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DEPARTMENT OF PSYCHIATRY

ADULT PSYCHIATRY RESIDENCY TRAINING MANUAL

Academic Year 2012-13

College of Medicine
The Pennsylvania State University
The Milton S. Hershey Medical Center

PREFACE

This manual provides an overview of the adult psychiatry residency program and information necessary for completion of residency training. A description of each rotation together with goals and objectives and supervisory issues is presented, as are the requirements for completion for each individual year and for the overall program. This manual also presents general administrative guidelines and policies that are designed to promote effective teamwork in the comprehensive care of psychiatric patients and to ensure appropriate levels of responsibility for individual staff members and resident psychiatrists. Information required by the ACGME also is included.

The most valuable textbook is the patient. Meaningful observation requires vigilant and respectful attention to what patients do and say. The functions of various personnel and the philosophy and policies of the Department of Psychiatry increase the probability that such meaningful observation will be made and increase the likelihood that it might be used to help patients develop new solutions to old problems. It is our hope that you will refer to this manual on a regular basis. This manual is revised as needed and posted annually on the Psychiatry website in the "My Workplace" section.

BRIEF SUMMARY OF THE FOUR YEAR RESIDENCY TRAINING PROGRAM

The training and experiences over the four years are graded ones in that the problems presented increase in complexity and difficulty from the first year through the fourth year. In terms of psychiatric experiences, throughout the program the focus is on the patient and how a broad spectrum of resources complementing the clinical efforts of the residents themselves can be used to meet the changing needs of patients as they proceed through the course of their illness from onset to recovery, as well as how best to meet the complex needs of patients who remain ill over long periods. The concept of discovery through research and scholarly pursuits is also a key component of the training experience.

In addition to becoming skilled in the care and treatment of patients, the resident is expected to become expert in understanding the community, its impact on mental health, its impact on patients, and in using all of the resources of the community. Further, he/she is helped to become competent in the many roles, other than clinician, that are expected today of psychiatrists functioning in the community – consultant, educator, planner, policy developer, administrator.

Post-Graduate Years 1 & 2

During the initial part of the residency training program, strong emphasis is placed on developing the residents' medical skills in terms of both diagnosis and treatment. This also provides residents with an invaluable opportunity to consolidate their identity as physicians by being responsible for the medical care of their own patients. The concentration in the first and second years is on increasing the medical skills the resident already possesses. Thus, the program builds on the residents' knowledge of medicine and the use of various somatic approaches by providing specialized training in the use of the psychopharmacologic agents and other drugs prescribed in psychiatric disorders. Skills in diagnosis are enhanced and sharpened in relation to psychiatric crises and the acute disturbances needing hospitalization. Basic skills in interviewing, observation, and supportive counseling of patients and families with the major psychiatric disorders are also developed. In addition, the resident begins to learn about the effect of the milieu on emotional disorders and how it can be used as a therapeutic tool, as well as developing familiarity with other treatment modalities such as cognitive, behavioral, psychodynamic, brief, supportive, milieu, and recreation therapies. Experience and training in working collaboratively with many allied disciplines is broadened to include those groups most prominent in the mental health field – social workers, psychologists, mental health workers, psychiatric nurses, and occupational therapists.

During the medical and psychiatric inpatient experience in the first and second years, the residents build on their skills as medical physicians, becoming expert in using psychoactive medications and other somatic therapies while learning the fundamentals of psychotherapy. The resident begins a didactic psychotherapy training series which will continue throughout the four years of training.

In addition to this focus on the use of psychotherapy and medication to treat the patient, while learning to handle acute crisis situations and to understand the impact of the family on the patient,

the resident also receives considerable other didactic instruction, close clinical supervision and experience to prepare him/her for the more difficult and complex assignments of the upper-level residency years, which provide an opportunity to develop greater skills in psychological understanding and techniques of psychotherapy.

The resident also functions on-call in the TEC and at PPI, learning to manage the many crisis situations that develop in the home and the community. In this way, he/she learns the basic principles of crisis intervention. Many patients are followed as they move from the emergency setting to inpatient and then to outpatient status.

During the **first year,** the resident spends four months training in internal, family and/or emergency medicine (pediatrics may also be selected) and two months in neurology, in addition to spending six months on an inpatient psychiatry service at the Pennsylvania Psychiatric Institute (PPI).

In the **second year** the resident has separate training assignments in hospital consultation psychiatry, emergency psychiatry, child psychiatry, general inpatient psychiatry, and the partial hospitalization program. There is the option for substituting a clinical rotation usually taken in the upper years, such as geriatric psychiatry, depending on the resident's areas of interest. The rotations are located at various PPI sites.

As a result of these assignments, the resident begins to develop skills in diagnosis and the different psychotherapeutic techniques used with an age spectrum of patients as well as for individuals with serious and persistent mental illness. During this time, the resident is also taught how to function as a consultant, both in the community and to other disciplines and agencies, and to his/her medical and surgical colleagues. With the latter, he/she first helps them with the recognition and management of psychiatric disorders and later, with understanding the role of psychological factors in the etiology of many organic disorders.

Post-Graduate Years 3 & 4

During much of the third and fourth years, the resident's base of operations becomes the outpatient arena because the types of complex problems he/she is expected to develop expertise in handling are to be found in this setting. Nevertheless, the resident continues to remain patient-focused rather than service-oriented, so that if any of his patients need inpatient care during the course of their treatment, the resident remains involved. Thus, by the end of the third year, the resident is expected to have become a fairly skilled diagnostician, and to be well on the way to becoming a skilled psychotherapist. He/she is also expected to have a good understanding of the community and its relationship to mental disorders, most particularly their prevention and management within the community. In addition, the resident develops skills as a consultant to medical and surgical colleagues, as well as to other disciplines.

In the **third and fourth years**, residents maintain a consistent outpatient caseload, providing them the option for long-term management for selected patients. In addition, they rotate through a variety of specialized treatment areas to provide more in-depth knowledge about common psychiatric conditions such as mood and anxiety disorders, and to gain familiarity with some less-

common conditions requiring additional psychiatric expertise (such as sleep disorders, eating disorders, and the use of ECT.) Experience in the treatment of drug and alcohol disorders is also provided. Residents spend some time in alternative settings for treatment provision, including the VA hospital system and Community Treatment Team. They are expected to become familiar with psychiatric conditions across an increasingly broad age spectrum by adding either a child or geriatric psychiatry rotation to balance the clinical experience of the PGY-2 year. **Elective time** is available (and generally scheduled during the PGY 4 year, although for exceptional circumstances may be provided in the PGY 2 or 3 year) for pursuing in-depth areas of special interest, in programs tailored to the individual resident's interests and needs.

