

FORENSIC PSYCHIATRY RESIDENCY PROGRAM



2011 – 2012

**UNIVERSITY OF ARKANSAS
FOR MEDICAL SCIENCES
COLLEGE OF MEDICINE
DEPARTMENT OF PSYCHIATRY**

AND

**THE DIVISION OF BEHAVIORAL HEALTH
SERVICES**

**FORENSIC
PSYCHIATRY
RESIDENCY PROGRAM
HANDBOOK**

2011 – 2012

**Ben Guise, M.D.
Program Director**

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University of Arkansas for Medical Sciences (UAMS) Forensic Psychiatry Residency Program

Sponsoring Institution

Our Forensic Psychiatry Residency Program is sponsored by the UAMS College of Medicine and funded by the Arkansas Division of Behavioral Health Services. The University of Arkansas for Medical Sciences' College of Medicine is one of six academic units of UAMS, the state's principal biomedical research center. The college's faculty members are on staff not only at the UAMS Medical Center but at Arkansas Children's Hospital, Arkansas State Hospital, the McClellan Veterans Administration Hospital, the Central Arkansas Radiation Therapy Institute and the Area Health Education Centers around the state.

It is the goal of the UAMS College of Medicine to help tomorrow's health-care professionals acquire not only the ultimate in medical skills but also professional and ethical standards that will aid them in their careers.

Participating Institutions

1. Arkansas State Hospital – This 218-bed hospital is located next to the UAMS campus and serves as a statewide referral center. The forensic inpatient service at the Arkansas State Hospital is an 80-bed, four-unit complex. It houses the entire inpatient forensic population of the state and serves as the primary base for the program.
2. Arkansas Department of Correction Special Programs Unit – This is a minimum security prison facility located approximately 45 miles from the UAMS campus. The Special Programs Unit provides housing, work supervision and treatment for up to 62 inmates with mental illness. In addition to the Special Programs Unit, there are psychiatric clinics in other prison facilities.
3. UAMS Walker Family Clinic – Our adult outpatient treatment clinic, located at the Psychiatric Research Institute on the UAMS campus, provides comprehensive mental health care - from grief and divorce counseling to medication management and treatment of psychiatric disorders and is the site of the court clinic.

Program Goals & Objectives

The primary goal of our program is to familiarize residents with all aspects of forensic psychiatry and to prepare them for forensic psychiatric practice, teaching, research, and system consultation. This goal involves objectives in three areas: knowledge, skills, and attitudes. See Appendix III for the UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows.

Knowledge

The forensic psychiatry residents will:

- Develop a working knowledge of the principles and practice of legal dispute resolution in the United States. (Medical/Legal Knowledge,)
- Understand the legal standards and concepts governing civil and criminal forensic psychiatric evaluations. (Medical/Legal Knowledge, Systems-Based Practice)
- Learn the principles and current trends in the legal regulation of psychiatric practice; e.g. civil commitment, confidentiality, liability, duty to third parties, physician/patient relationships, ethics, right to refuse treatment and informed consent. (Medical/Legal Knowledge, Professionalism)
- Become familiar with the special issues involved with mental health treatment in jail, prisons, maximum-security treatment centers and public sector administration. (Medical/Legal Knowledge, Systems-Based Practice, Professionalism, Patient Care)
- Develop a knowledge base in special areas of psychiatry relevant to forensic evaluation, such as malingering, hypnosis, neuropsychiatric disorders, dissociative disorders, sexual disorders, substance abuse, parental capacity, and others. (Medical/Legal Knowledge)
- Understand the ethical issues surrounding psychiatric participation in the legal system. (Professionalism)

Skills

The forensic psychiatry residents will:

- Develop expertise in conducting criminal and civil forensic psychiatric evaluations. (Interpersonal Communication, Professionalism)
- Develop expertise in communication with courts and attorneys, preparing forensic reports, and testifying as an expert witness. (Systems-Based Practice, Interpersonal Communication)
- Develop expertise in teaching and consulting on forensic issues to general psychiatrists and other mental health professionals. (Practice-Based Learning, Interpersonal Communication, Systems-Based Practice)
- Develop skills in working with criminal justice populations with mental disorders. (Patient Care, systems-Based Practice)
- Develop skills in consulting to governmental bodies regarding public policy concerning psychiatric disorders and the law. (Systems-Based Practice, Interpersonal Communication, Professionalism)

- Develop skills in conducting scholarly research, either empirical or involving review of the legal and/or psychiatric literature. (Practice-Based Learning)

Attitudes

The forensic psychiatry residents will:

- Demonstrate attitudes that promote honesty, objectivity, and respect for persons in the practice of forensic psychiatry. (Professionalism)
- Demonstrate professionalism in working with mental health workers, courts, attorneys, and public agencies. (Systems-Based Practice, Interpersonal Communication, Professionalism)
- Demonstrate a commitment to the advancement of professional knowledge in forensic psychiatry. (Practice-Based Learning)
- Demonstrate a commitment to lifelong, self-directed learning in forensic psychiatry. (Practice-Based Learning)
- Develop an appreciation for the limits of their own and their profession's knowledge and skills, a toleration of uncertainty, and a readiness to seek appropriate consultation and education. (Professionalism)

Faculty

Program Director

Ben Guise, MD, serves as the Director of Forensic Residency Education and an Assistant Professor in the Department of Psychiatry. As the Program Director, Dr. Guise is responsible for the oversight and organization of all educational activities within the Forensic Psychiatry program as well as the selection of residents and the monitoring of their progress. Dr. Guise provides supervision for residents in the court clinic, on the inpatient forensic civil consult service and at the Arkansas Department of Corrections.

Dr. Guise received his M.D. degree from UAMS in 1990. He is certified by the American Board of Psychiatry and Neurology (ABPN) with subspecialty certification in Addictions and Forensics. His research interests include the areas of civil commitment and the criminalization of the mentally ill, co-occurring substance use and mental health disorders, and educational research.

Key Teaching Faculty

Raymond K. Molden, MD, is Assistant Program Director for the Forensic Residency Program and a Clinical Assistant Professor within the Department of Psychiatry. Fellowship trained in Forensic Psychiatry, Dr. Molden supervises fellows at the Arkansas State Hospital and Arkansas Department of Correction. He provides several didactics in the core series. His current areas of interest include violence risk assessment, correctional psychiatry, and criminal responsibility.

Steve Domon, MD, is an Assistant Professor at UAMS and the Medical Director of the Arkansas State Hospital. Dr. Domon is Board-certified in adult psychiatry and child and adolescent psychiatry; one of his current areas of interest is the trend of increasing forensic activity on acute adolescent units.

Robert Forrest, MD is a Clinical Assistant Professor in the Department of Psychiatry. Dr. Forrest completed his training through the UAMS Forensic Psychiatry Fellowship and is Board-certified in forensic psychiatry. Dr. Forrest provides supervision of fellows, residents, and students in the Arkansas Department of Correction, and at the Arkansas State Hospital. His current areas of interest include violence risk assessment, detection of malingering, and civil competencies.

Stacy McBain, MD, is a Clinical Assistant Professor in the Department of Psychiatry and a staff Psychiatrist at the Arkansas State Hospital. She is board certified in General Psychiatry and fellowship trained and board eligible in Child and Adolescent and Forensic Psychiatry. She is the Program Director for the Adolescent Sexual Offender Program at Arkansas State Hospital. In addition, he teaches didactics and performs Forensic evaluations.

Brian Rush Simpson, MD, is a Clinical Assistant Professor in the Department of Psychiatry. He completed residency and fellowship at the Medical University of South Carolina. He is Board-certified in Psychiatry and Forensic Psychiatry. He is the Section Chief of Forensic Services at the Arkansas State Hospital. He treats patients deemed unfit to proceed and post NGRI acquittal. Dr. Simpson provides supervision of fellows for both outpatient forensic evaluations and inpatient forensic treatment. His current areas of interest

are criminal competencies, restoration of fitness to proceed, and overlapping areas of internal medicine and psychiatry.

Thomas Sullivan, JD, LLM, is an Adjunct Professor of Psychiatry at UAMS and a Professor of Law at the University of Arkansas at Little Rock School of Law. His responsibilities within the Forensic Residency program include presenting didactics and acting as a consultant to the Court Clinic at the UAMS Adult Outpatient Clinic. Dr. Sullivan's current areas of interest include criminal law, law and psychiatry, and criminal procedures.

Josh King, JD, is an Adjunct Professor for the Department of Psychiatry. He provides legal consultation to the program and presents a yearly legal seminar for the fellows.

