

MARSHALL UNIVERSITY SCHOOL OF MEDICINE PSYCHIATRY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM) AND RIVER PARK HOSPITAL ("RPH") (Participating Site)

This Letter of Agreement is effective from November 1, 2017, and will remain in effect for five (5) years, or until updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated, must be approved in writing by all parties.

1. Persons Responsible for Education and Supervision

At MUSOM: Suzanne Holroyd, M.D., Psychiatry Residency Program Director

At RPH: Mark Hughes M.D. – Site Director for Adult and Child & Adolescent Psychiatry and all current MUSOM Psychiatry Faculty Members (Exhibit A) which may change due to resignation or the addition of new faculty members.

The above mentioned individual(s) are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site. The Person Responsible at the School of Medicine should be provided Notice under the applicable affiliation agreement.

2. Responsibilities

In accordance with its residency/fellowship training and supervision standards, School of Medicine shall require the faculty at the Participating Site to provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

Scope of resident/fellow responsibilities and experiences must be consistent with "Program Requirements for Psychiatry Residency Education", published in the Graduate Medical Education Directory or as otherwise required by the Accreditation Council for Graduate Medical Education (the "ACGME").

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements and are delineated in the attached goals and objectives for each rotation.

As program director, Dr. Suzanne Holroyd is ultimately responsible for the content and conduct of the educational activities at all sites, including RPH. The program director, Participating Site director and the faculty are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences.

Rotations may be done in accordance with the "Marshall Psychiatry Residency Goals & Objectives River Park Options," attached hereto as Exhibit B. The day-to-day supervision and oversight of resident/fellow activities will be determined by the specialty service where they are assigned. Missy Clagg-Browning, Program A, is responsible for oversight of some resident/fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Assignments

School Of Medicine will provide to Hospital the name of the resident(s)/fellow(s) assigned to the site, the service they will be training on and other relevant information. Residents/fellows will remain on School Of Medicine's payroll; remain eligible for all resident benefits, including annual leave, sick leave, and health insurance, etc. Resident's will be covered under School Of Medicine's malpractice policy in the amount of one million dollars per occurrence. Assigned Faculty will also be covered under School of Medicine's malpractice policy for the professional supervision and oversight of residents/fellows in the amount of one million dollars per occurrence. School of Medicine shall furnish Hospital with proof of insurance coverage upon request. The policies will also provide tail coverage and legal defense.

5. Responsibility for supervision and evaluation of residents

Residents/Fellows will be expected to behave as peers to the faculty, but be supervised in all their activities commensurate with the complexity of care being given and the resident's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, inpatient wards and emergencies
- Conferences and lectures
- Interactions with administrative staff and nursing personnel
- Diagnostic and therapeutic procedures
- Intensive Care unit or Ward patient care

The evaluation form will be developed and administered by the Psychiatry Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and Participating Site at the conclusion of the assignment.

Notwithstanding the foregoing, School of Medicine shall require a faculty physician to serve as the patient's treating physician and all patient orders and staff instructions, methods, techniques and procedures initiated and/or performed by a fellow will be subject to prior review, approval and counter signature by an appropriate Faculty physician. School of Medicine, together with its assigned Faculty staff, agrees to maintain exclusive control over professional services rendered by residents/fellows to Facility's patients and be the responsible party for all decisions related to such professional services. Residents/Fellows will not have independent professional authority.

6. Policies and Procedures for Education

During assignments to RPH, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Psychiatry Residency's Policy and Procedure Manual as well as the policies and procedures of the Participating Site for patient confidentiality, patient safety, medical records, etc.

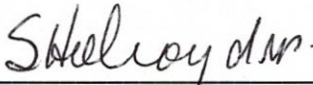
7. REIMBURSEMENT TO MARSHALL HEALTH FOR RESIDENT/FELLOW EMPLOYMENT COSTS

- a) As reimbursement for the clinical services of the School of Medicine's residents/fellows at the Hospital in the course of and consistent with their educational and training experiences at the Hospital, the Hospital shall pay the Marshall Health, as fiscal agent of the School of Medicine, the amounts set forth in this Section 7 of this Agreement.
- b) The Hospital shall reimburse Marshall Health for its actual resident or fellow employment costs of full time equivalent ("FTE") residents/fellows assigned to rotations at the Hospital, including salary, benefits and malpractice insurance and an administrative fee of 3% of salary and benefits costs attributable to those residents/fellows ("Resident/Fellow Employment Costs"), but not to exceed \$351,866.68 in total per year for all residents and/or fellows, inclusive of this particular Letter of Agreement or any other Letter of Agreement in effect between the parties for resident/fellow training at RPH during the year in question.
- c) The parties anticipate that Resident/Fellow Employment Costs will increase annually, and the Hospital will be responsible for the increased costs, to the extent those increased costs reflect increases in the fair market value of similar residents' or fellows' clinical services and in the employment costs of such residents/fellows.
- d) Marshall Health will submit an invoice to the Hospital no later than the fifth business day of each month during which this Agreement is in effect, for Resident Employment Costs that will be incurred by Marshall Health in the month for which the invoice is submitted, for purposes of record keeping convenience.

- e) Subject to the annual cap, the Hospital shall pay to Marshall Health, as fiscal agent of the School of Medicine, the amounts invoiced by Marshall Health pursuant to this Section 7 of this Agreement monthly, no later than the 15th day of each month for costs invoiced for that month.

Authorized Signatures

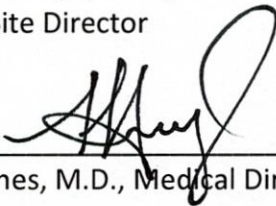
RIVER PARK HOSPITAL



Suzanne Holroyd, M.D.,
Program Site Director

Date

10/19/17



Mark Hughes, M.D., Medical Director

Date

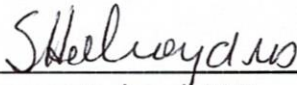
10/30/17


Terry Stephens, CEO

Date

10/30/17

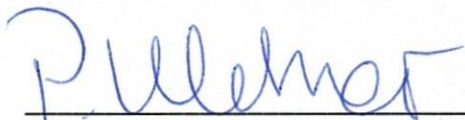
MUSOM



Suzanne Holroyd, M.D.
Departmental Chair & Program Director

Date

10/19/17



Paulette Wehner, M.D., DIO
Senior Associate Dean for GME

Date

10/23/17



Joseph Shapiro, M.D.
Dean

Date

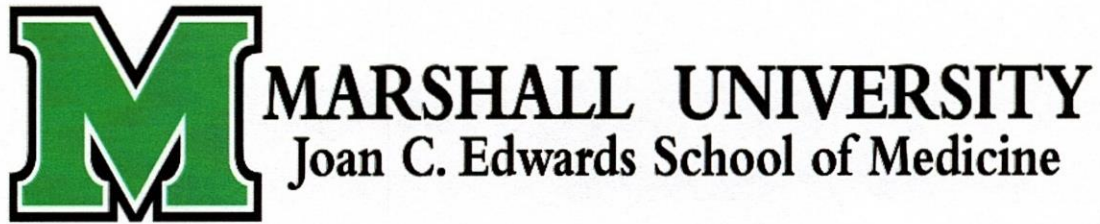
10/25/17

Exhibit A

Current MUSOM Psychiatry Faculty Members at River Park Hospital
(These may change due to resignation or the addition of new faculty members.)