During these advanced training years the resident continues to develop skills and expertise as a therapist, as a consultant, and as a teacher and trainer of other disciplines. Thus, by the end of the fourth year, the resident is expected to be a competent clinician able to function effectively as a fully qualified psychiatrist, a teacher to his medical colleagues, a skilled clinician in a variety of specialized settings, and a general psychiatrist able to practice in the community with a good understanding of a broad spectrum of psychiatric disorders and/or to continue to pursue some special area of interest or sub-specialty with additional advanced training. The resident will also be well trained for an academic career if desired.

CLINICAL ROTATION TEMPLATE

Year 1	2 months	1 month	1 month	2 months	6 months
	Neurology	Fam &Comm Medicine	Emergency Medicine	Internal Med	Adult Inpatient Psychiatry

½ day per week: didactics

Year 2	2-4 months	2-4 months	4-6 months	2-4 months
	Adult Inpatient psychiatry	Child Inpatient Psychiatry	C/L and Emergency Psychiatry	Partial Hospitalization Program

½ day per week: didactics

Option: switching with a rotation from Years 3&4 schedule (e.g., Geriatrics)

Years 3 & 4 (4-year residency only)

Our PGY 3&4 rotations are designed in modules of half-day/ week per 3 month block (10 half days per week.) The tables below reflect this.
For example:
Eating Disorders Clinic is 1 half-day/ week for 3 months= 1 module
Sleep Disorders Clinic is 2 half-days/ week for 3 months= 2 modules
Mood Disorders/ Anxiety Clinic is 1 half-day/ week for 12 months= 4 modules

Because PGY 3 & 4 residents have 2 half days/ week of didactics all year, they have 8 clinical modules/ 3 months, 32 modules/ year, or 64 modules across years 3&4. These do not need to occur in any particular order.

Selectives include Child & Adolescent outpatient clinic; Front Street Clinic; Med Check Clinic

Many rotations have a minimum-maximum range (see below). Generally the minimum expectation for any clinic is specifically listed in table; additional times which can be spent in any of these clinics is identified as "(range)"

-General outpatient psychiatry: 3-4 half days/ week for 3 months
-Longitudinal clinic: 2-6 half days/ week, 24 months
-Mood or anxiety DO clinic: 1 half day/ week for 12-24 months
-Electives: (4th year only, unless special arrangement made): 2-4 half days/ week, 6-12 months

Years 3 & 4

3 months	3 months	3 months	3 months
Outpatient Lebanon VA	Outpatient Lebanon VA	Addictions	Addictions
Outpatient Lebanon VA	Outpatient Lebanon VA	Addictions	Addictions
CTT	Sleep Disorders	Administrative	[selective]
CTT	Sleep Disorders	Eating Disorders	(range)
Mood DO	Mood DO	Mood DO	Mood DO
Longitudinal	Longitudinal	Longitudinal	Longitudinal
Longitudinal	Longitudinal	Longitudinal	Longitudinal
Longitudinal	Longitudinal	Longitudinal	Longitudinal

1 day per week: didactics

3 months	3 months	3 months	3 months
Geriatrics	Geriatrics	ECT	General outpatient
Geriatrics	Geriatrics	ECT	General outpatient
Elective*	Elective*	ECT	General outpatient
Elective*	Elective*	(range)	(range)
Elective*	Elective*	(range)	(range)
(range)	(range)	(range)	(range)
Longitudinal	Longitudinal	Longitudinal	Longitudinal
Longitudinal	Longitudinal	Longitudinal	Longitudinal

1 day per week: didactics

*Elective time is in the PGY 4 year unless special arrangements are made.

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRY RESIDENCY TRAINING (AADPRT)

OVERALL COMPETENCY-BASED GOALS AND OBJECTIVES FOR PSYCHIATRY RESIDENCY TRAINING PROGRAM

ACGME CORE COMPETENCIES: PATIENT CARE

Outcome:

Residents will demonstrate the knowledge, skills and attitude necessary to provide patient care that is compassionate, appropriate and effective in the treatment of psychiatric problems and the promotion of mental health. Residents are expected to exhibit progressive improvement in their level of knowledge, attitude and skills throughout their training.

Knowledge:

Goals: Residents are expected to acquire the theoretical and practical information necessary to assess, treat and advocate effectively for the mentally ill. Patient care should include an integration of the relevant medical, psychiatric and environmental factors.

Objectives:

1. Residents must understand the basic theoretical concepts of a variety of psychotherapies.
2. Residents must understand basic pharmacologic principles and effective prescribing of psychotropic agents.
3. Residents must understand the components of a comprehensive psychiatric evaluation and how to develop a biopsychosocial treatment plan.
4. Be familiar with Axis III conditions that can affect evaluation and care.

Skills:

Goals: By graduation, the residents should demonstrate that he/she is able to provide compassionate, appropriate and effective patient care.

Objectives:

1. The resident should demonstrate the ability to perform and document a comprehensive psychiatric history and examination in adult, geriatric and child and adolescent patients.
2. The resident shall demonstrate the ability to develop and document a complete DSM multi-axial differential diagnosis, a case formulation and evaluation plan and a comprehensive biopsychosocial treatment plan.
3. The resident shall demonstrate the ability to comprehensively assess, discuss, document and intervene concerning the patient's potential for self harm to self or others.
4. The resident should demonstrate the ability to conduct therapeutic interviews and to maintain a treatment alliance with patients and family members.
5. The resident shall be familiar with the prescribing of a variety of psychopharmacologic agents and their common side effects and be adept in using medication and psychotherapy together.
6. The resident shall demonstrate the ability to effectively communicate with patients and family and provide psychoeducation.
7. The resident shall demonstrate the ability to work successfully with patients in a variety of different age groups covering a wide array of psychiatric diagnoses.
8. Understand the indications and uses of electroconvulsive therapy (ECT)

Attitude:

Goal: The resident must consider the provision of patient care a priority with an ongoing commitment to acquiring and maintaining the necessary knowledge and skills.