April Coe Hout, PhD, is a Clinical Instructor of Psychiatry who serves as a didactic presenter and provides supervision in the relapse prevention group for adolescent sexual offenders. Her current areas of interest include efficacy of sexual offender treatment and assessment of personality characteristics of sexual offenders.

Billy J. Burris, ACSW, LCSW, is a Clinical Instructor within the Department of Psychiatry and is the Assistant Director of the Division of Mental Health Services for Forensic Services. Mr. Burris provides administrative supervision regarding forensic procedures and teaches didactics on administrative issues. His current areas of interest include administration of forensic services and juvenile forensics.

Douglas Strock, JD, is a Clinical Instructor of Psychiatry who provides didactic lectures on legal procedure and issues relating to psychiatric care. His areas of expertise include hospital compliance and HIPAA privacy and security.

Albert Kittrell, MD, is an Assistant Professor of Psychiatry and a Board-certified forensic psychiatrist. Dr. Kittrell presents several of the didactics in the core series. His current areas of interest include violence risk assessments, prescribing practices in correctional settings, and effects of socioeconomic factors on conditional release.

Scott Stanley, MD, is the Medical Director of the Consult/Liaison service at UAMS. Dr. Stanley is an Associate Professor of Psychiatry and a Board-certified forensic psychiatrist. Dr. Stanley is currently presenting several of the didactics in the core series.

**DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
FACULTY ROSTER**

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G. Richard Smith, M.D.

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J. Scott Stanley, M.D.

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Betty L. Everett, Ph.D.

Jennifer Fausett, Ph.D.

Michael Hollomon, MD

Lewis Krain, M. D.

Irving Kuo, M.D.

Terri Miller, Ph.D.

Gary Schroeder, Ph.D.

Laura H. Tyler, Ph.D., LPC

Adjunct Professor:

Richard C. Lippincott, M.D.

Instructor:

Barbara Lynn Mason, RNP

PRI NORTHWEST ARKANSAS

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Jon Rubenow, D.O.

Gerald Stein, M.D.

Assistant Professor:

Keith Berner, M.D.

Kyle Johnson, M.D.

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John Fortney, Ph.D.

JoAnn Kirchner, Ph.D.

Teresa Kramer, Ph.D.

Richard R. Owen, M.D.

Jeffrey Pyne, M.D.

Greer Sullivan, M.D.

Associate Professor:

Geoffrey Curran, Ph.D.

Ellen Fischer, Ph.D.

Assistant Professor:

Dean Blevins, Ph.D.

Patti Bokony, Ph.D.

Teresa Hudson, Pharm.D.

Instructor:

Terri Davis, Ph. D.

Jeff Smith, ABD

Angie Waliski, Ph.D.

DIVISION OF PEDIATRIC PSYCHIATRY

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Patricia Youngdahl, Ph.D.

Interim Director :

Jody Brown, M.D.

Professor:

Patrick Casey, M.D.

Catherine Stanger, Ph.D.

Assistant Professor:

Mark Andersen, M.D.

Jody Brown, M.D.
Juan Castro, M.D.
Steven Domon, M.D.
Molly Gathright, M. D.
Jennifer Gess, Ph.D.
Zaid Malik, M.D.
Terri Miller, Ph.D.
Angie Shy, M.D.
John Webber, M.D.
Veronica Williams, M.D.
Bruce Cohen, M.S.

Instructor:

VA MENTAL HEALTH DIVISION

ACOS for Mental Health, VAMC
and Assistant Professor:
Professor:

Tina McClain, M.D.
John Fortney, Ph.D.
Lawrence Labbate, M.D.
Richard Owen, M.D.
Greer Sullivan, Ph.D.
Kathy Henderson, M.D.
Tim A. Kimbrell, M.D.
Eugene Kuc, M.D.
Dinesh Mittal, M.D.
Annette Slater, M.D.
John Spollen, M.D.
Grace Aikman, Ph.D.
Patricia Allred, M.D.
Sandra Ellis, M.D.
Erica Hiatt, M.D.
Irving Kuo, M.D.
Mark Hinterthuer, Ph.D.

Associate Professor:

Assistant Professor:

Instructor:

Monica Shotwell, M.D.
Glen White, Ph.D.
Mark Worley, M.D., Ph.D.
Greg Wooten, M.D.
Kelley Burrow, M.D.
Jeremy Hinton, M.D.
Shanna Palmer, M.D.
Lisa Snow, M.D.
Marcus Wellen, M.D.

Division of Behavioral Health

Professor and Medical Director:

Larry Miller, M.D.

ARKANSAS STATE HOSPITAL

Assistant Professor and Medical Director:

Steve Domon, M.D.

Professor:

Ann Guthrie, M.D.
O. Wendall Hall, M.D.
Puru Thapa, M.D.

Assistant Professor:

Joe Alford, Ph.D.
Kara D. Belue, M.D.
Natalie Brush-Strode, M.D.
April Coe-Hout, Ph.D.
Megan Edwards, Psy.D.
Lisa Evans, Ph.D.
Robert Forrest, M.D.
Stacy McBain, M.D.
Raymond Molden, M.D.
Carl Reddig, Ed.D.
James Shea, M.D.
Rush Simpson, M.D.
Michelle Vanlandingham, M.D.

Adjunct Professor:

Brandon Wall , M.D.
Jennifer Whitmore, Ph.D.
Veronica Williams, M.D.
J. Thomas Sullivan, J.D.

CENTER FOR ADDICTION RESEARCH

Professor:

Alan Budney, Ph.D.
Alison Oliveto, Ph.D.
Catherine Stanger, Ph.D.

Assistant Professor:

Michael Mancino, M.D.
Maxine Stitzer, Ph.D.

BRAIN IMAGING RESEARCH CENTER

Professor:

Clint Kilts, Ph.D.

Assistant Professor:

Andy James, Ph.D.

VOLUNTARY ADULT FACULTY DIVISION

Associate Clinical Professor:

Philip Mizell, M.D.

Assistant Clinical Professor:

Gregory Krulin, M.D.

Clinical Instructor:

Ali M. Hashmi, M.D.

Residents

The UAMS Forensic Psychiatry Residency Program is currently approved for two full-time resident positions. Applicants to the program must have satisfactorily completed an ACGME-accredited general psychiatry residency to be considered for admission.

Selection Procedure

Program applicants must submit:

- A current CV
- At least three letters of reference, with one of them being from the general psychiatry residency training director stating date of completion (or anticipated date) and standing in the program (sent directly by the authors)
- An original copy of the applicant's medical school transcript (must be sent by medical school)
- ECFMG certificate (for foreign medical school graduates)
- A personal statement regarding the applicant's interest in the field of forensic psychiatry
- Two writing samples – preferably previous forensic evaluations such as competency to stand trial or insanity evaluations, but if applicants do not have previous forensic reports, then a copy of a discharge summary or a patient's evaluation would also be useful. Applicants may also include copies of any articles he or she has written.

The deadline for applications for the 2012-2013 academic year is December 1, 2011. Materials should be sent to the main office of the Forensic Psychiatry Residency Program at: 4301 W. Markham St #589, Little Rock, AR 72205. The application packet is reviewed by the Program Director when all of the above materials are received. Applicants who are selected for an interview will be contacted by phone at the number listed in their application packet unless they request notification by email. All interviewees will be given written notification of the terms, conditions, and benefits of appointment and employment on the day of the interview. Acceptance into the Forensic Psychiatry Residency Program is contingent upon the ability to obtain a valid Arkansas medical license.

The complete policy of the UAMS College of Medicine Graduate Medical Education Committee on recruitment and appointment of residents may be viewed online at www.uams.edu/gme/1.200.html.

Other Program Personnel

Office of Education Staff

Marcia Goodrich	Program Coordinator General Psychiatry Program	526-8148
Ashley Lavender	Program Coordinator Forensic Psychiatry Program	526-8159
LaTanya Poole	Education Coordinator	526-6161

UAMS Housestaff Office

Dwana McKay, Director	686-5356
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Arkansas State Hospital

Main number	686-9000
Judy Sipes, Medical Director's office	686-9354

Walker Family Clinic

Main number	526-8200
Program for Psychiatry and the Law	526-8159

Arkansas Department of Corrections

Bob Parker, PhD	(870) 267-6325
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Educational Program

Block Diagram of Rotation Schedule

6 Months	6 MONTHS
Inpatient Forensics—Arkansas State Hospital 35%	Inpatient Forensics—Arkansas State Hospital 45%
Outpatient Forensics—Arkansas State Hospital 40%	Outpatient Forensics—Arkansas State Hospital 50%
Correctional—Arkansas Department of Corrections 20%	Court Clinic—University of Arkansas for Medical Sciences Adult Psychiatry Outpatient Clinic 5%
Court Clinic—University of Arkansas for Medical Sciences Adult Psychiatry Outpatient Clinic 5%	

Work Hours/ Duty Hours

Work and duty hours are approximately 50 hours per week Monday through Friday with no call and no weekends.