- Dr. Suzanne Holroyd
- Dr. Edward Dachowski

Exhibit B



Marshall Psychiatry Residency Program
Goals & Objectives
River Park Options

Table of Contents

I. Goals Specific to Rotations and Service Areas

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- Psychiatric Emergency - Room River Park Hospital
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- General Adult Inpatient - River Park Hospital
- Geriatric Inpatient - River Park Hospital
- Child & Adolescent Inpatient - River Park Hospital
- Psychiatric Emergency Room Service - River Park Hospital
- **PGY-4 Electives**
- Inpatient Psych – General Psych & Specialty Psych Units–Bateman & River Park Geriatric Psychiatry – River Park Hospital
- Child & Adolescent Psychiatry – River Park Hospital
- Emergency Psychiatry – River Park Hospital
- Forensic Psychiatry: Bateman Hospital, River Park, Private Outpatient Practice

PGY-1 Residents:

General Psychiatry Adult Inpatient Units - River Park Hospital:

Objective I:

To learn and review didactic information necessary to the diagnosis and management of acute psychiatric illnesses requiring hospitalization. (Core Competencies: a, b, c, d, f)

This information is provided through:

1. Daily rounds and supervision with an attending psychiatrist who is full-time faculty (12-15 hours/week).
2. A weekly lecture/seminar series (Provided at Marshall Psychiatry Department offices).
3. Assigned readings.
4. Unassigned readings.
5. Resident Journal Club (provided at Marshall Psychiatry Department offices).
6. Supervision with assigned attending.

Objective II:

To learn and practice interviewing skills necessary to diagnose correctly and appropriately manage patients with acute psychiatric illnesses. (Core Competencies: d, e)

This is accomplished through:

1. Interviewing and examining new admissions and patients on daily rounds, periodically conducting interviews under observation.
2. Observation of the attending psychiatrist
3. Ongoing experience and critique by the attending psychiatrist
4. Feedback by 360 degree evaluations

Objective III:

To gain the clinical experience necessary to properly diagnose and manage patients with acute psychiatric illnesses requiring inpatient treatment. (Core Competencies: a, b, d, e, f)

1. Under the supervision of an attending psychiatrist, and the resident will admit, assess and manage patients on the general adult psychiatry service. Each intern may carry up to ten patients at a given time with the assistance and under the supervision of the attending.
 - a. The resident is responsible for a complete admission work-up of each patient admitted to the service. This must include a chief complaint or reason for

- admission, complete history, review of systems, physical examination, mental status examination, formulation, differential diagnosis and plan of management. Each admission work-up will be reviewed by the attending psychiatrist.
- b. The resident will make the initial clinical decisions, in consultation with the attending who is responsible for the final decisions.
2. Under the supervision of a full-time attending psychiatrist, the resident will participate, and ultimately advance to serve as the leader of a multi-disciplinary team of health care providers, including nurses and assistants, social workers, psychologists, occupational therapists and recreational therapists, to provide acute psychiatric and medical care for patients on the general psychiatry service. This includes leading team meetings and rounds under the guidance and direction of the service attending.
 3. Under faculty supervision, the residents will participate in and/or lead family meetings, family therapy sessions, and group therapy sessions.
 4. The resident will admit patients on an emergency basis and manage acute/emergency problems on a regular "on-call" basis as assigned. Residents will be supported and supervised on call by an attending psychiatrist.
 5. Residents will understand the role of and work with the local community mental health agencies to coordinate care of the chronically mentally ill, both acutely and in follow-up at discharge from the hospital.
 6. The residents gain knowledge of the information required by insurance and managed care companies to billing personnel and in cooperation with attending physicians, may talk to companies directly about care needed and provided to their patients.
 7. Under guidance and direction of the attending, the resident will learn to coordinate the process of legal commitment, including determinations of dangerousness, need for involuntary hospitalization and testimony at commitment hearings as well as working with court and community evaluation personnel to assure continued care after discharge or transfer.

Objective IV:

To gain the clinical experience necessary to properly diagnose and manage patients with substance abuse and addictive disorders. (Core Competencies: a, b)

1. Under the supervision of a full-time attending psychiatrist, the resident will admit, assess and manage patients with addictive disorders, including those in need of detoxification or in crisis.
 - a. The resident is responsible for a complete admission evaluation of each patient. Residents develop skill in the supervision of the lower level residents and students in the management of patients and serve as a resource for systems issues. These must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination formulation, differential diagnosis and plan of management.
 - b. The resident will identify co-morbid presentations of addictive disorders and other psychiatric disorders.
 - c. The resident will differentiate among substance abuse, addictions and dependence.
 - d. The resident will understand the potential medical, behavioral and societal consequences of substance abuse.

Objective V:

The resident will discharge patients with appropriate aftercare arrangements and will complete the necessary paperwork. (Core Competency: f)

1. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
2. The resident will develop skill in dictating the final hospital summary at the time of discharge, to be reviewed and edited by the attending physician.

First Year psychiatry residents will develop basic general psychiatric skills through didactics and through acute care settings of inpatient psychiatry such that they are able:

1. to perform a skilled psychiatric interview and mental status examination and identify psychiatric diagnoses with particular reference to DSM criteria and nosology. Core Competencies: a, b.
2. to use appropriately diagnostic testing (e.g. laboratory testing, imaging, neuropsychological testing) in the evaluation of the patient. Core Competencies: a, b, f.
3. to conceptualize illness in terms of biological, psychological, and sociocultural factors. Core Competencies: a, b, e.
4. to formulate an appropriate treatment plan (including multiple modalities of treatment), implement the treatment plan and provide continuous care. Core Competencies: a, b, f.
5. to demonstrate skill in the major types of therapies appropriate to the acute care setting; including pharmacological and other somatic therapies, crisis intervention (including the evaluation and management of patients who are dangerous to themselves or others) and substance abuse assessment, detoxification and follow-up treatment. Core Competencies: a, b, f.
6. to gain experience assisting in the supervision and teaching medical and other students working under them in clinical settings. Core Competencies: d, e
7. to have basic knowledge of:
 1. the biological, psychological and sociocultural factors that influence psychological development from infancy to death.
 2. the critical appraisal of major theories of personality.
 3. the theories of etiology, prevalence and prevention of all major psychiatric conditions.
 4. the standards and practice of medical and psychiatric ethics.
 5. legal aspects of psychiatric practice and issues relating to civil commitment.
 6. boundary issues and professional roles in the provision of psychiatric care. Core Competencies: a, b, e, f
8. In keeping with the philosophy of graduated responsibility, PGYI residents will increase responsibility as they achieve knowledge and documented skill in the basic components of psychiatric assessment and treatment. Levels of supervision will be decreased as these skills and knowledge are achieved, per the supervision guidelines. (c)

Psychiatric Emergency Room Service: (River Park Hospital Psychiatric ER)

Residents work at the psychiatric ER at River Park Hospital evenings and weekends while on inpatient rotations at that location.

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. Systems-Based Practice, as manifested by actions that 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.

Program Goal: Upon completion of the psychiatric emergency service experience, the resident will appropriately diagnose, manage and triage patients with emergency and urgent psychiatric problems.

Objective 1:

To appreciate the presence and gravity of suicidal and homicidal ideation and intent in emergency patients. *(Core Competencies: a, b, d, e, f)*

1. The resident will explore the presence and severity of suicidal and homicidal ideation, the occurrence of recent suicide/homicide attempts/gestures, the possible methods, and the support systems available to the patient with every patient attending the emergency setting.
2. The resident will document, thoroughly and appropriately in the emergency record, all such discussions with patients.
3. The resident will be able to develop and execute a plan, without violation of patients' rights to confidentiality, to involve family, therapists and friends, as appropriate, in dealing with ambivalence regarding suicide.
4. The resident will be able to triage patients to hospital, outpatient therapy or home as appropriate for the level of acuity.
 - a. The resident will present every patient to an attending physician, and consult directly with the attending psychiatrist prior to releasing any patient from the emergency setting in order to reach consensus on diagnosis, prognosis and disposition.

- b. The social worker, psychiatric nurse or local community mental health center worker as appropriate, will assist the resident if necessary in obtaining and using necessary community resources and supports, including commitment procedures.

Objective II:

To understand the role of medical illnesses in psychiatric emergencies. (Core Competencies: a, b, f)

1. The resident will insure that all patients have assessment of vital signs, allergies and current medications prior to beginning the psychiatric interview.
2. The resident will establish every patient's recent and past medical history through interview and chart review and will verify, to the extent possible, medications and dosages.
3. The resident will identify patients who need medical or surgical evaluation, routine "screening" blood work, or blood levels of specific medications, other laboratories, urine tests or imaging as appropriate.
4. The resident will generate an appropriate differential diagnosis for patients presenting with suicidality, violence, delirium, dementia, new onset psychosis or affective illness.
 - a. The attending psychiatrist will provide supervision.
 - b. Resident will receive didactics re Psychiatric ER (occurs at Marshall Psychiatry Department offices).
5. The resident will coordinate care with community crisis workers and other appropriate staff to ensure appropriate follow up care as appropriate.