Objectives:

1. Residents must exhibit a consistent interest, enthusiasm and motivation for learning and practicing knowledge and skills in didactic and clinical situations.

2. The resident must be able to work effectively in a multidisciplinary treatment team setting and appreciate the importance of the contribution of other mental health and medical team members.

Assessment/Measurement:

A resident's obtainment of the knowledge, skills and attitudes will be measured

by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competencies Lecture Series].
2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.
3. Review of videotaped interviews.
4. Clinical skills verification exams
5. Annual PRITE
6. Review of Patient Logs.
7. Patient Survey Questionnaire (PSQ's).
8. Demonstration of psychotherapy competencies.
9. Practice-based learning during Journal Club.
10. Systems-based case presentation and write-up.
11. Evidence-based medicine scholarly presentation.

ACGME CORE COMPETENCIES: MEDICAL KNOWLEDGE

Outcome:

Residents will demonstrate an adequate base of knowledge in the areas of clinical science relevant to the practice of general psychiatry. Residents are expected to exhibit progressive improvement in their level of knowledge throughout their training.

Knowledge:

Goals: Residents must achieve an adequate fund of information of the established and evolving knowledge base in psychiatry. Of paramount importance is a sound knowledge base in the areas of psychopharmacology, psychotherapy, differential diagnosis and descriptive psychiatry.

Objectives: Residents shall demonstrate adequate knowledge of:

1. Major psychiatric disorders based on the scientific literature and standards of practice including epidemiology, etiology covering medical, genetic and social factors, DSM diagnostic criteria, course and prognosis and effective treatment strategies.
2. Psychotropic medications such as antidepressants, antipsychotics, anxiolitics, mood stabilizers, hypnotics, stimulants and cognitive enhancers. This knowledge shall include pharmacological action, clinical indication, side effects, drug interactions, toxicity and appropriate prescribing practices.
3. Human growth and development including normal biological, cognitive and psychosexual development.
4. Emergency psychiatry including the evaluation, crisis intervention and appropriate disposition of patients with suicidal thoughts or an attempt, mood and anxiety disorders, psychosis and agitation.

5. Behavioral science and social psychiatry including theories of normal family organization, dynamics, communication, aspects of theology, anthropology, and sociology as it pertains to psychiatry and cultural issues pertinent to psychiatry as well as issues in community mental health, epidemiology and research methodology and statistics.

6. Psychosocial therapies including various forms of psychotherapy and the formation and maintenance of the doctor/patient relationship.

7. Somatic treatment methods including pharmacotherapy, ECT, biofeedback and light therapy.

8. Patient evaluation and treatment selection including appropriateness and interpretation of psychological testing, laboratory methods used in psychiatry, mental status examination and diagnostic and interviewing techniques.

9. Consultation Liaison Psychiatry including specific syndromes (i.e. stress reactions, postpartum disorders, pain syndromes, conversion reactions, delirium, etc.), psychiatric aspects of non-psychiatric illness, psychiatric complications of non-psychiatric treatments, psychosomatic and somatic disorders, and models of consultation psychiatry.

10. Child and adolescent psychiatry including the assessment and treatment of children and adolescents. Disorders usually first diagnosed in infancy, childhood or adolescence and mental retardation and other mental disabilities.

11. Geriatric psychiatry including assessment and treatment of older adults.

12. Other specialized areas in psychiatry not previously listed such as addiction psychiatry, forensic psychiatry, administrative psychiatry and ethics.

Skills:

Goals: Residents must know and apply medical knowledge relevant to psychiatry in didactic sessions, case presentations and clinical practice.

Objectives:

1. Residents must demonstrate through the provision of care for general psychiatric patients and their families the ability to apply their fund of knowledge effectively in clinical situations.

2. Residents must demonstrate appropriate attendance and participation in didactics and case presentations, the abilities to learn to disseminate relevant data and knowledge pertinent to their knowledge base in psychiatry.

Attitude:

Goal: Residents must approach didactic sessions, case presentations and clinical situations with analytic and investigatory thinking. Residents must possess a strong desire to learn.

Objectives:

1. Residents must regularly attend assigned Grand Rounds, didactics and case presentations and be able to discuss where appropriate the variety of topics brought up in the different formats.

2. Residents must demonstrate evidence of leaving their learning outside of normal duty hours.

Assessment/Measurement:

The resident's obtainment of the knowledge, skills and attitudes will be measured by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competency Lecture Series].
2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.
3. Performance on the PRITE examination and Columbia Psychodynamic Psychotherapy Test.
4. Faculty observation of resident clinical examinations.
5. Review of patient charts.
6. Demonstration of self initiated as well as directed study through participation in didactics and clinical activities as well as research presentations.
7. Passing Parts I, II, III USMLE (or D.O. equivalent).
8. Evidence-based scholarly presentation.
9. Practice-based learning presentation during Journal Club.
10. Clinical Skills Verification Examinations
11. Review of videotaped interviews.

ACGME CORE COMPETENCIES: PRACTICE-BASED

LEARNING AND IMPROVEMENT

Outcome:

Residents will demonstrate the knowledge, skills and attitude necessary to initiate self directed and independent learning to keep abreast of current information in practice relative to general psychiatry to correct any areas of information or skills gap and to improve patient care and practices. Residents are expected to exhibit progressive improvement in their level of knowledge and skills throughout their training.

Knowledge:

Goals: Residents must have the ability to investigate and evaluate one's patient care practices, appraise and assimilate scientific evidence and improve one's patient care practices. He/she must be able to identify gaps in their existing knowledge base and be able to improve upon such.

Objectives:

1. Residents will demonstrate the knowledge to obtain information from the following sources: medical libraries, information technology including the internet (i.e. Medline).

Skills:

Goals: Residents will be able to locate, appraise and assimilate evidence from the known literature related to the patient's psychiatric problems.

Objectives:

1. The resident will demonstrate academic interest by use of the relevant literature.

2. The resident will attend supervision regularly and use the supervision to improve clinical performance.

3. The resident will demonstrate the ability to critically analyze data and literature findings.

4. The resident will conduct or present reviews of current research in such formats as Journal Club, Case Conference, treatment team meetings, Evidence-Based Scholarly Presentation, Grand Rounds or research projects.