Overview of Rotations

A. Arkansas State Hospital – Inpatient Forensics – Adult – Supervisors: Robert Forrest, MD, Raymond Molden, MD & Brian Rush Simpson, MD

Residents conduct forensic evaluations of Arkansas State Hospital forensic inpatients under the supervision of forensic psychiatry faculty. Evaluations include: competency to stand trial, responsibility for criminal actions, violence risk assessment, suitability for conditional release, and civil commitment evaluations. Residents also have responsibility for up to five inpatients who may be under orders to restore to competence and/or post acquittal patients. Residents each have one hour per week of individual case based supervision and teaching with one of the three faculty members mentioned. There is additional less formal teaching that occurs on a continuing basis. This includes supervision in forensic psychiatric evaluation, psychopharmacologic treatments, and the use of psychological, neurodiagnostic and other testing. Residents have the opportunity both to observe the court testimony of experienced psychiatrists, and also to testify themselves in court.

B. Arkansas State Hospital – Inpatient Forensics – Acute Adolescent and Adolescent Sexual Offender – Supervisor: Stacy McBain, MD

Residents are involved with the Adolescent Sexual Offender unit and attend a

multidisciplinary treatment team. During the team meetings, fellows are involved in discussions regarding progress and prognosis, modification of treatment, risk assessment, discharge planning and placement and assist in creating recommendations for adolescents and families regarding legal encumbrance and sexual offender registration. They gain experience in the appropriate use and interpretation of forensic testing as relates to juvenile sexual offenders. They gain experience in collaborating with other mental health specialties in developing forensic opinions for present and future dangerousness and assist in the coordination of the various state divisions related to juvenile sexual offenders. Residents also co-lead the relapse prevention group weekly. Residents will not have any responsibility for clinical care at this site. Residents each have two hours per month of individual supervision and teaching with the child and adolescent attending who is always available for less formal supervision on an ongoing basis. This includes supervision in forensic psychiatric evaluation, psychopharmacologic treatments, and the use of psychological, neurodiagnostic and other testing.

C. Arkansas State Hospital – Inpatient Forensics (Civil) – Consultation – Supervisors: Ben Guise, MD, Raymond Molden, MD, & Robert Forrest, MD

Residents may spend up to four hours per week responding to consults from the acute adult and adolescent units and the consult liaison service. Residents conduct consults related to the legal regulation of psychiatric practice. These include, but are not limited to issues of: civil commitment, confidentiality, refusal of treatment, decision-making capacity, and guardianship.

D. Arkansas State Hospital – Outpatient Forensics – Supervisors: Raymond Molden, MD, Robert Forrest, MD, & Brian Rush Simpson, MD

Residents conduct forensic evaluations of Arkansas State Hospital forensic outpatients under the supervision of forensic psychiatry faculty. Evaluations include: competency to stand trial and responsibility for criminal actions. Residents perform 1-2 forensic evaluations per week on an outpatient basis. Residents each have one hour per week of individual case based supervision and teaching with one of the four faculty members mentioned. There is continual less formal teaching both during the evaluation and report writing process. Residents both observe the court testimony of experienced psychiatrists and also testify themselves in court.

E. Arkansas Department of Correction–Special Programs Unit, – Supervisors: Robert Forrest, MD, & Raymond Molden, MD

Residents work conjointly with the attending psychiatrist during initial psychiatric evaluations to include assessments of dangerousness. In addition, they participate in medication checks for ongoing psychopharmacology cases, consult-liaison work with other units wherein medical issues are the primary focus of care, and medication review panel hearings regarding the involuntary administration of medications. Supervision is constant and ongoing with the attending psychiatrist.

F. University of Arkansas for Medical Sciences Adult Psychiatry Outpatient Clinic-Court Clinic – Supervisors: Ben Guise, MD

Residents on this service may conduct outpatient forensic evaluations concerning a wide variety of medico-legal issues within the civil and criminal law areas including: psychiatric evaluations of pre-trial defendants on issues of trial competency and criminal responsibility, psychiatric disability, compensability under state worker's compensation laws, guardianship issues, parental fitness, testamentary capacity, and other civil law matters. Residents receive at least one hour per week of individual supervision by the faculty psychiatrists during active cases. Involvement may include review of documents, interviews of outside informants, forensic examinations of evaluatees, consultation and discussion with referral source, report preparation, and court and deposition testimony. All training activities are conducted under the close supervision of the faculty psychiatrists. Dr. Sullivan is an expert in mental health law and serves as a consultant and resource.

SITE-SPECIFIC GOALS

See Appendix III for the UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows.

Arkansas State Hospital

- A. Develop expertise in performing a wide range of forensic psychiatric evaluations on inpatients with a great variety of psychiatric disorders and medico-legal involvements. These include evaluations which concern competency to stand trial, criminal responsibility, suitability for conditional release, civil commitment, right to refuse treatment, violence risk assessment, guardianship, and others. (Medical-Legal Knowledge, Interpersonal Communication, Systems-Based Practice)
- B. Participate in the education of general psychiatry residents and other mental health professionals and students. (Practice-Based Learning, Professionalism, Interpersonal Communication)
- C. Provide consultation to physicians, administration and staff of Arkansas State Hospital on medico-legal issues. (Systems-Based Practice, Interpersonal Communication)

Arkansas Department of Corrections

- A. Develop skills in the psychiatric evaluation of individuals in a correctional setting. The evaluation process will include diagnosis, assessment of dangerousness to self or others, and assessment as to housing needs within the institution and other dispositional matters. (Systems-Based Practice, Interpersonal Communication, Medical/Legal Knowledge)
- B. Develop expertise in the psychiatric treatment of correctional populations. (Patient Care)
- C. Develop an understanding of the role of correctional mental health care in the mental health-criminal justice process. (Systems-Based Practice, Medical/Legal Knowledge)

- D. Develop an understanding of the correctional institution as a social system influencing inmate behavior. (Systems-Based Practice)

Department of Psychiatry, Adult Outpatient Clinic

- A. Develop expertise in performing a wide range of forensic psychiatric evaluations on outpatient basis. (Systems-Based Practice, Professionalism, Medical/Legal Knowledge, Interpersonal Communication)
- B. Develop specific expertise in conducting fitness for duty evaluations. (Systems-Based Practice, Professionalism, Medical/Legal Knowledge, Interpersonal Communication)
- C. Develop expertise in conducting evaluations for the civil bar. (Systems-Based Practice, Professionalism, Medical/Legal Knowledge, Interpersonal Communication)

Scholarly Paper/Formal Presentation

Every resident is required to complete a scholarly paper (or equivalent) prior to graduating. The purpose of this requirement is to educate residents in critically reviewing the current psychiatric literature, as well as to offer residents the opportunity to submit papers for publication. We ask for scholarly literature reviews, reports of ongoing or completed research, or similar documents.

Residents may substitute for the scholarly paper a publication which is accepted and presented at a national meeting. This may include a poster, paper, presentation or workshop. If there is question as to the nature or quality of a “national” meeting, this must be approved by the Residency Education Director beforehand. Some examples of national meetings include, but are not limited to:

- APA – American Psychiatric Association
- AADPRT – American Association for Directors of Psychiatry Residency Training Programs
- AAP – Association for Academic Psychiatry
- AACAP – American Association for Child and Adolescent Psychiatry
- AAPL – American Academy of Psychiatry and the Law
- AAGP – American Association for Geriatric Psychiatry

Residents may also present at UAMS Psychiatry Grand Rounds as part of their Scholarly Project.