Objective III:

To develop facility with the timely and appropriate use of systems of civil commitment and criminal justice to insure optimal patient care. (Core Competencies: a, e, f)

1. The resident will understand and be able to explain the distinctions between emergency custody, temporary detention and commitment; magistrate; hospital security, police and sheriffs.
 - a. The attending psychiatrist will model for the resident a professional relationship with local law enforcement officials and will assist the resident in working with appropriate law enforcement personnel to ensure patient safety, community security and prompt transport, when necessary.
2. The resident will learn the criteria for legal detention and commitment in West Virginia and understand and explain capacity and competency as they relate to the provision of emergency mental health services.
 - a. The program will provide didactics including a copy of West Virginia statutes covering mental health law to each resident. (Didactics regarding ER occur at Marshall Psychiatry Departmental offices).
3. The resident will learn to identify correctly those patients for whom optimal management includes immediate referral to the criminal justice system for formal forensic evaluation or detainment on criminal charges.
4. The resident will learn to function within the emergency care setting without violating patient confidentiality. Specifically, the resident will learn to obtain and document

permission for consultation with outside parties and the resident will learn to minimize recording of sensitive or potentially damaging information not directly relevant to diagnosis and disposition.

- a. The attending psychiatrist will discuss each patient with the resident, emphasizing legal ramifications.
- b. The attending psychiatrist will evaluate carefully, for appropriateness of documentation, all written materials prepared by the resident.

Objective IV:

To enhance knowledge and understanding of substance abuse in the crisis setting. (Core Competencies: a, b, f)

1. The resident will learn to ascertain recent and remote history of alcohol and illicit substance abuse for every patient.
2. The resident will learn to identify correctly patients who require supervised detoxification and will arrange appropriate placement.
3. The resident will become familiar with the signs, symptoms and potential complications of alcohol and illicit substance ingestion.
4. The resident will become familiar with and use, as appropriate, community resources for substance abuse treatments.
 - a. The attending psychiatrist will emphasize approaches to substance abuse

PGY-2 Residents:

General Psychiatry Adult Inpatient Units - River Park Hospital:

Objective I:

To learn and review didactic information necessary to the diagnosis and management of acute psychiatric illnesses requiring hospitalization. (Core Competencies: a, b, c, d, f)

This information is provided through:

1. Daily rounds and supervision with an attending psychiatrist who is full-time faculty (12-15 hours/week).
2. A weekly lecture/seminar series (Provided at Marshall Psychiatry Department offices).
3. Assigned readings.
4. Unassigned readings.
5. Resident Journal Club (provided at Marshall Psychiatry Department offices).
6. Supervision with assigned attending.

Objective II:

To learn and practice interviewing skills necessary to diagnose correctly and appropriately manage patients with acute psychiatric illnesses. (Core Competencies: d, e)

This is accomplished through:

1. Interviewing and examining new admissions and patients on daily rounds, periodically conducting interviews under observation.
2. Observation of the attending psychiatrist
3. Ongoing experience and critique by the attending psychiatrist
4. Feedback by 360 degree evaluations

Objective III:

To gain the clinical experience necessary to properly diagnose and manage patients with acute psychiatric illnesses requiring inpatient treatment. (Core Competencies: a, b, d, e, f)

1. Under the supervision of an attending psychiatrist, and the resident will admit, assess and manage patients on the general adult psychiatry service. Each intern may carry up to ten patients at a given time with the assistance and under the supervision of the attending.
 - a. The resident is responsible for a complete admission work-up of each patient admitted to the service. This must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination, formulation, differential diagnosis and plan of management. Each admission work-up will be reviewed by the attending psychiatrist.
 - b. The resident will make the initial clinical decisions, in consultation with the attending who is responsible for the final decisions.
2. Under the supervision of a full-time attending psychiatrist, the resident will participate, and ultimately advance to serve as the leader of a multi-disciplinary team of health care providers, including nurses and assistants, social workers, psychologists, occupational therapists and recreational therapists, to provide acute psychiatric and medical care for patients on the general psychiatry service. This includes leading team meetings and rounds under the guidance and direction of the service attending.
3. Under faculty supervision, the residents will participate in and/or lead family meetings, family therapy sessions, and group therapy sessions.
4. The resident will admit patients on an emergency basis and manage acute/emergency problems on a regular "on-call" basis as assigned. Residents will be supported and supervised on call by an attending psychiatrist.
5. Residents will understand the role of and work with the local community mental health agencies to coordinate care of the chronically mentally ill, both acutely and in follow-up at discharge from the hospital.
6. The residents gain knowledge of the information required by insurance and managed care companies to billing personnel and in cooperation with attending physicians, may talk to companies directly about care needed and provided to their patients.
7. Under guidance and direction of the attending, the resident will learn to coordinate the process of legal commitment, including determinations of dangerousness, need for involuntary hospitalization and testimony at commitment hearings as well as working with court and community evaluation personnel to assure continued care after discharge or transfer.

Objective IV:

To gain the clinical experience necessary to properly diagnose and manage patients with substance abuse and addictive disorders. (Core Competencies: a, b)

1. Under the supervision of a full-time attending psychiatrist, the resident will admit, assess and manage patients with addictive disorders, including those in need of detoxification or in crisis.
 - a. The resident is responsible for a complete admission evaluation of each patient. Residents develop skill in the supervision of the lower level residents and students in the management of patients and serve as a resource for systems issues. These must include a chief complaint or reason for admission, complete history, review of systems, physical examination, mental status examination formulation, differential diagnosis and plan of management.
 - b. The resident will identify co-morbid presentations of addictive disorders and other psychiatric disorders.
 - c. The resident will differentiate among substance abuse, addictions and dependence.
 - d. The resident will understand the potential medical, behavioral and societal consequences of substance abuse.

Objective V:

The resident will discharge patients with appropriate aftercare arrangements and will complete the necessary paperwork. (Core Competency: f)

1. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
2. The resident will develop skill in dictating the final hospital summary at the time of discharge, to be reviewed and edited by the attending physician.

This rotation will develop knowledge and competence in general psychiatric and medical skills such that the residents are able at a minimum to:

- a. Effectively advise a clinical team caring for patients with disorders which may have concomitant medical/psychiatric presentations and to help interpret the significance to other medical disciplines, family members and patients. Core Competencies: a, b, c, d, e, f
- b. Provide treatment to acute care patients with conditions that occur at the interface between psychiatric, neurologic and medical treatments. Core Competencies: a, b, d, e
- c. Develop competence and a strong understanding of the psychological stresses and clinical disorders associated with medical illness, and to be able to effectively support patients, their families and other health care providers in diagnosing and treating complex psychiatric disorders in the acute care setting. Core Competencies: a, b, d, e