5. Actively participate in the education of patients, family, friends, students, residents and other members of the health care team.

6. The resident will be able to teach others about psychiatric issues.

Attitude:

Goal: Residents must demonstrate behaviors and a demeanor consistent with the recognition that learning and monitoring their practices are lifelong endeavors and that a variety of educational forums are available including scientific literature, electronic data bases and continuing education conferences. The resident will seek and accept constructive criticism during supervision in order to improve performance. The resident will demonstrate the appreciation of a good knowledge base.

Assessment/Measurement:

A resident's obtainment of the knowledge, skills and attitude will be measured by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competencies Lecture Series].
2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.
3. Review of patient charts.
4. Journal Club – practice-based learning presentation using a critical review of selected articles.
5. Evidence-Based Medicine Scholarly Presentation.
6. Assessment on Administrative Psychiatry Rotation – QI project, peer review, etc.
7. Medical student teaching evaluations.
8. Semi-annual evaluation sessions (practice, improvement goals, self-assessment).
9. Chart review.

ACGME CORE COMPETENCIES:

INTERPERSONAL AND COMMUNICATION SKILLS

Outcome:

Residents will demonstrate the knowledge, skills and attitudes necessary to develop and maintain appropriate interpersonal therapeutic relationships and to communicate effectively with patients, families, colleagues and the public. Residents are expected to exhibit progressive improvement in their interpersonal communication skills throughout their training.

Knowledge:

Goals: Residents must know and utilize interpersonal communication skills that result in the effective exchange of information and the creation of effective teamwork with patients, families and other professionals.

Objectives:

1. Residents must know the principles behind successful interviewing techniques and appreciate the importance of transference issues when relating to patients and others.
2. Residents will understand how specific cultural and ethnic factors can influence interpersonal relations and communication.
3. Residents will understand the procedure for documentation of patient contact in a legible, timely and accurate manner while at the same time respecting patient privacy.
4. Residents must participate in relevant didactic and clinical activities and have the ability to absorb from and convey relevant information to others.

Skills:

Goals: Residents must demonstrate specific techniques and methods which facilitate effective and empathic communication between the psychiatrist, patients, colleagues, staff and system.

Objectives: Residents must demonstrate the ability to:

1. Listen to and understand patients.
2. Communicate effectively with patients using verbal, non-verbal and writing skills as appropriate
3. Foster a therapeutic alliance with patients as indicated by instilling feelings of trust, openness, rapport and comfort in a relationship with the physician.
4. Transmit information to patients in a clear, meaningful fashion.
5. Communicate effectively with allied healthcare professionals and with other professionals involved in the life of patients.
6. Educate patients and professionals that medical, psychological and behavioral issues work effectively within a multidisciplinary team structure as a member, consultant or leader.
7. List information including important diagnostic data and data affecting treatment for the individual from a full spectrum of ethnic, racial, gender and educational backgrounds.
8. Obtain, interpret and evaluate consultations from other medical specialties which shall include formulating and clearly communicating with consultant questions; discussing the consultation findings with the consultant; and evaluating the consultation findings.
9. Serve as an effective consultant to other medical specialists, mental health professionals, and community agencies by communicating effectively with the investing party till we find the consultation question and to communicate clear and specific recommendations.
10. Communicate effectively with patients and their families by providing explanations of psychiatric disorders and treatment that are jargon-free and geared to the educational/intellectual level of the patient, providing preventative education that is

understandable and practical and respecting the patient's cultural and economic background.

11. Effectively communicate with the patient and their family (while respecting confidentiality) by conveying the results of the assessment, the risks and benefits of the proposed treatment plan, and the alternatives to the proposed treatment plan and education concerning the disorder's prognosis and prevention strategies.

Attitude:

Goal: Residents must have an ongoing and self-exploratory interest in developing, maintaining and utilizing interpersonal approaches with patients, families and other professionals to provide optimal patient care and enhance educational activities.

Objectives:

1. Residents should exhibit consistent enthusiasm, motivation and interest in learning and employing appropriate communication skills in didactic and clinical situations.

2. Residents should maintain a polite and courteous attitude at all times.

3. Collaborate with patients, families and other professionals towards common goals.

4. Residents must demonstrate through didactic participation and supervisory discussions the ability to examine their own attitudes and biases and their impact on their clinical work.

5. Residents must develop an underlying attitude of respect for others, even those with different points of view or from different backgrounds. The desire to gain understanding of others' positions and reasoning and the belief in the intrinsic worth of other human beings. Residents must demonstrate through the care of individual patients or organizational work the ability to effectively advocate for psychiatric patients and their families.

Assessment/Measurement:

The resident's obtainment of the knowledge, skills and attitudes will be measured by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competency Lecture Series].
2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.
3. 360^0 Global Rating Evaluations.
4. Patient Satisfaction Questionnaires (PSQ's).
5. Medical student evaluations of resident teaching performance.
6. Review of videotaped interview.
7. Faculty observation of clinical assessments
8. Clinical Skills Verification Examinations
9. Chart review.
10. Assessment from Community Psychiatry Rotation – Treatment Team Leadership.

ACGME CORE COMPETENCIES: PROFESSIONALISM

Outcome:

Residents will demonstrate the knowledge, skills and attitude necessary to practice professionally responsible, ethical and culturally sensitive adult psychiatry. Residents are expected to exhibit progressive improvement in their level of knowledge and skills throughout their training.

Knowledge:

Goals: Residents must exhibit commitment to being professionally responsible, adhering to ethical principles and sensitive to a diverse patient population.

Objectives:

1. Residents shall be familiar with and demonstrate understanding of ethical behavior as defined in the Principles of Medical Ethics with Special Annotations for Psychiatry (APA).
2. Residents must understand the technique of appropriate chart documentation.

Skills:

Goals: Residents will demonstrate the clinical skills consistent with professional and ethical standards of a general psychiatrist.

Objectives:

1. The resident shall demonstrate responsibility for their patients' care including responding to patient communications, documenting patient contact in an appropriate manner, providing coverage if unavailable, coordinating care with other members of the treatment team and providing for appropriate transfer or referral if necessary.
2. The resident will respond to communications from patients and health professionals in a timely manner and, if unavailable, will make appropriate backup arrangements.

