

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 MILDRED MITCHELL BATEMAN HOSPITAL (“MMBH”) (Participating Site)

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (“MUSOM”) and Mildred Mitchell Bateman Hospital (“MMBH”). This statement of educational purpose is not intended to supersede or change any current contracts and institutional affiliation agreements between the institutions.

This Letter of Agreement is effective from July 1, 2022, and will remain in effect for ten (10) 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: Scott Murphy, M.D., Psychiatry Residency Program Director

At MMBH: D. Scott Murphy, M.D., Site Director for Psychiatry
Dr. John Justice and current MUSOM Psychiatry Faculty Members (Exhibit A)
which may change due to resignation or the addition of new faculty members.

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. Responsibilities

The faculty at the Participating Site must 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

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. Scott Murphy is ultimately responsible for the content and conduct of the educational activities at all sites, including MMBH. The program director, Participating Site directors 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 in two (2) week blocks, but generally rotations are a month in duration.

The day-to-day supervision and oversight of resident/fellow activities will be determined by the specialty service where they are assigned. Bridget Griffith, Program Administrator, is responsible for oversight of some resident/fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Assignments

MUSOM will provide to MMBH 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 MUSOM's payroll; remain eligible for all resident benefits, including annual leave, sick leave, and health insurance, etc. Resident's will be covered under MUSOM'S malpractice policy in the amount of one million dollars per occurrence. The policy also provides tail coverage and legal defense.

5. Responsibility for supervision and evaluation of residents

Residents 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.

6. Policies and Procedures for Education

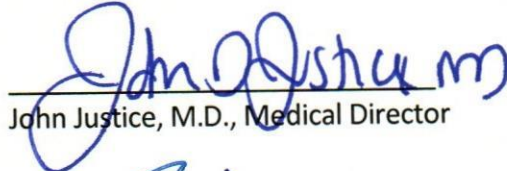
During assignments to MMBH, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Psychiatry Residency's Policy and Procedure Manual as well as the policies and procedures of the Participating Site for patient confidentiality, patient safety, medical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

7. Authorized Signatures

MILDRED MITCHELL BATEMAN HOSPITAL


D. Scott Murphy, M.D.,
Program Site Director

7/7/22
Date

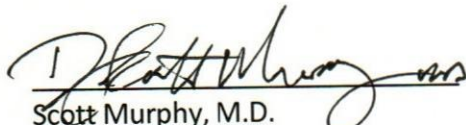

John Justice, M.D., Medical Director

07/07/22
Date



Craig A. Richards, CEO

13 JUL 22
Date


MUSOM


Scott Murphy, M.D.
Program Director

7/7/22
Date


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

7/29/22
Date


Bobby Miller, M.D.
Dean

8-2-22
Date

Exhibit A

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

- Suzanne Holroyd, MD
- Clare Plyler, MD
- D. Scott Murphy, MD
- Oluwadamilare Ajayi, MD
- Janice Hostetter, MD
- Jordan Gaal, MD
- Meredith Bentley, DO



MARSHALL UNIVERSITY
Joan C. Edwards School of Medicine

Marshall Psychiatry Residency Program

Goals & Objectives

Bateman Options

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PGY-1

Mildred Mitchell-Bateman Hospital (MMBH) General Psychiatry/Dual Diagnosis Adult Inpatient:

Residents:

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 including those with dual diagnoses. (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, including those with dual diagnoses, 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/dual diagnoses 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)

- a. The resident will discharge patients at appropriate times and complete all required paperwork for this process.
- b. 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:

- a. 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.
- b. to use appropriately diagnostic testing (e.g. laboratory testing, imaging, neuropsychological testing) in the evaluation of the patient. Core Competencies: a, b, f.
- c. to conceptualize illness in terms of biological, psychological, and sociocultural factors. Core Competencies: a, b, e.
- d. to formulate an appropriate treatment plan (including multiple modalities of treatment), implement the treatment plan and provide continuous care. Core Competencies: a, b, f.
- e. 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.
- f. to gain experience assisting in the supervision and teaching medical and other students working under them in clinical settings. Core Competencies: d, e
- g. 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
- h. 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)

In addition to the objectives specified for the general inpatient units, MMBH has specific objectives which focus on the characteristics of a state facility for the chronically mentally ill, as well as coordination of community care.