- d. Competently perform an in depth psychiatric interview and mental status examination and identify psychiatric and medical diagnoses with particular reference to DSM- criteria and nosology. Core Competencies: a, b, c, d, e
- e. Understand the reasons for and implement appropriate and cost-effective diagnostic testing (e.g. laboratory testing, imaging, neuropsychological testing) in the evaluation of the acute care adult psychiatric, geriatric psychiatric, child and adolescent psychiatric and dual diagnosis patients.
Core Competencies: a, b, c
- f. Conceptualize illness in terms of biological, psychological, and sociocultural factors and develop culturally sensitive and non-judgmental treatment plans where appropriate. Core Competencies: a, d, e, f
- g. Formulate an appropriate treatment plan (including multiple modalities of treatment), implement the treatment plan and provide continuous care.
Core Competencies: a, b, f
- h. To demonstrate intermediate level skill in the major types of therapies; including acute care psychopharmacology and other somatic therapies; understand the indications, contraindications, risks and social issues relating to patients being referred for ECT. Have a basic understanding of short term psychotherapy options applicable to acute care settings such as cognitive, supportive and crisis intervention and basic behavioral interventions; serve as a resource to lower level residents in cases involving crisis intervention and the evaluation and management of patients who are dangerous to themselves or others, and substance abuse detoxification and treatment. Core Competencies: a, b, d, e, f.
- j. To coordinate treatment care plans which include interventions from multiple medical and rehabilitative services and cross between the public and private system of mental health care. Core Competencies: a, d, e, f
- k. To coordinate treatment with non-psychiatrists and mental health care providers. Core Competencies: a, d, e, f
- l. To have significant knowledge of:
 - 1. The biological, psychological and sociocultural factors that influence psychological development from infancy to death.
 - 2. The critical appraisal of major theories of personality.
 - 3. The theories of etiology, prevalence and prevention of all psychiatric conditions.
 - 4. The standards and practice of medical and psychiatric ethics.
 - 5. Legal aspects of psychiatric practice
 - 6. The psychiatric profession, including history, and knowledge of financing and regulation of psychiatric practice.
 - 7. Specialty issues in the care and treatment of the chronically mentally ill, including community mental health programs and care of the indigent.
Core Competencies: a, b, e, f.

Geriatric Psychiatry Inpatient Service - River Park Hospital:

Residents rotate for a 2 month 90% time rotation

Program Goal: Upon completion of the inpatient rotation, the resident will be able to diagnose and appropriately manage acute and chronic psychiatric illnesses in geriatric patients who require hospitalization. The clinical management of geriatric patients with a variety of psychiatric disorders, including familiarity with long term care in a variety of settings to include inpatient, outpatient and long term facility settings.

(Core competency addressed by each goal is annotated by letter a, b, c, etc.)

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. Systems-Based Practice, as manifested by actions that 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.

Objective I:

To learn the didactic information necessary to the diagnosis and management of psychiatric illnesses in the elderly requiring hospitalization. (Core Competencies: b, c)

This is accomplished by:

1. Residents attend relevant didactics in geriatric psychiatry.
2. Individual and direct supervision with the attending geriatric psychiatrist.

Objective II:

Residents will learn the interviewing and examination skills necessary to correctly diagnose and comprehensively treat geriatric patients in the inpatient setting. (Core Competencies: a, b, d, e)

This is accomplished by:

1. The resident will have direct observation and supervision of the attending geriatric psychiatrist.
2. Ongoing experience and critique by the attending psychiatrist.
3. The resident will provide a comprehensive evaluation of the geriatric patient including a chief complaint, history of present illness, review of symptoms, physical and functional examination, mental status examination, diagnosis with differential as appropriate, and treatment plan. The attending will review and give feedback on the workup.
4. The resident will attend relevant didactics and seminars.
5. The resident will continue to treat the patient after the evaluation, and manage the care until the patient is discharged, under the supervision of the attending. This includes evaluation and management of acute/emergency problems as they arise in the care of the patient.
6. The resident will serve as leader of the multidisciplinary team including rounds and team meetings.

This will be under the supervision of the attending.

1. The resident will provide information as required by insurance or community agencies or placements, with regard to the proper HIPAA regulations.
2. The resident will discharge patients at appropriate times and arrange adequate aftercare follow-up.

Objective III:

Residents will develop a positive attitude toward elderly patients with severe or chronic mental illness, who require hospitalization. This includes an understanding of the systems involved in caring for geriatric patients including the mental health system, government agencies, private entities including long term care, home health, hospice among others and the community. (Core Competencies: a, c, e, f)

This is accomplished by:

1. Residents have direct experience with the attending in the care of patients, as well as the interface with the strengths and limitations of the systems of care, the legal system and the community.
2. Residents attend relevant didactics to understand the factors contributing to hospitalization of geriatric psychiatric patients.

Child and Adolescent Psychiatry Inpatient Rotation - River Park Hospital:

Residents rotate for 2 months - 90% time

Goals:

The goal of training in child and adolescent psychiatry is to provide an educational experience so that residents will gain a high degree of knowledge and skill in the diagnosis and treatment of psychiatric disorders as they present during childhood and adolescence. Residents will demonstrate the ability to form a positive therapeutic alliance with patients, families, and other caregivers. Residents will interact

with therapists, case managers, nurses, schoolteacher and classroom aide, recreational therapists and mental health technicians that participate on the treatment team, and realize the importance of a team approach. Residents will learn to lead the team in the care of the patient. Residents will complete an accurate psychiatric evaluation to include a history of illness, past psychiatric and medical history, review of systems, family and social assessments, developmental history, educational assessment, and formulation of differential diagnoses. Residents will develop individualized treatment plans for each new patient; they will demonstrate these skills in both inpatient and outpatient settings. Residents will learn and display positive attitudes while working with child and adolescent patients as well as the family unit. Further, they will acquire knowledge of pertinent systems of care to include school, primary medical, juvenile justice, residential treatment, and state and federal governmental agencies that may be involved in such care. (Core competency addressed by each goal is annotated by letter a, b, c, etc.)

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. Systems-Based Practice, as manifested by actions that 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.

Objectives by Core Competency:

Patient Care:

- A. Knowledge: At the conclusion of the inpatient rotation, residents will be able to demonstrate knowledge in the following areas of patient care:
 - 1. Interview of the patient and caregiver(s) in an acute setting.
 - 2. Develop rapport and therapeutic alliance with child and adolescent patients.
 - 3. Gather necessary information to complete a comprehensive history including assessment of the presenting problems and the dynamics that bring the patient to an acute care setting.
 - 4. Appropriate use of laboratory testing, psychological tests, neurological and medical examinations.
 - 5. Use of Pharmacotherapy by including the appropriate use of medications and other treatments in the context of benefit and consequences for the patient.

6. Psychological therapies, including brief, crisis intervention, supportive, family, group, psychodynamic and the use of psychotherapy in combination with pharmacotherapy.
 7. Social interventions, such as care management in the aftercare of the patient and family including home- based, community-based, and social service agencies.
 8. Assessment and treatment methods for substance use.
 9. Understand the implication of cultural, socioeconomic, ethnic, and sexual dynamics as they impact upon the presentation, assessment, management, and prognosis of adolescent patients.
- B. Skills: Residents will demonstrate proficiency in the following areas:
1. Perform and document a comprehensive psychiatric history of children, adolescents, adults, families and caregivers including an understanding of the current dynamics which are the subject of the need for acute care:
 - Developmental history
 - Social and educational history
 - Family history
 - Substance abuse history
 - Medical history and review of systems
 - Pediatric neurological examination
 - Mental status examination including assessment of cognitive functioning
 2. Based upon the history and examination develops and document:
 - DSM differential diagnosis.
 - Case formulation and plan including appropriate laboratory, medical, and psychological examinations.
 - Comprehensive treatment plan addressing areas of biological, psychological, and social concern.
 3. Assess children and adolescents for the potential of self-harm or harm to others including the ability to interview, document, and provide appropriate intervention, including:
 - Risk based on known risk factors.
 - Knowledge of procedures and basis for involuntary treatment.
 - Intervention to minimize risk or prevention of self-harm or harm to others.
 4. Therapeutic interventions and treatment with patients and families including:
 - Education regarding psychiatric illness, pharmacotherapy and impact on family.
 - Individual, family, group and other therapies as part of the overall treatment plan.
- C. Attitude:
1. Interest in increasing knowledge of current psychiatric literature, and standards of practice.
 2. Adherence to the requirements of supervision in the care of patients.
 3. A desire to maintain the highest standard of ethical and professional behavior in the care of patients.