3. The resident will demonstrate ethical behavior as defined in the Principles of Medical Ethics with Special Annotations for Psychiatry (APA).

4. The resident should ensure continuity of care for patients and when it is appropriate to terminate care does so appropriately and does not "abandon" patients.

Attitude:

Goal: Residents will display a consistent interest in the clinical advocacy and consultant roles and responsibilities of a general psychiatrist.

Objectives:

1. The resident will demonstrate respect, compassion, responsibility and integrity to patients and members of the health care team.
2. The residents will demonstrate commitment to confidentiality to patient information.
3. The resident will demonstrate sensitivity and responsiveness to the patient's culture, ethnicity, age, gender, sexual orientation and disabilities.

Assessment/Measurement:

A resident's obtainment of the knowledge, skills and attitude will be measured by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competency Lecture Series].

2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.

3. Faculty observation of clinical assessments.

4. 360^0 Global Rating Evaluations.

5. Patient Satisfaction Questionnaires (PSQ's)

6. Review of videotaped interviews.

7. Clinical Skills Verification Examinations

8. Medical student teaching evaluations.

ACGME CORE COMPETENCIES: SYSTEMS-BASED PRACTICE

Outcome:

Residents will demonstrate the knowledge, skills and attitudes necessary to manage effectively in multiple, diverse, complex systems of care to provide effective treatment, consultation and advocacy for patients with mental illness and their families. Residents are expected to exhibit progressive improvement in their level of knowledge and skills throughout their training.

Knowledge:

Goals: The resident shall be able to articulate the basic concepts of systems theory and how it is used in psychiatry. The resident should have a working knowledge of the first systems involved in treating adults, children and adolescents and understand how to use the systems as part of a comprehensive system of care in general and as part of an individualized treatment plan.

Objectives:

1. The resident will have an understanding of the delivery of psychiatric care by the county, state and federal governments along with the knowledge of private systems of care.

2. Residents will understand the importance of cost effective health care practices and resource allocation while providing quality patient care.

Skills:

Goals: The resident will use his/her knowledge of the systems based practice in order to facilitate the delivery of appropriate and effective psychiatric care to their patients.

Objectives:

1. The resident will be able to participate in utilization review communications and advocate for the quality of patient care.

2. The resident will use his/her knowledge of systems-based practice in order to link up the patient with appropriate treatment in either public or private systems.

3. The resident will demonstrate the ability to collaborate with other professionals in public and private health care systems to effectively negotiate and provide appropriate patient care.

Attitude:

Goal: Residents will exhibit a consistent interest in and develop an understanding of the issues related to health care delivery and system interactions.

Objectives:

1. The resident will participate actively in didactic and clinical situations with the ability to demonstrate an understanding of the impact of the interrelationships between one's patient care practices and other professional activities and the system and services available to psychiatric patients and their families and the influence on the availability of these services on patient care and clinical practices.
2. The resident will advocate to improve public and private systems delivery of care and will educate patients concerning such systems of care.

Assessment/Measurement:

The resident's obtainment of the knowledge, skills and attitudes will be measured by any and/or all of the following:

1. 70% attendance at required lectures and seminars [100% attendance for ACGME Core Competency Lecture Series].
2. Attending faculty evaluation during clinical rotations and supervision – Global Assessment.
3. Clinical skills verification examination
4. Training portfolio case of a patient that demonstrates knowledge of system-based care.
5. Community mental health rotation – evaluation.
6. Experience in administrative psychiatry, peer review – evaluation.

OVERALL PROGRAM EDUCATION GOALS

The major goal of the Adult Psychiatry residency training program is the training and development of psychiatrists who are:

1. Accomplished, skilled clinicians, well-grounded in all of the basic sciences (social, psychological, biological) necessary for an understanding of human behavior, as well as imbued with an investigative spirit sufficient to encourage constant searching out of additional experiences and training, self-directed learning and ongoing self-evaluation of personal knowledge, clinical skills, and personal attitudes.

2. Competent in all six of the ACGME General Competencies: Medical Knowledge, Patient care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice and five Psychotherapy Competencies: Cognitive-Behavioral, Supportive, Brief, Psychodynamic, and Combined Psychopharmacology and Psychotherapy.

3. Knowledgeable about medicine in its entirety and with a strong primary identity as physicians skilled in integrating and applying their medical knowledge and experience to their work with psychiatric patients.

4. Sufficiently well-trained as psychiatric generalists to be able to pursue successfully any psychiatric subspecialty training or to enter private, group, community or academic practice.

5. Skilled teachers and consultants to their non-psychiatric colleagues.

Department of Psychiatry

Goals and Objectives for PGY-I-IV and Requirements for Promotion and Graduation

Also refer to the specific goals and objectives listed for

each rotation for each PGY year.

Postgraduate Year I

Overall Goals:

To expose the resident to a broad variety of medical and neurological disorders encountered in clinical practice. In addition, exposure to a variety of psychiatric illnesses seen commonly on an acute inpatient psychiatric unit is given for the resident to effectively diagnose and treat these disorders. The resident should also be able to begin to work effectively with a multidisciplinary treatment team.

Competency-Based Goals and Objectives

Medical Knowledge:

1. List DSM-IV criteria for commonly seen psychiatric diagnoses on an inpatient unit such as major depression, bipolar disorder, etc.
2. Learn the basics of a diagnostic assessment for a broad-based range of problems confronting Internal Medicine, Family Medicine, Neurology, and/or Emergency Medicine.
3. Be conversant with medical disorders displaying symptoms likely to be regarded as psychiatric and with psychiatric disorders displaying “medical” symptoms.
4. Be familiar with common neurologic disorders, recognizing characteristic symptoms within certain diagnostic categories and be able to develop a comprehensive differential diagnosis particularly with those disorders seen in psychiatric practice.
5. Become knowledgeable about the steps of the initial workup of the psychiatric inpatient including proper assessment including a mental status examination, appropriate diagnoses and constructing a biopsychosocial treatment plan.
6. Become familiar with the theoretical basis of brief, supportive, crisis interventional, and cognitive-behavioral therapy.
7. Identify factors needed to provide “medical clearance” for a psychiatric patient on the hospital floor or emergency room.