Education Policy Committee/Residency Education Committee for Forensic Psychiatry

The Forensic Residency Education Committee shall meet once monthly to consider business relating to the Forensic Psychiatry Residency Education Program. The members of this committee shall include the Residency Education Director, Assistant Education Director and Program Coordinator, Faculty Representatives from each of the major training sites and the current fellows. This committee shall be responsible for planning, developing, implementing,

and evaluating all significant features of the residency program including curricular goals and objectives and the selection of fellows. This committee will also specifically evaluate the residents, the teaching faculty, and the program (see below). This committee shall act as an advisory body to the Director of the Program and the Department Chair. The activities of the committee will also include, but not be limited to the following:

YEARLY FORENSIC RESIDENCY EDUCATION COMMITTEE CALENDAR

<p style="text-align: center;"><u>July</u></p> <p style="text-align: center;"><u>August</u> Report from fellow(s) regarding performance, problems and or any orientation issues Evaluate Teaching Staff</p> <p style="text-align: center;"><u>September</u> Discuss recruitment efforts Review Evaluations of Lectures Promotion Committee meets</p> <p style="text-align: center;"><u>October</u></p> <p style="text-align: center;"><u>November</u> Selection Committee meets</p> <p style="text-align: center;"><u>December</u> Selection Committee meets Promotion Committee meets</p>	<p style="text-align: center;"><u>January</u> Selection Committee meets</p> <p style="text-align: center;"><u>February</u> Discussion of PRITE results and program implications Selection Committee meets</p> <p style="text-align: center;"><u>March</u> Program Evaluation(Resident anonymous evals, Recorded Faculty Comments, Board pass rate) Promotion Committee meets</p> <p style="text-align: center;"><u>April</u> Review didactic schedules for the new year</p> <p style="text-align: center;"><u>May</u> Review Rotation Schedule</p> <p style="text-align: center;"><u>June</u> Discuss any new changes in rotations Promotion Committee meets</p>
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REC meetings are generally held on the first Monday of every month from 12:00 until 1:00 pm.

Note:

The Promotion Committee meets quarterly of each academic year (September, December, March, and June) to discuss fellows’ performance, competency, and professional growth. All REC faculty members are invited to attend.

The Selection Committee meets in November, December, January, and February to evaluate and select candidates for the fellowship program. All REC faculty members and fellows are invited to attend these meetings.

Evaluations

Faculty Evaluation of Residents

Forensic attendings submit quarterly evaluations of fellow performance for each rotation. These are discussed with the Residency Director at the required semi-annual review sessions.

Fellow Evaluation of Faculty and Program

Fellows complete evaluations of the rotations semi-annually. The program director formally shares direct feedback from fellows’ written evaluations to the faculty with respect to educational and supervisory issues. These evaluations are performed semi-annually and discussed in August at the forensic residency education meeting after the fellow(s) have been

dismissed from the meeting. Fellows are encouraged to give direct feedback. In addition to the feedback which occurs between teacher and student, each fellow meets semi-annually with the Director of Residency Education to discuss the fellow's performance and educational progress. The fellow is asked for direct feedback regarding faculty and the program at the semi-annual review.

At quarterly Promotion Committee (faculty members of the Residency Education Committee) meetings the fellows' academic progress and professional development is discussed.

Anonymous Evaluation Method

Anonymous Evaluations are performed by fellows annually. Items evaluated include the educational quality of the rotations, faculty, and program. Due to the size of the Forensic Psychiatry Fellowship, these evaluations are reviewed every 2 years.

Evaluation and Promotion Policy

The evaluation and promotion of residents is the responsibility of each Program Director and Departmental Chairperson. Each Program Director must establish and implement formal written criteria and processes for the evaluation and promotion of residents according to the procedure below. Faculty members and attending physicians evaluate the resident to determine progressive scholarship and professional growth in order to support increased responsibility of patient care. In some cases, other professional health care staff, peers and medical students also evaluate residents.

The Program Director must notify the Associate Dean for GME if he/she intends to non-reappoint or non-promote a resident. The Program Director must notify the resident of the decision to non-promote or non-reappoint by a written notice at least **four** months prior (usually March 1) to the expiration of the current period of appointment, regardless of PGY level of the resident. However, if the primary reason(s) for the non-reappointment occur(s) within the **four** months prior to the end of the current appointment, the resident will be provided with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the expiration of the current period of appointment. A resident involved in non-reappointment or non-promotion has a right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident Grievances.

The GMEC, through its internal review process, will monitor each program's written policies, procedures and guidelines for evaluation and promotion of its residents.

Evaluation Plan

Each residency program (includes fellowships) must have an effective plan for assessing resident performance throughout the program and for utilizing the results to improve resident performance. This plan should include:

1. The use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice,

2. Mechanisms for providing regular and timely performance feedback to residents that includes at least written semiannual evaluation that is communicated to each resident in a timely manner,
3. A process involving use of assessment results to achieve progressive improvements in residents' competence and performance,
4. The maintenance of a record of evaluation for each resident that is accessible to the resident.

Procedure

The Program Director, with participation of members of the teaching staff and Department Chair shall:

1. Communicate the written criteria and processes for evaluation and promotion to each resident;
2. Evaluate the knowledge, skills and professional growth of the residents, using appropriate written criteria and processes to determine advancement in the program. The methods of evaluation used to assess the knowledge, skills and professional growth in order to determine promotion may vary among the training programs;
3. Prepare a written semiannual evaluation, or more often as dictated by the residency review requirements;
4. Communicate each evaluation to the resident in a timely manner;
Advance the resident to a position of higher responsibility on the basis of satisfactory progressive scholarship and professional growth;
5. Maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel including the internal review panel;
6. Provide a written, final evaluation for each resident who completes the program as part of the resident's permanent record maintained by the department. The final evaluation must include a review of the resident's performance during the final period of education and should include the following statement signed by the program director: *"I verify that the resident has demonstrated sufficient professional ability, and therefore, should be able to practice competently and independently."*
7. Notify the Associate Dean for GME if he/she intends to non-promote or non-reappoint a resident.
8. Notify the resident of the decision to non-promote or non-reappoint by a written notice at least four months prior to the expiration of the current period of appointment unless the primary basis for such action occurs within the final four months of the current appointment.

Policy on Academic and Other Disciplinary Actions (Probation, Suspension and Dismissal)

Definitions

Probation: a trial period in which a resident is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the program.

Suspension: a period of time in which a resident is not allowed to take part in all or some of the activities of the program. Time spent on suspension may not be counted toward the completion of program requirements.

Dismissal: the condition in which a resident is directed to leave the residency program, with no award of credit for the current year, termination of the resident's Agreement of Appointment, and termination of all association the University of Arkansas for Medical Sciences College of Medicine and its participating teaching hospitals.

Policy

Each Program Director, in consultation with the Departmental Chairperson and Departmental Education Committee, must implement written criteria and processes for academic and other disciplinary actions within the program including, but not limited to, probation, suspension and dismissal from the residency program. The specific actions of probation, suspension, and dismissal must follow the guidelines listed below. The particular administrative action imposed shall be based on individual circumstances and will not necessarily follow the sequential order in which they are described below. A resident involved in any of the actions of probation, suspension, dismissal has the right to appeal according to the GMEC Policy, 1.410, Adjudication of Resident Grievances..

Procedure

Probation

1. A resident may be placed on probation by a Program Director for reasons including, but not limited to any of the following:
 - a) failure to meet the performance standards of an individual rotation;
 - b) failure to meet the performance standards of the program;
 - c) failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, or the participating institutions
 - d) misconduct that infringes on the principles and guidelines set forth by the training program;
 - e) documented and recurrent failure to complete medical records in a timely and appropriate manner;
 - f) when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program.
2. When a resident is placed on probation, the Program Director shall notify the resident in writing in a timely manner, usually within a week of the notification of probation. The written statement of probation will include a length of time in which the resident must correct the deficiency or problem, the specific remedial steps and the consequences of non-compliance with the remediation.

3. Based upon a resident's compliance with the remedial steps and other performance during probation, a resident may be:
 - a) continued on probation;
 - b) removed from probation;
 - c) placed on suspension; or
 - d) dismissed from the residency program.

Suspension

1. A resident may be suspended from a residency program for reasons including, but not limited, to any of the following:
 - a) failure to meet the requirements of probation;
 - b) failure to meet the performance standards of the program;
 - c) failure to comply with the policies and procedures of the GME Committee, the UAMS Medical Center, or the participating institutions;
 - d) misconduct that infringes on the principles and guidelines set forth by the training program;
 - e) documented and recurrent failure to complete medical records in a timely and appropriate manner;
 - f) when reasonably documented professional misconduct or ethical charges are brought against a resident which bear on his/her fitness to participate in the training program;
 - g) when reasonably documented legal charges have been brought against a resident which bear on his/her fitness to participate in the training program;
 - h) if a resident is deemed an immediate danger to patients, himself or herself or to others;
 - i) if a resident fails to comply with the medical licensure laws of the State of Arkansas.
2. When a resident is suspended, the Program Director shall notify the resident with a written statement of suspension to include:
 - a) reasons for the action;
 - b) appropriate measures to assure satisfactory resolution of the problem(s);
 - c) activities of the program in which the resident may and may not participate;
 - d) the date the suspension becomes effective;
 - e) consequences of non-compliance with the terms of the suspension;
 - f) whether or not 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.