Objective I:

To develop a supportive attitude toward the chronically mentally ill. (Core Competencies: a, e, f)

1. The resident will develop an understanding of the sociological factors underlying care of institutionalized patients, including demands made by different elements of the sociocultural system (family, community, state and nation).
2. The resident will experience and discuss issues relating to the social, economic and ethnic influences and the relationships to serious and persistent mental illness.
3. The resident has the opportunity for in-depth study of family systems and those factors which contribute to institutionalization (e.g., spousal abuse, child abuse, neglect, poor medical care and central nervous system deficits).

Objective II:

To understand the state hospital system, its financial and staffing parameters, and community relations as well as its changing role in the movement toward clients' rights, recovery and integrated community care for mental illness. (Core Competencies: a, e, f)

1. The resident will observe and participate in mental health administration.
2. The resident will study community needs and state mental health system needs.
3. The resident will gain an understanding of the numerous problems affecting the interrelationship of the state mental health system, the legal system and the community.

Objective III:

To experience a close working relationship between psychiatrists and legal professionals. (Core Competency: f)

1. The resident will gain a better understanding of the legal processes pertaining to the mentally ill.
2. The resident will become well acquainted with the commitment procedures (all patients at MMBH are court-committed).

Objective IV:

To gain experience working with special patient populations. (Core Competencies: e, f)

1. The resident will participate in treatment programs for patients with substance abuse disorders, including alcohol and drug abuse and dependency, poly-substance abuse and dependency and co-morbid psychiatric disorders.

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)

Objective V:

1. Residents will be familiar with the philosophy and structure of the overall community mental health system, from a national, state and regional perspective. (Core Competencies: f)
2. Residents will understand and as possible, utilize the concepts of community mental health, including the various levels of prevention in the population as a whole and those targeted as 'at-risk' for mental disorders. (Core Competencies: a, b, f)

Objective VI:

1. Residents will manage community patients on the wards and coordinate care with community providers in hospital treatment, discharge planning and longer term care needs. (Core Competencies: a, d, e, f)

PGY-2

General Adult Inpatient:

Mildred Mitchell-Bateman Hospital (MMBH) General Psychiatry/Dual Diagnosis Adult Inpatient:

Residents:

Objective I:

To learn and review didactic information necessary to the diagnosis and management of acute psychiatric illnesses including dual diagnosis, 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 including those with dual diagnoses. (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, including those with dual diagnoses, requiring inpatient treatment. (Core Competencies: a, b, d, e, f)

1. Under the supervision of an attending psychiatrist, the resident will admit, assess and manage patients on the general adult/dual diagnoses 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, and 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.

In addition to the objectives specified for the general inpatient units, MMBH has specific objectives which focus on the characteristics of a state facility for the chronically mentally ill, as well as coordination of community care.

Objective I:

To develop a supportive attitude toward the chronically mentally ill. (Core Competencies: a, e, f)

- 1. The resident will develop an understanding of the sociological factors underlying care of institutionalized patients, including demands made by different elements of the sociocultural system (family, community, state and nation).
- 2. The resident will experience and discuss issues relating to the social, economic and ethnic influences and the relationships to serious and persistent mental illness.
- 3. The resident has the opportunity for in-depth study of family systems and those factors which contribute to institutionalization (e.g., spousal abuse, child abuse, neglect, poor medical care and central nervous system deficits).

Objective II:

To understand the state hospital system, its financial and staffing parameters, and community relations as well as its changing role in the movement toward clients' rights, recovery and integrated community care for mental illness. (Core Competencies: a, e, f)

- 1. The resident will observe and participate in mental health administration.
- 2. The resident will study community needs and state mental health system needs.
- 3. The resident will gain an understanding of the numerous problems affecting the interrelationship of the state mental health system, the legal system and the community.

Objective III:

To experience a close working relationship between psychiatrists and legal professionals. (Core Competency: f)

1. The resident will gain a better understanding of the legal processes pertaining to the mentally ill.
2. The resident will become well acquainted with the commitment procedures (all patients at MMBH are court-committed).

Objective IV:

To gain experience working with special patient populations. (Core Competencies: e, f)

1. The resident will participate in treatment programs for patients with substance abuse disorders, including alcohol and drug abuse and dependency, poly-substance abuse and dependency and co-morbid psychiatric disorders.