Patient Care:

1. Perform an assessment and treatment plan of common acute psychiatric issues such as agitation, suicidality, etc. seen on an acute psychiatric inpatient unit or the emergency room.
2. Be able to identify medical concerns in psychiatric patients and vice versa.
3. Demonstrate on all patients the skill to perform the initial workup of the psychiatric inpatient including proper assessment including a mental status examination, appropriate diagnoses and constructing a biopsychosocial treatment plan.
4. Develop proficiency in the use of psychoactive drugs including familiarity with indications, doses, side effects and potential drug interaction for the general inpatient on a psychiatric service.
5. Demonstrate the ability to use brief, supportive, and cognitive-behavioral therapy in working with patients on the general inpatient unit.

Interpersonal and Communication Skills:

1. Demonstrate ability to initiate and maintain a therapeutic alliance with a patient.
2. Be able to co-lead a family therapy session on the general inpatient unit.
3. Provide appropriate documentation of admission work ups, progress notes and discharge summaries in a legible, coherent, comprehensive and timely manner.
4. Works appropriately within an interdisciplinary treatment team.
    a. Become comfortable in working with multidisciplinary personnel whose areas of expertise are necessary for the complete treatment of medically ill patients.

Practice-Based Learning and Improvement:

1. Demonstrates evidence of outside reading during rounds, case conferences, and formal educational assignments.
2. Develop and achieve two educational goals to improve medical/psychiatric knowledge base or clinical skills every 6 months.

Systems-Based Practice:

1. Demonstrate an initial understanding of how to access other systems of care to aid patients as evidenced by discussion during rounds.
2. Make appropriate referrals to other services.
3. Understand the system of the modern, general hospital so that one can function as part of that system later as a psychiatric consultant.
4. Understand how psychiatric disorders impinge on social and economic functioning in complex and possibly lifelong ways.

Professionalism:

1. Demonstrates interest in teaching medical students and staff.
2. Places ethical principles in practice with patients and co-workers.
3. Able to make empathic statements to patients using the "empathy formula."
4. Demonstrates appropriate attitudes and behavior toward clinical responsibilities – is punctual and reliable.
5. Gain empathy for the medically ill patient by thoroughly understanding the illness and its impact on the patient's physical, psychological and social functioning.
6. Relate to patients and their families as well as members of the healthcare team with compassion, respect, and professional integrity.

Requirements for Promotion to PGY-2

1. Achievement of goals/objectives and successful demonstration of competencies for assigned rotations and year of training and a passing evaluation at completion of assigned rotations.

Postgraduate Year II

Overall Goals:

To become increasingly proficient in the knowledge, skills and attitudes necessary to become a competent psychiatrist as evidenced by being able to handle increased clinical responsibility. Develop expertise in treating children and geriatric patients and to be able to assess and treat the emergency patient, the medically ill patient with psychiatric issues and to understand the basic principles of outpatient treatment. Develop skills in following outpatients for longitudinal care.

Competency-Based Goals and Objectives

Medical Knowledge:

1. List the DSM-IV criteria of common illnesses seen in geriatrics, child, consultation and emergency psychiatry (i.e. ADHD, dementia, delirium, etc.).
2. Know the basic structure of an outpatient evaluation.
3. Understand the indications for referral of outpatients and alternative levels of psychiatric care.
4. Understand psychiatric issues common in geriatric and child inpatients and how this may differ from the adult psychiatric patient.
5. Develop skills on differential diagnosis of psychiatric emergencies and disposition of such patients.
6. Correlate issues concerning psychological development at different life stages with specific psychiatric problems and diagnoses.

Patient Care:

1. Become proficient in the outpatient monitoring of medications and appropriate associated lab studies.
2. Learn techniques of ongoing psychiatric patient care to include the appropriate use of treatment options including psychopharmacologic and psychotherapeutic modalities.
3. To begin to effectively utilize various types of psychotherapies including psychodynamic, cognitive-behavioral, supportive, brief and medication combined psychotherapy.
4. Be able to assess and treat common psychiatric issues in the geriatric and child psychiatric patient.
5. Be able to conduct a history gathering, diagnostic interview with the parents of a psychiatrically ill child or family of an individual with dementia.
6. Perform basic therapeutic techniques of diagnostic play sessions or interviews with preschool, school age and adolescent children.
7. Be able to present child and geriatric psychiatric evaluations including case formulation to a supervising physician.
8. Develop skills on differential diagnosis of psychiatric emergencies and disposition of such patients.
9. Understand when and how to implement different therapeutic modalities in the medically ill patient with psychiatric problems.
10. Become proficient in the skills of brief and supportive psychotherapy to aid individuals with both medical and psychiatric problems.

Interpersonal and Communication Skills:

1. Work effectively with medical, surgical and emergency room personnel.
2. Be able to co-lead an interdisciplinary treatment team.
3. Initiate and maintain the ability to use a therapeutic alliance with psychiatric patients.
4. Provide appropriate documentation of admission work ups, progress notes and discharge summaries in a legible, coherent, comprehensive and timely manner.

Practice-Based Learning and Improvement:

1. Use journal club and/or evidence based scholarly presentation to demonstrate competency in Practice-Based Learning and Improvement in a more formal manner.
2. Demonstrate evidence of outside reading during rounds, case conferences, and formal educational assignments.
3. Develop and achieve two educational goals to improve medical/psychiatric knowledge base or clinical skills every 6 months.

Professionalism:

1. Demonstrate interest and novice level skill in teaching medical students and staff.
2. Places ethical principles in practice with patients and co-workers.
3. Be able to make empathic statements to patients.
4. Demonstrates appropriate attitudes and behavior toward clinical responsibilities – is punctual and reliable.
5. Maintain an empathic manner in working with psychiatric patients in different age groups and clinical settings.

Systems-Based Practice:

1. Demonstrate the using of systems of care available to treat child, geriatric and hospitalized patients by incorporating these recommendations into treatment and discharge plans.
2. Demonstrate how to refer psychiatric outpatients to alternate levels of psychiatric care.

Requirements for Promotion to PGY-3

1. Achievement of goals/objectives and successful demonstration of competencies for assigned rotations and year of training and a passing evaluation at completion of assigned rotations.
4. Completion of a written system-based case.
5. Obtain a passing score on USMLE Step 3.