Medical Knowledge:

- A. Knowledge: Residents will acquire information essential to the principles of child and adolescent psychiatry. Information from didactics, case conferences and self-directed learning are integral to the academic and clinical knowledge. Areas of knowledge include:
- a. Development
 - b. Biological science as related to adolescent psychiatry.
 - c. Clinical science as related to adolescent psychiatry.
 - d. Psychopathology
 - DSM 5 categories
 - Genetic and chromosomal abnormalities
 - Pediatric neurological disorders
 - e. Assessment
 - Psychological testing
 - Laboratory testing
 - Mental status examination
 - Diagnostic interviewing of patients and families in an acute setting
 - f. Treatment
 - Biological therapies including psychopharmacology
 - Psychological therapies including individual, cognitive, group, and family
- B. Skills: Residents will participate in didactic sessions, supervision, seminars, and clinical discussions aimed at increasing knowledge in the basis sciences. Requirements include:
- 1. Attendance and participation in didactic seminars.
 - 2. Gathering relevant information as it relates to the psychiatric care of children and adolescents particularly those in acute crisis.
 - 3. Ability to apply knowledge in the acute setting to benefit children, adolescents, and their families/caregivers.
- C. Attitudes: Residents discuss readings, seminars, and other relevant information in the context of acute care patients. Residents participate in conferences and other settings sharing information gained from the experience of adolescents in an acute care setting.

Interpersonal and Communication Skills:

- A. Knowledge: Residents are expected to develop skills necessary to communicate effectively with their patients and families particularly in the stress of acute psychiatric illness. As such competency in the following will be assessed:
- 1. Understanding the concerns of children, adolescents, and their families.
 - 2. Effective communication with patient and families regarding illness, treatment and implications for the child and family.
 - 3. Development of rapport and therapeutic alliance between physician and patient.
 - 4. Development of empathy and compassion toward patients.
 - 5. Communication with allied professionals.

6. Effective communication and participation as part of a multidisciplinary team.
 7. Communication with cultural, socioeconomic, and ethnically diverse adolescents.
- B. Skills: Residents will develop interpersonal skills and communication appropriate to children and adolescents including:
1. Effective communication with children, adolescents, and families.
 2. Acquire information in nonverbal and interpretive methods in a variety of cultural, ethnic, educational, and socioeconomic settings.
 3. Create an environment of trust and rapport through caring and compassionate communication and demeanor.
 4. Negotiate and communicate on behalf of patients with entities such as insurance and other providers.
 5. Speak clearly and plainly to families regarding psychiatric illness and treatment.
 6. Educate patient and family of psychiatric illness and treatment.
 7. Participate effectively as a member of a multidisciplinary team.
 8. Tolerate and manage the issues of high affect from patients and families.
 9. Maintain medical records that are legible, timely, and respectful of privacy and in accordance with the standards of confidentiality.
- C. Attitudes: Residents demonstrate skills, which enhance patient care and minimize attitudes which potentially detract from it. Specifically:
1. Attitudes of respect including those with differing views or backgrounds.
 2. A desire to gain understanding of the thoughts, feelings and reasoning of another person.
 3. A belief in the value of all people.
 4. Share information in an open manner rather than an opinionated, rigid manner.
 5. Self-observation and willingness to confront bias, prejudice, and attitudes contrary to the benefit of patient care.

Practice-Based Learning:

- A. Knowledge: The resident will demonstrate:
1. Gaps in knowledge base and willingness to increase competency in those areas.
 2. Acquisition of knowledge regarding scientific literature in child and adolescent psychiatry.
- B. Skills: The resident will monitor knowledge by:
1. Maintaining a log of patients and diagnosis.
 2. Review of patient care.
 3. Supervision of attending physician.
 4. Apply the best practices standard to the care of patients in an acute care setting.

5. Integrate information obtained from a variety of sources to the benefit of acutely ill children and adolescents.
- C. Attitudes: The resident will demonstrate willingness to obtain and apply information from a variety of sources including independent review of literature, supervision, and new clinical approaches.

Professionalism:

- A. Knowledge: Residents will demonstrate:
1. Understanding of the professional code of ethics by the American Academy of Child and Adolescent Psychiatry.
 2. Understanding the ethical and legal principles of confidentiality, rights of minors to treatment, abuse, involuntary commitment, consent to treatment, and abandonment.
 3. Identification of diversity and the influences on mental health behavior.
- B. Skills: Residents will demonstrate understanding of:
1. Responsibility of patient care.
 2. Ethical care.
 3. Respect for patients and colleagues as persons regardless of age, culture, disability, and ethnic background.
 4. Assurance of care for patients and termination of treatment so as to avoid inappropriate abandonment of patients and their care.
 5. Documentation of consent and release of information and records in accordance with legal and ethical standards.
- C. Attitudes:
1. Respect and regard for all patients.
 2. Responsibility for the highest standard of care.
 3. Commitment to the ethical standards of professionalism.
 4. Sensitivity and responsiveness to the needs of patients.

Systems-Based Practices:

- A. Knowledge: The resident will demonstrate knowledge in the following:
1. Systems theory
 2. Educational system
 3. Social Services
 4. Medical system
 5. Legal system
 6. Community mental health system

B. Skills:

1. Communicate effectively with a variety of systems.
2. Provide consultation to a variety of systems.
3. Advocate for the patient in those systems.

C. Attitude: Develop respect for patient and family in the context of involvement with the various systems, provision of services as close to home as possible, providing the least restrictive environment as possible in the acute crisis, taking into account the cost effective and service utilization restraints.

Psychiatric Emergency Room Service - River Park Hospital Psychiatric ER:

Residents – work at the psychiatric ER at River Park Hospital evenings and weekends while on child inpatient rotations at that location as well as a 2 week 90% time block during day hours 8AM-5PM. (Core competency addressed by each goal is annotated by letter a, b, c, etc.)

- a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. Medical Knowledge about established and evolving biomedical, clinical, epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
- e. Professionalism, as manifested through a commitment to carrying out professional responsibilities and boundaries, adherence to ethical principles, and sensitivity to a diverse patient population.
- f. Systems-Based Practice, as manifested by actions that 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.

Program Goal: Upon completion of the psychiatric emergency service experience, the resident will appropriately diagnose, manage and triage patients with emergency and urgent psychiatric problems.

Objective I:

To appreciate the presence and gravity of suicidal and homicidal ideation and intent in emergency patients. (Core Competencies: a, b, d, e, f)

1. The resident will explore the presence and severity of suicidal and homicidal ideation, the occurrence of recent suicide/homicide attempts/gestures, the possible methods, and the support systems available to the patient with every patient attending the emergency setting.
2. The resident will document, thoroughly and appropriately in the emergency record, all such discussions with patients.

3. The resident will be able to develop and execute a plan, without violation of patients' rights to confidentiality, to involve family, therapists and friends, as appropriate, in dealing with ambivalence regarding suicide.
4. The resident will be able to triage patients to hospital, outpatient therapy or home as appropriate for the level of acuity.
 - a. The resident will present every patient to an attending physician, and consult directly with the attending psychiatrist prior to releasing any patient from the emergency setting in order to reach consensus on diagnosis, prognosis and disposition.
 - b. The social worker, psychiatric nurse or local community mental health center worker as appropriate, will assist the resident if necessary in obtaining and using necessary community resources and supports, including commitment procedures.
5. Residents will begin to serve as a leader and resource to medical students, non- psychiatry residents and staff in the consult/ER setting in the evaluation and management of the evaluation of suicidal / homicidal ideation in psychiatric emergencies.

Objective II:

To understand the role of medical illnesses in psychiatric emergencies. (Core Competencies: a, b, f)

1. The resident will insure that all patients have assessment of vital signs, allergies and current medications prior to beginning the psychiatric interview.
2. The resident will establish every patient's recent and past medical history through interview and chart review and will verify, to the extent possible, medications and dosages.
3. The resident will identify patients who need medical or surgical evaluation, routine "screening" blood work, or blood levels of specific medications, other laboratories, urine tests or imaging as appropriate.
4. The resident will generate an appropriate differential diagnosis for patients presenting with suicidality, violence, delirium, dementia, new onset psychosis or affective illness.
 - a. The attending psychiatrist will provide supervision.
 - b. Resident will receive didactics re Psychiatric ER (occurs at Marshall Psychiatry Department offices).
5. The resident will coordinate care with community crisis workers and other appropriate staff to ensure appropriate follow up care as appropriate.
6. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of medical illnesses in psychiatric emergencies.

