. In which area(s) was the supervisor most helpful?

- 1. psychotherapeutic issues _____
- 2. bio/medical/pharmacological issues _____
- 3. patient (case) management _____
- 4. professional relations/conduct _____

C. In which area(s) was the supervisor least helpful?

D. Other comments:

 Resident's Signature

 Date Discussed

 Supervisor's Signature

UAMS Division of Child & Adolescent Psychiatry Resident's Rotation Record

Resident's Name _____

Date Entered Program _____ Date Graduated _____

Child Psychiatry Training Year I: _____

Information Distributed to Resident:

Clinic Manual Due Process Procedures Goals & Objectives
 Essentials of Accredited Residencies Liability Insurance Information

Rotations	Dates		Supervisor	Date of Evaluation
	Start	End		
Residential Treatment				
Acute Inpatient				
Pediatric Consultation Liaison				
Outpatient Clinic				
Outpatient Psychotherapy				
Elective (specify)				
Elective (specify)				
Elective (specify)				

Resident's Forwarding Address / Phone:

Date Board Certified: General Psychiatry _____
 Child Psychiatry _____

Resident: _____

Child Psychiatry Training Year II: _____

Rotations	Dates		Supervisor	Date of Evaluation
	Start	End		
Outpatient Clinic				
Outpatient Psychotherapy				
Chief Resident				
OBLIGATORY SERVICES				
Eating Disorder				
Substance Abuse				
Necessary Rotations				
School Consultation				
Pediatric Neurology				
Mental Retardation & Developmental Disorders				
ELECTIVES				