Postgraduate Year III

Overall Goals:

To gain more experience and to be able to handle increased responsibility in the care and treatment of the psychiatrically ill outpatients. To become competent in the role of the care of the patient with serious and persistent mental illness. To refine one's skills in general outpatient psychiatry and be comfortable with sub specialized areas of psychiatry such as the obese, anxious, eating and sleep-disordered patient. To continue to become proficient in the care of short term and long term outpatients.

Competency-Based Goals and Objectives

Medical Knowledge:

1. Discuss the salient points of the recovery model of mental illness.
2. Know the DSM-IV diagnostic criteria for commonly seen psychotic disorders (i.e., schizophrenia, schizoaffective disorder, etc.).
3. Understand the pharmacotherapeutic principles pertinent to the use of a variety of psychopharmacologic medications.
4. For the anxious, obese, eating disordered and sleep-disordered patient, and other subspecialty areas of psychiatry, become familiar with certain psychological patterns in these populations recognizing character or personality styles within certain diagnostic categories.
5. Understand the theoretical principles behind the use of electroconvulsive therapy (ECT) as a maintenance therapy.
6. Be familiar with unique outpatient mental health issues in working with general and subspecialty populations.

Patient Care:

1. Co-lead psychotherapy groups for individuals with serious and persistent illness.
2. Be able to conduct a diagnostic interview and patient assessment and develop a treatment plan for the individual with serious and persistent mental illness.
3. Demonstrate use of neuroleptic and atypical antipsychotics in the serious and persistently mentally ill, including the homeless population.
4. Demonstrate use of mood stabilizers including indications, contraindications and side effects in the use of seriously and persistently mentally ill patients.
5. Become increasingly adept at using brief, supportive, psychodynamic, cognitive-behavioral as well as the use of psychotherapy and medication together in the treatment of short term and long term outpatients, both general and subspecialty.
6. With supervision be able to administer electroconvulsive therapy (ECT) to outpatients.
7. Know how to assess and treat using a biopsychosocial treatment plan the patient with anxiety, sleep, eating and obesity disorders, and other subspecialty as well as general outpatients.
8. Deliver psychiatric care to patients in the community using the Assertive Community Treatment Team (ACT) model.

Interpersonal and Communication Skills:

1. Lead interdisciplinary treatment teams in a community inpatient and outpatient setting.
2. Demonstrate the ability to form a therapeutic alliance with a psychiatric patient with a serious and persistent mental illness.
3. Accurately and comprehensively orally present a serious and persistent mentally ill patient.
4. Demonstrate the ability to convey specifics concerning a patient's diagnosis and treatment plan with interested family members or friends as well as the patient.
5. Work appropriately as a member and/or leader within an interdisciplinary treatment team.
6. Provide appropriate documentation of admission work ups, progress notes and discharge summaries in a legible, coherent, comprehensive and timely manner.

Practice-Based Learning and Improvement:

1. Use journal club and/or evidence based scholarly presentation to demonstrate competency Practice-Based Learning and Improvement in a more formal manner.
2. Demonstrates evidence of outside reading during rounds, case conferences, and formal educational assignments.
3. Develop and achieve two educational goals to improve medical/psychiatric knowledge base or clinical skills every 6 months.

Professionalism:

1. Places ethical principles in practice with patients and co-workers.
2. Able to make empathic statements to patients.
3. Demonstrates appropriate attitudes and behavior toward clinical responsibilities – is punctual and reliable.
4. Develop empathy for the disabilities inherent in the serious and persistently mentally ill.

Systems-Based Practice:

1. Demonstrate use of various systems of care (psychiatric and other areas) to provide appropriate treatment for the serious and persistently mentally ill individual in an inpatient setting and in the community.

Requirements for Promotion to PGY-4

1. Achievement of goals/objectives and successful demonstration of competencies for assigned rotations and year of training and a passing evaluation at completion of assigned rotations.
2. Completion of a written system-based case.

Postgraduate Year IV

Overall Goals:

Prepare the resident psychiatrist to be an independent practitioner by providing increased autonomy and responsibility to further the resident's proficiency in working with short term and long term outpatients. To become proficient in the treatment of patients in the Partial Hospitalization Program and with addictions problems and to encourage the resident's professional development with the choice of appropriate and challenging electives, if not already completed. The resident will demonstrate a rudimentary understanding of issues in administrative psychiatry and will take an active role in teaching and mentoring beginning residents and medical students.

Competency-Based Goals and Objectives

Medical Knowledge:

1. State the admissions criteria for a patient to enter the Partial Hospitalization Program.
2. Understand specific comorbid psychiatric disorders that are commonly encountered in the co-occurring patient with addiction problems.
3. Understand when and how to implement different therapeutic modalities including individual, group, family and cognitive-behavioral, Alcoholics Anonymous, Narcotics Anonymous and other community support groups when clinically relevant to the individual patient.
4. Become more fully aware of one's own specific interests in psychiatry through the pursuit of elective rotations.
5. Learn the administrative and decision making structure of a Department of Psychiatry.

Patient Care:

1. Obtain a thorough history of a patient's substance use through empathic, non-judgmental and systematic interviewing.
2. Appropriately use rating scales to identify individuals with drug and alcohol problems.
3. Treat intoxication and withdrawal from alcohol and other substances.
4. Develop a biopsychosocial treatment plan to address patients with problems with drug and alcohol abuse.
5. Serve as a leader of a multidisciplinary crisis oriented, partial hospitalization assessment team.
6. Learn the particular clinical skills appropriate to chosen elective rotations.
7. Develop leadership skills to lead a treatment team on an adult psychiatry inpatient unit and to provide education to medical students.
8. Demonstrate organizational skills necessary to be successful in the development of an administrative psychiatry project.

Interpersonal and Communication Skills:

1. Demonstrate ability to initiate and maintain a therapeutic alliance with a co-occurring patient.
2. Provide appropriate documentation of admission work ups, progress notes and discharge summaries in a legible, coherent, comprehensive and timely manner.
3. Work appropriately as a member or leader within an interdisciplinary treatment team.
4. Be expert in teaching students, staff, and beginning residents.

Practice-Based Learning and Improvement:

1. Use journal club and/or evidence based scholarly presentation to demonstrate competency in Practice-Based Learning and Improvement in a more formal manner.

2. Demonstrates evidence of outside reading during rounds, case conferences, and formal educational assignments.

3. Develop and achieve two educational goals to improve medical/psychiatric knowledge base or clinical skills every 6 months.