Objective III:

To develop facility with the timely and appropriate use of systems of civil commitment and criminal justice to insure optimal patient care. (Core Competencies: a, e, f)

1. The resident will understand and be able to explain the distinctions between emergency custody, temporary detention and commitment; magistrate; hospital security, police and sheriffs.
 - a. The attending psychiatrist will model for the resident a professional relationship with local law enforcement officials and will assist the resident in working with appropriate law enforcement personnel to ensure patient safety, community security and prompt transport, when necessary.
2. The resident will learn the criteria for legal detention and commitment in West Virginia and understand and explain capacity and competency as they relate to the provision of emergency mental health services.
 - a. The program will provide didactics including a copy of West Virginia statutes covering mental health law to each resident. (Didactics re ER occur at Marshall Psychiatry Departmental offices).
3. The resident will learn to identify correctly those patients for whom optimal management includes immediate referral to the criminal justice system for formal forensic evaluation or detainment on criminal charges.
4. The resident will learn to function within the emergency care setting without violating patient confidentiality. Specifically, the resident will learn to obtain and document permission for consultation with outside parties and the resident will learn to minimize recording of sensitive or potentially damaging information not directly relevant to diagnosis and disposition.
 - a. The attending psychiatrist will discuss each patient with the resident, emphasizing legal ramifications.
 - b. The attending psychiatrist will evaluate carefully, for appropriateness of documentation, all written materials prepared by the resident.
5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of the criminal justice system and civil commitment in psychiatric emergencies. .

Objective IV: To enhance knowledge and understanding of substance abuse in the crisis setting.
(Core Competencies: a, b, f)

1. The resident will learn to ascertain recent and remote history of alcohol and illicit substance abuse for every patient.
2. The resident will learn to identify correctly patients who require supervised detoxification and will arrange appropriate placement.
3. The resident will become familiar with the signs, symptoms and potential complications of alcohol and illicit substance ingestion.
4. The resident will become familiar with and use, as appropriate, community resources for substance abuse treatments.
 - a. The attending psychiatrist will emphasize approaches to substance abuse
5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of substance use disorders in psychiatric emergencies.

PGY-3 Residents: N/A

PGY-4 Residents:

Inpatient Psychiatry Elective: General psychiatry and specialty psychiatry units: Mildred Mitchell Bateman Hospital (MMBH), River Park Hospital (RPH).

Residents may elect to have additional inpatient experiences at MMBH and RP hospitals. They may choose adult psychiatry (MMBH, RP), geriatric psychiatry (RP), child psychiatry, (RP) adolescent psychiatry (RP), adolescent sex offender unit (RP), forensic inpatient psychiatry (MMBH, RP). Dual diagnosis (MMBH).

Program Goal:

Upon completion of the inpatient education experience, the resident will be able to independently diagnose and appropriately manage acute or subacute psychiatric illnesses in patients who require hospitalization.

Inpatient services electives occur at River Park Hospital, a free-standing private psychiatric hospital in Huntington WV, and Mildred Mitchell-Bateman Hospital, a West Virginia State Hospital. They may choose among different general psychiatry or specialty units. The resident will gain knowledge and experience in the evaluation and management of patient with disorders specific to the unit chosen for the elective.

Objective I:

To learn and review didactic information necessary to the diagnosis and management of specific acute or subacute psychiatric illnesses requiring hospitalization. Readings will be specific to the unit chosen (for example, reading forensic literature when on forensic inpatient unit). (Core Competencies: a, b, c, d, f)

This information is provided through:

1. Daily rounds and supervision with an attending psychiatrist, assigned readings, unassigned readings.

Objective II:

To learn and practice interviewing skills necessary to diagnose correctly and appropriately manage patients with acute and subacute psychiatric illnesses. (Core Competencies: d, e)

This is accomplished through:

1. Interviewing and examining new admissions and patients on daily rounds, periodically conducting interviews under observation.
2. Observation of the attending psychiatrist
3. Ongoing experience and critique by the attending psychiatrist
4. Feedback by 360 degree evaluations

Objective III:

To gain the clinical experience necessary to properly diagnose and manage patients with acute and subacute psychiatric illnesses requiring inpatient treatment. (Core Competencies: a, b, d, e, f)

1. Under the supervision of an attending psychiatrist, and the resident will admit, assess and manage patients on the psychiatry service.
 - a. The resident is responsible for a complete admission work-up of each patient admitted to the service. Each admission work-up will be reviewed by the attending psychiatrist.
 - b. The resident will make the initial clinical decisions, in consultation with the attending who is responsible for the final decisions.
2. Under the supervision of the attending psychiatrist, the resident will participate, and ultimately advance to serve as the leader of a multi-disciplinary team of health care providers, including nurses and assistants, social workers, psychologists, occupational therapists and recreational therapists, to provide acute psychiatric and medical care for patients on the general psychiatry service. This includes leading team meetings and rounds under the guidance and direction of the service attending.
3. Under faculty supervision, the residents will participate in and/or lead family meetings, family therapy sessions, and group therapy sessions.
4. The resident will admit patients on an emergency basis and manage acute/emergency problems on a regular "on-call" basis as assigned. Residents will be supported and supervised on call by an attending psychiatrist.
5. Residents will understand the role of and work with the local community mental health agencies to coordinate care of the mentally ill, both acutely and in follow-up at discharge from the hospital.
6. The residents gain knowledge of the information required by insurance and managed care companies to billing personnel and in cooperation with attending physicians, may talk to companies directly about care needed and provided to their patients.
7. Under guidance and direction of the attending, the resident will learn to coordinate the process of legal commitment, including determinations of dangerousness, need for involuntary hospitalization and testimony at commitment hearings as well as working with court and community evaluation personnel to assure continued care after discharge or transfer.

Objective IV:

The resident will discharge patients with appropriate aftercare arrangements and will complete the necessary paperwork. (Core Competency: f)

1. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
2. The resident will develop skill in dictating or typing in the EMR, the final hospital summary at the time of discharge, to be reviewed and edited by the attending physician.

d) **Geriatric Psychiatry Elective:**

Program Goal: The Geriatric Psychiatry elective is a combination of inpatient and outpatient experiences, by which the resident will be able to diagnose and appropriately manage acute and chronic psychiatric illnesses in geriatric patients. The clinical management of geriatric patients with a variety of psychiatric disorders, including familiarity with long term care in a variety of settings to include inpatient, outpatient and long term facility settings.

Objective I:

To learn the relevant information pertaining to the diagnosis and management of psychiatric illnesses in the elderly requiring hospitalization. (Core Competencies: b, c)

This is accomplished by:

1. Relevant readings in geriatric psychiatry.
2. Individual and direct supervision with the attending geriatric psychiatrist.

Objective II:

Residents will learn the interviewing and examination skills necessary to correctly diagnose and comprehensively treat geriatric patients in the inpatient setting. (Core Competencies: a, b, d, e)

This is accomplished by:

1. The resident will have direct observation and supervision of the attending geriatric psychiatrist.
2. Ongoing experience and critique by the attending psychiatrist.
3. The resident will provide a comprehensive evaluation of the geriatric patient including a chief complaint, history of present illness, review of symptoms, physical and functional examination, mental status examination, diagnosis with differential as appropriate, and treatment plan. The attending will review and give feedback on the workup.
4. Resident will see patients for follow-up appointments in outpatient clinic and provide accurate assessment, management to include psychopharmacology, education, family intervention, psychotherapy and any needed coordination of medical care or community resources needed in the care of the patient.
5. Assigned and unassigned readings.
6. The resident will continue to treat the patient after the evaluation, and manage the care until the patient is discharged, under the supervision of the attending. This includes evaluation and management of acute/emergency problems as they arise in the care of the patient.
7. The resident will serve as leader of the multidisciplinary team including rounds and team meetings. This will be under the supervision of the attending.
8. The resident will provide information as required by insurance or community agencies or placements, with regard to the proper HIPAA regulations.
9. The resident will discharge inpatients at appropriate times and arrange adequate aftercare follow-up.