A copy of the statement of suspension shall be forwarded to the Associate Dean for Graduate Medical Education and the Director of Housestaff Records.

3. During the suspension, the resident will be placed on "administrative leave", with or without pay as appropriate depending on the circumstances.
4. At any time during or after the suspension, resident may be:
 - a) reinstated with no qualifications;
 - b) reinstated on probation;
 - c) continued on suspension; or
 - d) dismissed from the program.

Dismissal

1. Dismissal from a residency program may occur for reasons including, but not limited to, any of the following:
 - a) failure to meet the performance standards of the program;
 - b) failure to comply with the policies and procedures of 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, if required by the individual residency program.
2. The Program Director shall contact the Associate Dean for GME and provide written documentation which led to the proposed action.
3. When performance or conduct is considered sufficiently unsatisfactory that dismissal is being considered, the Program Director shall notify the resident with a written statement to include:
 - a) reasons for the proposed action,
 - b) the appropriate measures and timeframe for satisfactory resolution of the problem(s).
4. If the situation is not improved within the timeframe, the resident will be dismissed.
5. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct including, but not limited to theft of money or property; physical violence directed at an employee, visitor or patient; use of, or being under the influence of alcohol or controlled substances while on duty, patient endangerment, illegal conduct.
6. When a resident is dismissed, the Program Director shall provide the resident with a written letter of dismissal stating the reason for the action and the date the dismissal becomes effective. A copy of this letter shall be forwarded to the Associate Dean for GME and the Director of Housestaff Records.

Objectives and Criteria for Graduation

Criteria for graduation include successful completion of objectives set forth in all essential teaching rotations in the Forensic Psychiatry Residency Manual. Fellows must successfully complete all fellowship assignments for the prescribed 12 months of education as dictated by the Residency Review Committee for Forensic Psychiatry. Fellows must satisfactorily demonstrate competency as defined by the ACGME and measured by the fellowship. This includes any mechanism for measuring competencies, such as portfolios, 360° evaluations or any other means that the fellowship uses for evaluation purposes.

The training objectives for graduation are reached when a fellow is viewed as a solid clinician, able to use current literature, and able to negotiate a forensic psychiatric practice. This includes demonstrated competency in the ACGME competency areas. The faculty on the Residency Education Committee (REC), the residency director, and the Chairman determine resident promotions.

General Competencies

At its February 1999 meeting, the ACGME endorsed general competencies for residents in the areas of:

- patient care,
- medical knowledge,
- practice-based learning and improvement,
- interpersonal and communication skills,
- professionalism, and
- systems-based practice.

Identification of general competencies is the first step in a long-term effort designed to emphasize educational outcome assessment in residency programs and in the accreditation process. During the next several years, the ACGME's Residency Review and Institutional Review Committees will incorporate the general competencies into their Requirements. The following statements will be used as a basis for future Requirements language. If you have any questions, comments and other requests for assistance, please address them to outcomes@acgme.org.

ACGME GENERAL COMPETENCIES Vers. 1.3
(9.28.99)

The residency program must require its residents to develop the competencies in the six areas below to the level expected of a new practitioner. Toward this end, programs must define the specific knowledge, skills, and attitudes required and provide educational experiences as needed in order for their residents to demonstrate the competencies. See Appendix III for the UAMS Department of Psychiatry Plan to Meet the ACGME General Competencies for Forensic Residents.

PATIENT CARE

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

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans
- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and invasive procedures considered essential for the area of practice

- provide health care services aimed at preventing health problems or maintaining health
- work with health care professionals, including those from other disciplines, to provide patient-focused care

MEDICAL KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

- demonstrate an investigatory and analytic thinking approach to clinical situations
- know and apply the basic and clinically supportive sciences which are appropriate to their discipline

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- analyze practice experience and perform practice-based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- use information technology to manage information, access on-line medical information; and support their own education
- facilitate the learning of students and other health care professionals

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

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

SYSTEMS-BASED PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities
- know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

<http://www.acgme.org/http://www.acgme.org/>
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General Information

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. Please see Appendix II for a sample contract.

Due Process

Procedure for raising concerns in a confidential and protected manner

If the issue is of such a nature that it cannot be discussed at the program level or the resident desires additional discussion, the resident should follow the following procedure:

- 1) The resident contacts either the Associate Dean for GME or a member of the Resident Council.
- 2) If the resident wishes assistance from the Resident Council, the following steps should be followed:
 - a) The resident should contact at least two members of the Resident Council to schedule a meeting to discuss the problem confidentially.
 - b) The Resident Council members will meet with the resident and offer advice on how to resolve or handle the problem and if further steps are necessary. Based on the discussion and advice at this meeting, the resident may resolve the problem, and no further action is necessary.
 - c) If the resident's problem cannot be resolved or is of such a nature that further information is needed, the Resident Council members should discuss the problem with the Associate Dean for GME or the GMEC Chair.
 - d) In order to ensure easy access to Resident Council members, they are posted in the Resident Handbook on the GME website
- 3) The procedure for resolution will vary depending on the type of issue:
 - a) For issues related to general work environment, the Associate Dean for GME or Resident Council may discuss the issue and make recommendations for resolution through the GMEC.
 - b) Issues related to disciplinary action will be addressed according to the procedure outlined in the GMEC policy on Academic and Other Disciplinary Actions (Probation, Suspension and Dismissal).
 - c) Issues related to maltreatment will be addressed according to the procedure outlined in the GMEC policy on Appropriate Treatment of Residents in an Educational Setting.
 - d) Should a resident believe that a rule, procedure, or policy has been applied to him/her in an unfair or inequitable manner or that he/she has been the subject of unfair or improper treatment, the resident should refer to the GMEC policy on Adjudication of Resident Complaints and Grievances.

- 4) Discussions and recommendations by the Resident Council and/or the GMEC are confidential to the extent authorized by law and handled in a manner to protect the resident.

Duty Hours and Work Environment

In compliance with the UAMS COM GME Committee policies on duty 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:

Duty Hours

1. Duty hours are limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. Residents are provided one day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
3. In order to ensure adequate time for rest and personal activities, a 10-hour time period is provided between daily duty periods and after in-house call.

On-Call Activities

The goal of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period.

1. In-house call:

- a. Occurs no more frequently than every third night, averaged over a four-week period.
- b. On psychiatry rotations, in-house call will occur no more frequently than every fourth night, averaged over a four week period.
- c. Does not exceed 24 consecutive hours of continuous on-site duty. However, residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity care.
- d. No new patients, defined as any patient not on the resident's service prior to the present 24-hour continuous duty period, may be accepted after 24 hours of continuous duty.

2. At-home call (pager call):

- a. The frequency of at-home call is not subject to the every third night limitation.
- b. Residents taking at-home call are provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period.
- c. When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.
- d. The Program Director and the teaching faculty will monitor the demands of at-home call and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

The resident is expected to be on duty during normal working hours, as established by each rotation, Monday through Friday. Additional duty hours include on-call duties. Night, weekend and holiday call schedules are formulated by the chief resident and depend 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.

Forensic Fellows do not have any call responsibilities.

Work Environment

1. **Meals:** food is available for those residents who provide 12 consecutive hours of in-house call.
2. **Call rooms:** call rooms are provided for all residents who take in-house 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.

Holidays

Official UAMS holidays are:

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

ID Badges

Each house officer will be furnished with an ID badge.

Leave

Professional / Educational Leave

Time spent attending meetings or taking Board examinations or other examinations will not be counted as vacation if the activity is sanctioned by the home department.

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 resident's immediate supervisor(s), and the Director of the Forensic Residency Program **prior** to attending 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 in the Education Office

If you are traveling on departmental business which will require reimbursement from the department, please tell the Education Office your departure and return dates, hotel information, etc., BEFORE you begin your trip. Upon return, all ORIGINAL RECEIPTS must be submitted to the Education Office. 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 Office of Education. If you have a planned medical leave or appointment, a standard leave form should be submitted prior to the leave for planning purposes.

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.

Vacation

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.

Effect of Leave on Completion of Training

Resident physicians are in the unique position of having a role as students and employees. Although brief periods of leave can usually be accommodated, extended absences from the residency (fellowship) program for any reason may adversely affect both the resident's completion of the educational program on schedule and the program's responsibilities for patient care, allocation of clinical teaching opportunities and funding for resident stipends. Most specialty boards specify a minimum number of weeks of education (or training) that must be completed for a resident to receive credit for the educational (or training) time. The resident must take into account these factors when requesting extended periods of leave from the program.