Professionalism:

1. Places ethical principles in practice with patients and co-workers.

2. Demonstrates appropriate attitudes and behavior toward clinical responsibilities – is punctual and reliable.

Systems-Based Practice:

1. Describe how to use other systems of care to aid patient in an addictions or partial hospital program.

2. Give examples of how mental health financing issues affect patient care.

3. Be well-versed in using private, public and community systems to aid patient care as demonstrated by a leadership role in inpatient and administrative psychiatry.

4. Describe how quality improvement and peer review practices contribute to quality patient care.

REQUIREMENTS FOR GRADUATION

At the end of the training period, a resident should be able to practice competently and independently. All requirements for residency training must be completed. These include:

1. Achievement of goals/objectives for assigned rotations and year of training.

2. Demonstration of satisfactory performance and attainment of the ACGME General Competencies and the specific Psychotherapy Competencies.

3. Demonstration of competency in Clinical Skills Verifications (CSVs). Three passing CSVs with two different board certified attendings are required.

4. Review of videotaped interviews with attending supervisor (PGY 3-4).

5. Completion of yearly Systems-Based Case exercise (PGY 2-4).

6. Completion of at least one or two Evidence Based Medicine Scholarly Presentation.

7. Completion of at least one or two Journal Club presentation.

8. Completion of all required dictations, charting and outstanding medical records.

9. Passing USMLE Step 3 exam.

Feedback regarding progress in completing requirements is given (at a minimum) semi-annually during formal resident evaluations.

RESIDENT SUPERVISION	PENNSTATE The Milton S. Hershey Medical Center
Hershey Medical Center – MEDICAL STAFF POLICY MANUAL	**Policy Number: MS-06**
Replaces: MS-06 December 2007	**Effective: November 2009**
Authorized: Vice Dean for Educational Affairs _____ **Richard J. Simons, M.D.**	**Approved: Chief Medical Officer** _____ **Michael R. Weitekamp, M.D., M.H.A**

PURPOSE:

To ensure that the Penn State Hershey Medical Center's Graduate Medical Education program has defined a process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program(s) for which they are providing patient care services, and to provide effective communication between the committee(s) responsible for graduate medical education, the medical staff and governing body.

POLICY STATEMENT:

All post-graduate medical education trainees at the Penn State Hershey Medical Center are supervised by an attending physician who also has clinical privileges in the area they are supervising. The description of the role, responsibilities, and patient care activities of each resident are program-specific but are documented for each residency-training program and are available for faculty for review. These documents are maintained in the residency directors' offices located on site at the Penn State Hershey Medical Center. Each program has a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competence Committee. All house officers at the Penn State Hershey Medical Center have training licenses and are permitted to write patient care orders.

The Penn State Hershey Medical Center assures regular communication between the Graduate Medical Education Committee (GMEC) and the Medical Staff Executive Committee through the appointment of the Co-Chair of the GMEC to the Medical Staff Executive Committee. In addition, the Chief Medical Officer and the Executive Director also serve on the GMEC. These dual appointments result in effective communication about patient safety and quality of patient care provided by, as well as the related educational and supervisory needs of post-graduate trainees.

All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

The GMEC is responsible for monitoring the residency programs' supervision of residents and to ensure that supervision is consistent with:

1. The provision of safe and effective patient care
2. The education needs of the residents
3. Progressive responsibility appropriate to the residents level of education, competence, and experience
4. The applicable common and specialty/subspecialty-specific program requirements.

PERSON RESPONSIBLE FOR REVIEW OF POLICY:

Graduate Medical Education Committee
Reviewed/Approved: May 2004, May 2006; December 2007; June 2009

Medical Staff Executive Committee
Reviewed/Approved: October 2004; May 2006; December 2007; November 2009

MEDICAL STAFF POLICY MANUAL	**Policy Number: MS-06**
RESIDENT SUPERVISION	**Effective: November 2009**

PENN STATE MILTON S. HERSHEY MEDICAL CENTER
Department of Psychiatry
Supervision Guidelines

Nothing stated in these guidelines shall conflict or supersede the Policy Statement of the Graduate Medical Education Committee concerning resident supervision.

Every resident receives at a minimum 2 hours of supervision each week. One hour weekly must be individual supervision. If, for any reason, needed supervision is unavailable, the Program Director should be immediately paged.

Psychiatry residents who are participating in patient care are to have faculty supervision available at all times. Residents must be supervised by faculty so that residents assume progressively increasing responsibility according to their level of training, educational ability and expertise. Each rotation and clinical education experience shall have an outline of how faculty supervision is provided.

On call schedules for attending physicians shall provide for supervision that is readily available 24 hours per day/seven days per week. A schedule with the name and contact number of the supervising attending physician on-call is available at all times to program residents and is kept up-to-date on the program website. If necessary, the attending psychiatric supervisor may be required to provide in person assistance and supervision during on call hours.

For off-site rotations, the Program Letters of Agreement (PLAs) identify faculty who will assume educational and supervisory responsibilities for residents. Each training site has full time faculty or volunteer clinical faculty members who coordinate teaching and supervision at that specific location. In coordination with the Program Director, the training site supervisor directs the education of residents at that training site. It is important to note that supervision can occur in many forms (i.e. rounds, at the bedside, co-therapists). Thus, residents receive more than 2 hours of supervision weekly.

The supervising faculty member is ultimately responsible for and actively involved in the care provided to each patient seen by a resident. The supervisor directs the care of each patient and provides the appropriate level of supervision for a resident based on the nature of the patient's condition, the clinical situation, complexity of care and the level of education, ability, experience and judgment of the resident being supervised. Thus, based on the above factors, the supervising faculty member (in consultation with the Program Director as necessary) accords the resident progressive responsibility for the care of the patient.

The supervising faculty member should advise the Program Director if he/she believes a reassessment in the resident's level of responsibility and supervision should be considered. The supervising faculty member should foster an environment that encourages questions and requests for support. The supervising faculty member should encourage residents to call or inform the supervisor of a serious patient condition or significant changes in the patient's condition.

The resident must be aware of his/her level of training, specific clinical experience, judgment, knowledge and any associated limitations. The resident is responsible for communicating to the attending physician any significant issues regarding patient care and if the resident feels ill prepared to deal with a specific clinical situation.