Objective III:

Residents will develop a positive attitude toward elderly patients with severe or chronic mental illness, who require hospitalization. This includes an understanding of the systems involved in caring for geriatric patients including the mental health system, government agencies, private entities including long term care, home health, hospice among others and the community. (Core Competencies: a, c, e, f)

This is accomplished by:

1. Residents have direct experience with the attending in the care of patients, as well as the interface with the strengths and limitations of the systems of care, the legal system and the community.

Child & Adolescent Psychiatry Elective – River Park Hospital:

Goals:

Residents will have a mixture of inpatient child or adolescent psychiatry as well as outpatient experiences to gain a high degree of knowledge and skill in the diagnosis and treatment of psychiatric disorders as they present during childhood and adolescence. Residents will demonstrate the ability to form a positive therapeutic alliance with patients, families, and other caregivers. Residents will interact with therapists, case managers, nurses, schoolteacher and classroom aide, recreational therapists and mental health technicians that participate on the treatment team, and realize the importance of a team approach. Residents will learn to lead the team in the care of the patient. Residents will complete an accurate psychiatric evaluation to include a history of illness, past psychiatric and medical history, review of systems, family and social assessments, developmental history, educational assessment, and formulation of differential diagnoses. Residents will develop individualized treatment plans for each new patient; they will demonstrate these skills in both inpatient and outpatient settings. Residents will learn and display positive attitudes while working with child and adolescent patients as well as the family unit. Further, they will acquire knowledge of pertinent systems of care to include school, primary medical, juvenile justice, residential treatment, and state and federal governmental agencies that may be involved in such care.

Residents may select inpatient psychiatry rotations at River Park hospital (child unit, adolescent unit, child reactive unit, adolescent sex offender unit) as well as outpatient child/adolescent experiences at Marshall Psychiatry clinic.

Objectives by Core Competency:

Patient Care:

- A. Knowledge: At the conclusion of the inpatient rotation, residents will be able to demonstrate knowledge in the following areas of patient care:
 1. Interview of the patient and caregiver(s) in an acute setting.
 2. Develop rapport and therapeutic alliance with child and adolescent patients.

3. Gather necessary information to complete a comprehensive history including assessment of the presenting problems and the dynamics that bring the patient to an acute care setting.
4. Appropriate use of laboratory testing, psychological tests, neurological and medical examinations.
5. Use of Pharmacotherapy by including the appropriate use of medications and other treatments in the context of benefit and consequences for the patient.
6. Psychological therapies, including brief, crisis intervention, supportive, family, group, psychodynamic and the use of psychotherapy in combination with pharmacotherapy.
7. Social interventions, such as care management in the aftercare of the patient and family including home- based, community-based, and social service agencies.
8. Assessment and treatment methods for substance use.
9. Understand the implication of cultural, socioeconomic, ethnic, and sexual dynamics as they impact upon the presentation, assessment, management, and prognosis of adolescent patients.

B. Skills: Residents will demonstrate proficiency in the following areas:

1. Perform and document a comprehensive psychiatric history of children, adolescents, adults, families and caregivers including an understanding of the current dynamics which are the subject of the need for acute care:
 - Developmental history
 - Social and educational history
 - Family history
 - Substance abuse history
 - Medical history and review of systems
 - Pediatric neurological examination
 - Mental status examination including assessment of cognitive functioning
2. Based upon the history and examination develops and document:
 - DSM differential diagnosis.
 - Case formulation and plan including appropriate laboratory, medical, and psychological examinations.
 - Comprehensive treatment plan addressing areas of biological, psychological, and social concern.
3. Assess children and adolescents for the potential of self-harm or harm to others including the ability to interview, document, and provide appropriate intervention, including:
 - Risk based on known risk factors.
 - Knowledge of procedures and basis for involuntary treatment.
 - Intervention to minimize risk or prevention of self-harm or harm to others.
4. Therapeutic interventions and treatment with patients and families including:

- Education regarding psychiatric illness, pharmacotherapy and impact on family.
- Individual, family, group and other therapies as part of the overall treatment plan.

C. Attitude:

1. Interest in increasing knowledge of current psychiatric literature, and standards of practice.
2. Adherence to the requirements of supervision in the care of patients.
3. A desire to maintain the highest standard of ethical and professional behavior in the care of patients.

Medical Knowledge:

- A. Knowledge: Residents will acquire information essential to the principles of child and adolescent psychiatry. Information from didactics, case conferences and self-directed learning are integral to the academic and clinical knowledge. Areas of knowledge include:
- a. Development
 - b. Biological science as related to adolescent psychiatry.
 - c. Clinical science as related to adolescent psychiatry.
 - d. Psychopathology
 - DSM 5 categories
 - Genetic and chromosomal abnormalities
 - Pediatric neurological disorders
 - e. Assessment
 - Psychological testing
 - Laboratory testing
 - Mental status examination
 - Diagnostic interviewing of patients and families in an acute setting
 - f. Treatment
 - Biological therapies including psychopharmacology
 - Psychological therapies including individual, cognitive, group, and family
- B. Skills: Residents will participate in didactic sessions, supervision, seminars, and clinical discussions aimed at increasing knowledge in the basis sciences. Requirements include:
1. Attendance and participation in didactic seminars.
 2. Gathering relevant information as it relates to the psychiatric care of children and adolescents particularly those in acute crisis.
 3. Ability to apply knowledge in the acute setting to benefit children, adolescents, and their families/caregivers.
- C. Attitudes: Residents discuss readings, seminars, and other relevant information in the context of acute care patients. Residents participate in conferences and other settings sharing information gained from the experience of adolescents in an acute care setting.

Interpersonal and Communication Skills:

- A. Knowledge: Residents are expected to develop skills necessary to communicate effectively with their patients and families particularly in the stress of acute psychiatric illness. As such competency in the following will be assessed:
1. Understanding the concerns of children, adolescents, and their families.
 2. Effective communication with patient and families regarding illness, treatment and implications for the child and family.
 3. Development of rapport and therapeutic alliance between physician and patient.
 4. Development of empathy and compassion toward patients.
 5. Communication with allied professionals.
 6. Effective communication and participation as part of a multidisciplinary Team.
 7. Communication with cultural, socioeconomic, and ethnically diverse adolescents.
- B. Skills: Residents will develop interpersonal skills and communication appropriate to children and adolescents including:
1. Effective communication with children, adolescents, and families.
 2. Acquire information in nonverbal and interpretive methods in a variety of cultural, ethnic, educational, and socioeconomic settings.
 3. Create an environment of trust and rapport through caring and compassionate communication and demeanor.
 4. Negotiate and communicate on behalf of patients with entities such as insurance and other providers.
 5. Speak clearly and plainly to families regarding psychiatric illness and treatment.
 6. Educate patient and family of psychiatric illness and treatment.
 7. Participate effectively as a member of a multidisciplinary team.
 8. Tolerate and manage the issues of high affect from patients and families.
 9. Maintain medical records that are legible, timely, and respectful of privacy and in accordance with the standards of confidentiality.
- C. Attitudes: Residents demonstrate skills, which enhance patient care and minimize attitudes which potentially detract from it. Specifically:
1. Attitudes of respect including those with differing views or backgrounds.
 2. A desire to gain understanding of the thoughts, feelings and reasoning of another person.
 3. A belief in the value of all people.
 4. Share information in an open manner rather than an opinionated, rigid manner.
 5. Self-observation and willingness to confront bias, prejudice, and attitudes contrary to the benefit of patient care.

Practice-Based Learning:

- A. Knowledge: The resident will demonstrate:
1. Gaps in knowledge base and willingness to increase competency in those areas.
 2. Acquisition of knowledge regarding scientific literature in child and adolescent psychiatry.
- B. Skills: The resident will monitor knowledge by:
1. Maintaining a log of patients and diagnosis.
 2. Review of patient care.
 3. Supervision of attending physician.
 4. Apply the best practices standard to the care of patients in an acute care setting.
 5. Integrate information obtained from a variety of sources to the benefit of acutely ill children and adolescents.
- C. Attitudes: The resident will demonstrate willingness to obtain and apply information from a variety of sources including independent review of literature, supervision, and new clinical approaches.