Library

The UAMS Library is housed in the Education II Building and occupies space on three levels with the Audio-Visual Library on 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.

A small library is located on the first floor of Building 170 at the Ft. Roots (NLR) V.A.; computer search facilities are available free of charge.

The Department of Psychiatry houses a small library of key textbooks and journals in the Psychiatry Administration building. In addition, the department's audio-visual library contains over 700 psychiatry-related audio cassettes and videotapes.

Mailboxes

Mailboxes are located in the Education Office. You are expected to retrieve your mail at least weekly.

Pagers

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 may be expected to reimburse the Department.

Parking

UAMS – All members of the house staff are granted parking privileges in the parking deck. A card key to operate the parking gate can be obtained from the Traffic Office (686-5856).

Arkansas State Hospital – general employee parking permits can be obtained from the ASH administration.

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 Education Office in the Psychiatry Administration building at 3916 Capitol Ave (Trailer 5). Direct deposit to the bank of your choice is also available.

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. Moonlighting is not covered by residency liability insurance.

Resident Participation in Nondepartmental Activities

When engaged in nonremunerative activities in which a resident might be reasonably perceived by the public to represent UAMS or the Department of Psychiatry, advance clearance from the Residency Director is required.

Supervision

Fellows are required to receive at least two hours of direct supervision on all rotations one hour of which is one to one with attendings.

All supervisory assignments are evaluated by both supervisors and fellows.

The Department of Psychiatry Forensic Residency Education Program is committed to promoting patient safety and fellow well-being and to providing a supportive educational environment. Didactic and clinical education activities have priority in the allotment of fellows' time and energy. The learning objectives of the program will not be compromised by excessive reliance on fellows to fulfill service obligations. Duty hour assignments are made with the recognition that faculty and fellows collectively have responsibility for the safety and welfare of patients. In compliance with the UAMS COM GME Committee policy on Fellow Supervision, the following guidelines are followed for supervision of the care of patients and backup support:

1. Qualified faculty physicians supervise all patient care and their schedules are structured so that adequate supervision is available at all times.
2. Attending faculty physician supervision is provided appropriate to the skill level of the fellows on the service/rotations.
3. Specific responsibilities for patient care are included in the written description of each service/rotation; this information is reviewed with the fellow at the beginning of the service/rotation. The site director is ultimately responsible for supervision occurring at his/her site. The faculty physician oversees the entire team and is available at all times in person, by telephone or beeper.
4. Rapid, reliable systems for communication with supervisory physicians are available.
5. The following procedure is followed to address fatigue of the resident:
 - a. Any faculty or fellow who notices fatigue sufficient to negatively affect the performance of a fellow via their training will notify the chief fellow who will then contact and arrange for a backup person to relieve the fellow in consultation with the Program Director.
 - b. The Program Director determines when the fellow should return to the education program.
 - c. The Program Director notifies the attending faculty physician about these arrangements.
 - d. Fellows are required to take the "Sleep, Alertness and Fatigue Education in Residency" (SAFER) educational module in WebCT at the beginning of residency.
 - e. Faculty are given instruction in fatigue via educational materials which are distributed by the Office of Education.

Suicide by a Patient

The following are **UAMS** 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), the Residency 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 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.

Website

The address to access our department's website is: www.uams.edu/psych .
This site contains information on our faculty, residency programs, calendar of events, and other items of interest.

Appendix I - Didactics Schedule

Special Sessions: Orientation	July 5 Fitness to Proceed Evaluations MOLDEN History of the Insanity Defense and Criminal Responsibility MOLDEN July 6 Malingering FORREST Forensic Report Writing FORREST These lectures also to meet requirements of DBHS certification	
Jul 8 11: Special Sessions	DBHS Forensic Examiner Training and Certification SIMPSON	
	Session 1: 10-11 AM	Session 2: 11-Noon
Jul 15 11	Ethics, Roles & Responsibilities of Forensic Psychiatry KITRELL	Landmark Case Conference: Competency to Stand Trial Dusky v. U.S. Wilson v. U.S. Jackson v. U.S.
Jul 22 11	Dangerousness & Safe Release of Acquittes SIMPSON	Landmark Case Conference: Competency to Stand Trial Seiling v. Eyman Godinez v. Moran Cooper v. Oklahoma
Jul 29 11	JOURNAL CLUB ROCHO	Landmark Case Conference: Insanity Defense M'Naghten's Case Durham v. U.S. Washington v. U.S.
Aug 5 11	Philosophy & Fundamentals of the law; Overview of the US Legal System KING	
Aug 12 11	Correctional Psychiatry GUISE	Landmark Case Conference: Prisoners' Rights Estelle v. Gamble Vitek v. Jones Baxstrom v. Harold Farmer v. Brennan
Aug 19 11	Juvenile Justice System CASEY BEARD	Landmark Case Conference: Insanity Defense Frendak v. U.S. Jones v. U.S. Foucha v. Louisiana Ake v. Oklahoma
Aug 26 11	Criminal Law Overview & Outline of Evidence, Admissibility of Expert Opinion KING	

	Session 1: 10-11 AM	Session 2: 11-Noon
Sep 2 11	The Role of Psychological Testing WHITMORE	CASE CONFERENCE FELLOW
Sep 9 11	Criminal Procedure & Constitutional Protections Blake Byrd	Landmark Case Conference: Defendant's Rights Colorado v. Connelly North Carolina v. Alford Riggins v. Nevada Sell v. US
Sep 16 11	Legal Research & Civil Procedure STROCK	
Sep 23 11	JOURNAL CLUB FELLOW	Landmark Case Conference: Assisted Suicide & Right to Die Vacco v. Quill Washington v. Glucksberg Cruzan v. Director
Sep 30 11	Family Law & Rights STROCK	Tort Law STROCK
Oct 7 11	Testifying in Court KITRELL	Landmark Case Conference: Frye v. US Daubert v. Merrell GE v. Joiner Kumho Tire v. Carmichael
Oct 14 11	Diminished Capacity & Evals in Aid of Sentencing FORREST	Landmark Case Conference: Diminished Capacity Defense People v. Patterson Ibn-Tamas v. U.S. Montana v. Egelhoff
Oct 21 11	MOCK TRIAL	
Oct 28 11	AAPL Meeting	
Nov 4 11	Mental Health Malpractice MOLDEN	Landmark Case Conference: Malpractice Liability Roy v. Hartogs Clites v. Iowa Aetna v. McCabe Mazza v. Huffaker
Nov 11 11	Veteran's Day Holiday	

	Session 1: 10-11 AM	Session 2: 11-Noon
Nov 18 11	JOURNAL CLUB FACULTY/FELLOW	Landmark Case Conference: Informed Consent Canterbury v. Spence Kaimowitz v. Michigan DMH Truman v. Thomas
Nov 25 11	Thanksgiving Holiday NO LECTURES	
Dec 2 11	Adult Sex Offender STANLEY	Landmark Case Conference: Sex Offenders Kansas v. Hendricks In re Young & Cunningham Kanas v. Crane
Dec 9 11	Confidentiality & Duty to Protect KITTRELL	Landmark Case Conference: Duty to Protect Tarasoff v. Regents Lipari v. Sears Jablonski v. U.S. Naidu v. Laird
Dec 16 11	CASE CONFERENCE FACULTY/FELLOW	Landmark Case Conference: Sex Offenders Specht v. Patterson Allen v. Illinois
Dec 23 11	Winter Holiday NO LECTURES	
Dec 30 11	Winter Holiday NO LECTURES	
Jan 6 12	Civil Competence & Testamentary Capacity SIMPSON	Landmark Case Conference: Emotional Harm Dillon v. Legg Carter v. General Motors
Jan 13 12	Mental Health Disability Evaluation KITTRELL	Landmark Case Conference: Substance Abuse & Crime Robinson v. California Powell v. Texas
Jan 20 12	Confession & Testimonial Capacity FORREST	Landmark Case Conference: Death Penalty Payne v. Tennessee Estelle v. Smith Barefoot v. Estelle
Jan 27 12	JOURNAL CLUB FACULTY/FELLOW	Landmark Case Conference: Death Penalty Ford v. Wainright State v. Perry
Feb 3 12	Death Penalty SULLIVAN	