Professionalism:

- A. Knowledge: Residents will demonstrate:
1. Understanding of the professional code of ethics by the American Academy of Child and Adolescent Psychiatry.
 2. Understanding the ethical and legal principles of confidentiality, rights of minors to treatment, abuse, involuntary commitment, consent to treatment, and abandonment.
 3. Identification of diversity and the influences on mental health behavior.
- B. Skills: Residents will demonstrate understanding of:
1. Responsibility of patient care.
 2. Ethical care.
 3. Respect for patients and colleagues as persons regardless of age, culture, disability, and ethnic background.
 4. Assurance of care for patients and termination of treatment so as to avoid inappropriate abandonment of patients and their care.
 5. Documentation of consent and release of information and records in accordance with legal and ethical standards.
- C. Attitudes:
1. Respect and regard for all patients.
 2. Responsibility for the highest standard of care.
 3. Commitment to the ethical standards of professionalism.
 4. Sensitivity and responsiveness to the needs of patients.

Systems-Based Practices:

- A. Knowledge: The resident will demonstrate knowledge in the following:
1. Systems theory
 2. Educational system
 3. Social Services
 4. Medical system
 5. Legal system
 6. Community mental health system
- B. Skills:
1. Communicate effectively with a variety of systems.
 2. Provide consultation to a variety of systems.
 3. Advocate for the patient in those systems.
- C. Attitude: Develop respect for patient and family in the context of involvement with the various systems, provision of services as close to home as possible, providing the least restrictive environment as possible in the acute crisis, taking into account the cost effective and service utilization restraints.

Emergency Psychiatry Elective: River Park Hospital Psychiatric ER:

Residents may elect additional time in the psychiatric ER at River Park Hospital.

Program Goal: Upon completion of the psychiatric emergency service experience, the resident will appropriately diagnose, manage and triage patients with emergency and urgent psychiatric problems.

Objective 1:

To appreciate the presence and gravity of suicidal and homicidal ideation and intent in emergency patients. (Core Competencies: a, b, d, e, f)

1. The resident will explore the presence and severity of suicidal and homicidal ideation, the occurrence of recent suicide/homicide attempts/gestures, the possible methods, and the support systems available to the patient with every patient attending the emergency setting.
2. The resident will document, thoroughly and appropriately in the emergency record, all such discussions with patients.
3. The resident will be able to develop and execute a plan, without violation of patients' rights to confidentiality, to involve family, therapists and friends, as appropriate, in dealing with ambivalence regarding suicide.
4. The resident will be able to triage patients to hospital, outpatient therapy or home as appropriate for the level of acuity.

- a. The resident will present every patient to an attending physician, and consult directly with the attending psychiatrist prior to releasing any patient from the emergency setting in order to reach consensus on diagnosis, prognosis and disposition.
 - b. The social worker, psychiatric nurse or local community mental health center worker as appropriate, will assist the resident if necessary in obtaining and using necessary community resources and supports, including commitment procedures.
5. Residents will serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the evaluation of suicidal / homicidal ideation in psychiatric emergencies.

Objective II:

To understand the role of medical illnesses in psychiatric emergencies. (Core Competencies: a, b, f)

1. The resident will insure that all patients have assessment of vital signs, allergies and current medications prior to beginning the psychiatric interview.
2. The resident will establish every patient's recent and past medical history through interview and chart review and will verify, to the extent possible, medications and dosages.
3. The resident will identify patients who need medical or surgical evaluation, routine "screening" blood work, or blood levels of specific medications, other laboratories, urine tests or imaging as appropriate.
4. The resident will generate an appropriate differential diagnosis for patients presenting with suicidality, violence, delirium, dementia, new onset psychosis or affective illness.
 - a. The attending psychiatrist will provide supervision.
 - b. Resident will receive didactics re Psychiatric ER (occurs at Marshall Psychiatry Department offices).
5. The resident will coordinate care with community crisis workers and other appropriate staff to ensure appropriate follow up care as appropriate.
6. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of medical illnesses in psychiatric emergencies.

Objective III:

To develop facility with the timely and appropriate use of systems of civil commitment and criminal justice to insure optimal patient care. (Core Competencies: a, e, f)

1. The resident will understand and be able to explain the distinctions between emergency custody, temporary detention and commitment; magistrate; hospital security, police and sheriffs.
 - a. The attending psychiatrist will model for the resident a professional relationship with local law enforcement officials and will assist the resident in working with

- appropriate law enforcement personnel to ensure patient safety, community security and prompt transport, when necessary.
2. The resident will learn the criteria for legal detention and commitment in West Virginia and understand and explain capacity and competency as they relate to the provision of emergency mental health services.
 - a. The program will provide didactics including a copy of West Virginia statutes covering mental health law to each resident... (Didactics re ER occur at Marshall Psychiatry Departmental offices).
 3. The resident will learn to identify correctly those patients for whom optimal management includes immediate referral to the criminal justice system for formal forensic evaluation or detainment on criminal charges.
 4. The resident will learn to function within the emergency care setting without violating patient confidentiality. Specifically, the resident will learn to obtain and document permission for consultation with outside parties and the resident will learn to minimize recording of sensitive or potentially damaging information not directly relevant to diagnosis and disposition.
 - a. The attending psychiatrist will discuss each patient with the resident, emphasizing legal ramifications.
 - b. The attending psychiatrist will evaluate carefully, for appropriateness of documentation, all written materials prepared by the resident.
 5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of the role of the criminal justice system and civil commitment in psychiatric emergencies.

Objective IV:

To enhance knowledge and understanding of substance abuse in the crisis setting. (Core Competencies: a, b, f)

1. The resident will learn to ascertain recent and remote history of alcohol and illicit substance abuse for every patient.
2. The resident will learn to identify correctly patients who require supervised detoxification and will arrange appropriate placement.
3. The resident will become familiar with the signs, symptoms and potential complications of alcohol and illicit substance ingestion.
4. The resident will become familiar with and use, as appropriate, community resources for substance abuse treatments.
 - a. The attending psychiatrist will emphasize approaches to substance abuse
5. Residents will begin to serve as a leader and resource to medical students, non-psychiatry residents and staff in the consult/ER setting in the evaluation and management of substance use disorders in psychiatric emergencies.

Forensic Psychiatry Elective: Mildred-Mitchell Bateman Hospital, River Park Hospital, Private Forensic outpatient practice

Residents have forensic psychiatry experiences in their 4th year of training, however they may elect further forensic experiences to include inpatient at MMBH, RP hospitals or outpatient forensic

evaluations under the supervision of a board certified forensic psychiatrist. This may include watching or giving depositions or testifying in a court room setting. This includes experiences in the evaluation and treatment of patients admitted to the state hospital forensic unit (Mildred-Mitchell Bateman Hospital), as well as outpatient forensic evaluations.

Goal:

Residents will have significant understanding of elements of forensic psychiatry including how to write a forensic report, and issues such as competency, criminal responsibility, commitment and assessing potential for harm to self or others. (Core Competencies: a, b e, f)

Objective 1:

The resident will gain experience in learning how to write a forensic report.

This will be accomplished by:

1. Resident will be supervised in the writing of a forensic report under the direct supervision of a faculty forensic psychiatrist.
2. Relevant forensic psychiatry seminars and didactics.

Objective II:

The resident will gain significant understanding of issues in forensic psychiatry including those of competency, criminal responsibility, commitment, and the potential to harm self or others.

This will be accomplished by:

1. The resident will participate in assigned readings.
2. The resident will present clinical cases to forensic faculty.
3. The resident will be provided the opportunity to become acquainted with correctional psychiatry through the local jail, under the supervision of and accompanied by the forensic psychiatry.
4. The resident will gain experience in working with and evaluating forensic patients including criminal offenders and those with a history of violent crime, who have been hospitalized.
5. Residents may also have opportunities to observe or provide testimony in depositions or court room settings.