	Session 1: 10-11 AM	Session 2: 11-Noon
Feb 10 12	Right to Treatment GUISE	Landmark Case Conference: Right to Treatment Rouse v. Cameron Wyatt v. Stickney Donaldson v. O'Connor Youngberg v. Romeo
Feb 17 12	Right to Refuse Treatment GUISE	Landmark Case Conference: Right to Refuse Treatment Rennie v. Kline Rogers v. Commissioner Washington v. Harper
Feb 24 12	CASE CONFERENCE FELLOW/FACULTY	Landmark Case Conference: Right to Refuse Treatment App. Of Pres & Directors of Georgetown Super. Of Belchertown v. Saikowitz Guardianship of Richard Roe, III
Mar 2 12	Americans with Disabilities Act & Fitness for Duty Evals HINTON	Landmark Case Conference: Disabilities Bragdon v. Abbott Pennsylvania v. Yesky Olmsted v. LC ex rel Zimring
Mar 9 12	Psychological Injury HINTON	Landmark Case Conference: Sexual Harrassment Meritor Savings Bank v. Vinson Harris v. Forklift Systems Oncale v. Sundowner Offshore
Mar 16 12	Voluntary & Involuntary Admission GUISE	Landmark Case Conference: Civil Commitment Lessard v. Schmidt O'Connor v. Donaldson Addington v. Texas Parham v. JR & JL Zinermon v. Burch
Mar 23 12	Assessment of Stalking STANLEY	JOURNAL CLUB FELLOW/FACULTY
Mar 30 12	Domestic Abuse (child, spouse, Elder) STANLEY	Landmark Case Conference: Child Abuse State v. Andring DeShaney v. Winnebago Landeros v. Flood People v. Stritzinger

	Session 1: 10-11 AM	Session 2: 11-Noon
Apr 6 12	Legal Regulation of Medicine & Psychiatry HINTON	Landmark Case Conference: Confidentiality & Privilege Lifschutz, In Re Whalen v. Roe Doe v. Roe Commonwealth v. Kobrin Jaffee v. Redmond
Apr 13 12	Managed Care & ERISA MCBAIN	Landmark Case Conference: Managed Care Aetna Health v. Davila Concoran v. United Healthcare Dukes v. U.S. Healthcare NYS Conf. of B.C. & B. S. Plans, et al., v. Travelers
Apr 20 12	Memory and Eyewitness Testimony HINTON	Landmark Case Conference: Hypnosis State v. Hurd People v. Shirley Rock v. Arkansas
Apr 27 12	CASE CONFERENCE FELLOW/FACULTY	
May 4 12	Memory & the Child Witness MCBAIN	Landmark Case Conference: Juvenile Rights Board of Education v. Rowley Irving Independent School District v. Tatro Gault, In Re Roper v. Simmons
May 11 12	Child Custody & Parental Rights Termination Evaluation MCBAIN	Landmark Case Conference: Child Custody Painter v. Bannister Santosky v. Kramer
May 18 12	Custody Issues: Conservators & Guardianships MCBAIN	
May 25 12	JOURNAL CLUB FELLOW/FACULTY	
Jun 1 12	Juvenile delinquency & Assessment MCBAIN	
	Session 1: 10-11 AM	Session 2: 11-Noon
Jun 8 12	Adolescent Sex Offenders & Violent Offenders: Assessment MCBAIN	
Jun 15 12	Adolescent Sex Offenders & Violent Offenders: Treatment MCBAIN	
Jun 22 12	CASE CONFERENCE ALL FELLOWS	

Appendix II – Sample Resident Contract

University of Arkansas for Medical Sciences
Little Rock, Arkansas

RESIDENT AGREEMENT of APPOINTMENT

Agreement made this _____ day of _____, 2008 by and between the University of Arkansas for the University of Arkansas for Medical Sciences (“UAMS”) and Dr. _____ (“Resident”).

In consideration of the promises, conditions, and undertakings hereinafter contained, the parties agree as follows;

- I. Resident is hereby appointed to a position as Resident in _____ for a period beginning _____ and ending _____. UAMS, through this appointment, agrees to provide:
 1. Supervised instruction and experience in keeping with the standards established by the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties with the understanding that the hours of duty and the content of the educational phase of the residency, including the duration and sequence of assignments to clinical, laboratory or ambulatory care facilities are determined by the Program Director. In addition, the Program Director will determine the length and scheduling of vacation periods. Information concerning vacation time will be made available to the resident at the beginning of the academic year.
 2. A total of five (5) laboratory coats during the entire training period; no laundry services are provided.
 3. Food and call rooms while performing in-house call;
 4. Professional liability insurance coverage and legal defense protection against awards, including “tail coverage”, will be provided in an amount and with coverage to be determined by UAMS for acts or omissions of the Resident in the scope and course of his or her duties hereunder and the provisions applicable to such coverage are contained in the insurance contract;
 5. A stipend of \$ _____ for the year of this contract; For returning residents, failure to complete Annual GME Survey and/or web based courses could revert stipend to last year’s value.
 6. A. Medical, Dental, Basic Life, and Basic Long Term Disability insurance coverage as described in the UAMS Office of Human Resources Benefits for Housestaff document included with this agreement. Medical Insurance takes effect the first day of the training program, provided the Resident submits the required enrollment forms to Human Resources within their first 31 days of initial appointment to the training program.
B. Basic Housestaff Long Term Disability insurance coverage. The Resident shall participate and shall enroll at the time of registration and appointment to the training program.
 7. Professional, parental, and sick leave as specified in the policies of the Graduate Medical Education Committee and contained in the College of Medicine Resident Handbook;
 8. Access to counseling, medical, and psychological support services in accordance with the provisions of, and subject to the limitations of, the UAMS Medical Benefit Plan, the UAMS Employee Assistance Program, and the UAMS Employee Health/Student Preventive Health Services. Questions concerning such services should be directed to the Program Director, the Associate Dean for Graduate Medical Education of the College of Medicine or the UAMS Office of Human Resources.
 9. A certificate for the appropriate period of satisfactory Residency performance;
 10. The Resident will be accorded due process consistent with applicable policies and procedures of UAMS, the College of Medicine and the Department in which the Resident is appointed. These policies and procedures include: grievance, promotion/non-promotion, work environment, and harassment are included with this agreement.
- II. The Resident, through this appointment, agrees or understands:
 1. That this appointment is conditioned upon successfully passing a pre-employment drug screen in accordance with the UAMS Drug Testing Policy (Policy 3.1.14). Further, initial appointments are conditioned upon completion of a satisfactory criminal background check and authorization by the relevant residency program. In cases where employment may have been initiated prior to the criminal background check, the University reserves the right to determine the residents’ suitability for continued employment.
 2. To accept the provisions described above and set forth hereinafter;
 3. To complete and return all forms in the registration packet prior to the appointment period;

4. To comply with all terms and conditions of appointment and all policies of UAMS, the College of Medicine, the Graduate Medical Education Committee and any facility or department to which Resident is assigned or in which Resident is working. All policies of the Graduate Medical Education Committee contained in the College of Medicine Resident Handbook, including the policies on physician impairment and substance abuse, evaluation and promotion, duty hours, moonlighting, other professional activities outside the program, sick leave, vacation, parental leave, accommodation for disabilities, are included with this agreement;
 5. To comply with the College of Medicine's and the program's duty hour policies and accurately report duty hours;
 6. To complete all medical records according to the Rules and Regulations of the participating hospitals;
 7. To complete the Annual Graduate Medical Education Survey and assigned web-based educational modules;
 8. To participate in providing appropriate medical care for all assigned patients;
 9. Not to accept fees from patients;
 10. Not to engage in employment outside the residency program without the written approval of the Program Director.
 11. That this agreement may be terminated for cause in accordance with the procedures set out in the policies of the Graduate Medical Education Committee of the College of Medicine as may be changed or supplemented from time to time by the Graduate Medical Education Committee. Any such changes or supplements during the period of this agreement shall become effective when promulgated or adopted by the Graduate Medical Education Committee and when notice thereof has been furnished the Resident;
 12. That he/she is free of any conflicting obligation(s) during the period of appointment;
 13. That the appointment herein is for the period indicated and on the terms and conditions set forth hereinabove and any subsequent appointment for additional periods of residency education are wholly within the discretion of the Program Director and/or the Chairman of the resident's program. In the event Resident is not to be appointed for a subsequent period, Resident will be furnished written notice of non-reappointment at least four (4) months prior to the expiration of the period of this appointment, provided, however, that in no event shall the failure to furnish such notice operate to extend this appointment or to confer any rights upon the resident to a subsequent appointment.
 14. To conduct himself/herself in accordance with the laws and regulations that applies to compliance matters and to report any information of possible wrongdoings, errors or violations of the law to the FGP compliance Officer.
- III. Licensure. Resident represents that he or she has been awarded the M.D. degree and has completed, or will complete, the requirements for licensure in Arkansas. If Resident is unable to affirm the foregoing, reasons therefore are stated in a written attachment to this Agreement.
- IV. Entire Agreement – Arkansas Law Controls. This Agreement is executed in the State of Arkansas and shall be interpreted in accordance with Arkansas law. This agreement shall not be amended, changed or modified except by an Agreement in writing signed by all parties.

IN WITNESS WHEREOF, the parties have executed this agreement on the date and year first above written.

UNIVERSITY OF ARKANSAS FOR THE
UNIVERSITY OF ARKANSAS FOR
MEDICAL SCIENCES

RESIDENT

Dean for Graduate Medical Education
Date: _____

Resident
Date: _____

Residency Program Director
Date: _____

University of Arkansas for Medical Sciences
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES

Request for Vacation, Educational, and Planned Sick Leave

Resident: _____ Date: _____
(Print Name)

I request _____ days. Leave Date(s): _____

<u>Type of Leave</u>	<u>Total days taken Before this request</u>	
_____ Vacation	_____	
_____ Educational leave	_____	_____
_____ Planned Sick Leave		_____ Name of Conference, Exam, etc.

Rotation Responsibilities:

_____ has agreed to cover my rotation assignment and my supervisor has this information.

Call Schedule Responsibilities:

_____ I am not on call.

_____ will be on call in my place and I have notified the Chief Resident.

Outpatient Responsibilities (PGY 2, 3, 4):

_____ I have notified the clinic secretary.

_____ I have informed my patients as appropriate.

_____ has agreed to cover my out-patient needs.

Approval of request:

_____ Date: _____
(Supervisor's(s') Signature(s))

(Supervisor's(s') Name(s) PRINTED)

Return completed form to Ashley Lavender

Rev. 6/09

Signature of Residency Program Director or Designee

DIDACTIC EVALUATION FORM

PRESENTATION EVALUATED _____
DATE: _____ **PRESENTATION SPEAKER:** _____

This questionnaire gives you the opportunity to provide feedback on various aspects of didactic activities. This information will be used to guide scheduling of presentations in the future. Please answer all questions, if applicable, and make appropriate comments.

Circle a number under each column that best describes your degree of agreement or disagreement with each statement.

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
This presentation provided material beneficial to you (applied to patient care)	1	2	3	4	5
This presentation was appropriate to your education level	1	2	3	4	5
The material was presented in a stimulating manner.	1	2	3	4	5
This presentation should be given to future residents	1	2	3	4	5
The material should be given to future residents by the same presenter	1	2	3	4	5
The presenter was knowledgeable about the subject material	1	2	3	4	5
Questions were allowed and answered appropriately	1	2	3	4	5
An appropriate amount of time was provided for the topic	1	2	3	4	5
Handout materials were helpful	1	2	3	4	5

COMMENTS:

Return form to Ashley Lavender, UAMS Slot 589

Appendix IV – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

PATIENT CARE

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Demonstrate ability to treat patients in inpatient forensic settings and/or corrections	Establish rapport and gather information Consider differential diagnosis in context of setting including consideration of secondary gain issues Formulate a treatment plan considering biopsychosocial factors	Supervision at ASH and Corrections while delivering patient care	Ongoing	Direct feedback from forensic faculty	Ongoing	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	ASH ADC
Demonstrate ability to gather information from all pertinent sources in the evaluation of forensic issues including working use of relevant psychological testing	Demonstrate effective interaction with mental health and legal entities.	Supervision by forensic faculty while producing forensic evaluations Didactics	Ongoing	Direct feedback from forensic faculty during forensic evaluations	Ongoing	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review Multi-Rater evaluation	ASH
Demonstrate ability to create reasonable and justifiable forensic opinions (including risk assessments) and support/defend them.	Write, review, and edit forensic reports	Supervision by forensic faculty while producing forensic evaluations Didactics	Ongoing	Direct feedback from forensic faculty during forensic evaluations	Ongoing	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	ASH

Appendix III – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

Medical Knowledge

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Demonstrate knowledge of legal rules and concepts and relevant case law	Utilize medical knowledge and legal parameters in decision making in the areas of: - Patient care - Forensic evaluation	Law Seminar Landmark Case Conference (conducted by Fellows)	Weekly Didactic for 2 months Ongoing	Direct feedback from forensic faculty	Ongoing	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	Didactics/ASH

Appendix III – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

Practice-Based Learning and Improvement

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Facilitate learning of students, health care professionals, and legal professionals	Gain Experience in practical teaching	Teaching residents on Unit 3 Upper at ASH	Every 6 weeks	Direct feedback from 3 Upper attending	Ongoing	Direct feedback from 3 Upper attending	ASH
		Teaching residents & medical student didactics	10 lectures per year	Didactic lecture evaluations	Per lecture	Didactic lecture evaluations	
		Serving as upper level resident for a general resident doing forensic electives	Variable	Evaluation from resident doing elective	Per elective	Evaluation from resident doing elective	
		In-service to prison staff	Yearly	Direct feedback from forensic faculty	Yearly	Direct feedback from forensic faculty	
		Co-teach Psychiatry and Law course at Law School	Weekly for two months a year	Direct feedback from forensic faculty and Law School faculty	Yearly	Direct feedback from forensic faculty and Law School faculty	UALR School of Law
Demonstrate ability to obtain and critically evaluate and apply relevant medical and legal literature	Access and utilize medical literature	Scholarly Product	Ongoing	Direct feedback from forensic faculty	Ongoing	Direct feedback from forensic faculty	
		Didactics	Two lectures per year			Quarterly global evaluations and semi-annual review	
	Access and utilize legal literature	Landmark Case Conference	Ongoing				

Appendix III – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

Professionalism

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Demonstrate an understanding of ethical precepts and rules when interacting with evaluatees, lawyers, and the community	Obtain appropriate consents with attention to conflicts of interest and confidentiality	Didactics	Ongoing	Direct feedback from forensic faculty	Ongoing	Direct feedback from forensic faculty	ASH
	Manifest appreciation of roles in a variety of settings	Management of cases in various settings	Ongoing				
Manifest continued intellectual integrity in rendered opinions with the recognition of bias and conflicts	Create reports with sound and just reasoning	Discussion of forensic reports with forensic faculty	Ongoing	Direct feedback from forensic faculty	Ongoing	Direct feedback from forensic faculty	ASH
		Case Conference	Quarterly	Direct feedback from forensic faculty	Quarterly	Direct feedback from forensic faculty	

Appendix III – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

Interpersonal and Communication Skills

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Demonstrate abilities to understand patients and evaluatees utilizing verbal and nonverbal information	Demonstrate establishment of working alliance with patients and evaluatees	Supervision by forensic faculty	Ongoing	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	Ongoing Quarterly	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	ASH
Communicate effectively with legal professionals and the court	Create reports that are complete, clear, concise, and reveal sound reasoning Demonstrate ability to give court testimony effectively as an expert witness	Supervision by forensic faculty while producing forensic reports Testifying in court on various types of cases	Ongoing Ongoing as called	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review Observation by forensic faculty in courtroom	Ongoing Quarterly Ongoing as called	Direct feedback from forensic faculty, Multi-Rater evaluation Quarterly global evaluations and semi-annual review Direct feedback from forensic faculty	ASH

Appendix III – UAMS Department of Psychiatry Forensic Fellowship Goals and Objectives for the ACGME General Competencies for Forensic Fellows

Competency:

Systems-Based Practice

Required Skills And Attitudes	Specific Objectives	Teaching		Evaluation		Feedback to Resident	Sites
		Method	Timing	Method	Timing		
Advocate for patients and evaluatees within systems	Prioritize the best interest of patients in a mental healthcare system with limitations	Operate an effective clinic in the correctional setting	Weekly	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	Ongoing Quarterly	Direct feedback from forensic faculty Quarterly global evaluations and semi-annual review	ADC
Work effectively in a complex system through an understanding of the interactions between law enforcement, courts, corrections, legislative bodies, and mental health.	Ensure continuity of care in divided systems of care Work with multiple entities in the timely creation of comprehensive reports	Create effective aftercare plans for patients Supervision in the creation of forensic reports	Ongoing Ongoing	Direct feedback from forensic faculty Direct feedback from forensic faculty	Ongoing Ongoing	Direct feedback from forensic faculty Direct feedback from forensic faculty	ASH