Objective V:

1. Residents will be familiar with the philosophy and structure of the overall community mental health system, from a national, state and regional perspective. (Core Competencies: f)
2. Residents will understand and as possible, utilize the concepts of community mental health, including the various levels of prevention in the population as a whole and those targeted as 'at-risk' for mental disorders. (Core Competencies: a, b, f)

Objective VI:

1. Residents will manage community patients on the wards and coordinate care with community providers in hospital treatment, discharge planning and longer term care needs. (Core Competencies: a, d, e, f)

PGY-3 – N/A

PGY-4

Adult General Inpatient Psychiatry Sub-attending : Mildred Mitchell Bateman Hospital, SMMC

Residents serve as sub-attending's on Mildred Mitchell Bateman or SMMC inpatient services. The goals and objectives are the same as listed in prior descriptions for inpatient services (see prior descriptions earlier in this document) but the added goals of:

Program Goals: Upon completion of the Sub-Attending Psychiatric inpatient experience, residents will gain experience in performing as an independent psychiatrist in the inpatient setting, preparing them for independent practice upon residency graduation. They will be able to independently diagnose and manage acute psychiatric illnesses in patients requiring inpatient hospitalization. The Sub-Attending resident will lead the multidisciplinary team including nurses, therapists, social workers, students and junior residents in the evaluation and care of patients. The supervising faculty psychiatrist will both round with the treatment team but at times will round separately with the Sub-attending resident to

provide supervision and oversee the care, prior to the Sub-attending resident rounds. This separation of faculty attending presence in multidisciplinary rounds encourage true leadership of the sub-attending resident on this rotation, building leadership, independence and confidence.

Objectives:

1. Residents will learn to lead a multidisciplinary team in the evaluation and care of psychiatric inpatients. This will be accomplished by at times pre-rounding with supervising attending psychiatrist to ensure appropriate diagnosis and management, then by the sub-attending resident rounding independently with the team. (Core competencies: a, b, c, d, e)
2. Residents will learn to manage disagreements or conflict in the treatment team. This will be accomplished with supervision by the attending psychiatrist and by the sub-attending resident using skills to resolve such issues in a positive way to maintain team cohesion. (Core competencies d, e)
3. Residents will learn to supervise and teach junior residents and medical students, as well as team members. This will be accomplished by providing at least an hour supervision to junior residents, preparing and sharing education aspects of patient care to residents, students and team members, under the supervision of the faculty attending psychiatrist. (Core competencies b, c, d).

Electives

(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.

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.

DBT Elective: Marshall Psychiatry Outpatient Clinic/Mildred Mitchell Bateman Hospital

Residents desiring further experience in Dialectical Behavioral Therapy (DBT) may select this part time elective.

Goals:

Under the supervision of trained DBT psychologists, the resident will improve their understanding and skills in DBT. They will assess patients for the appropriateness for referral to individual or group DBT. They will serve as a co-leader in both adult DBT groups as well as adolescent DBT groups. They will also participate in the DBT consultation group weekly, and consult at Mildred Mitchell Bateman hospital on cases suitable for DBT, under the supervision of DBT psychologists. (Core competencies: a, c, d, e)

Objective:

1. Residents will understand the Indication for DBT including appropriate patient selection.
2. Residents will be able to use DBT to treat appropriate patients including individual and group therapy.

This will be accomplished by:

1. The resident will assess patients for possible referral to DBT, under the supervision of the DBT psychologist.
2. The resident will read assigned readings under the supervision of the DBT psychologist.
3. The resident will treat patients using DBT under the supervision of the DBT psychologist.

b) Adult General Inpatient Psychiatry Sub-attending Elective: Mildred Mitchell Bateman Hospital

Residents are encouraged to serve as sub-attending's on MMBH inpatient services. The goals and objectives are the same as listed in prior descriptions for MMBH inpatient services (see prior descriptions earlier in this document) but the added goals of:

Program Goals: Upon completion of the Sub-Attending Psychiatric inpatient experience, residents will gain experience in performing as an independent psychiatrist in the inpatient setting, preparing them for independent practice upon residency graduation. They will be able to independently diagnose and manage acute psychiatric illnesses in patients requiring inpatient hospitalization. The Sub-Attending resident will lead the multidisciplinary team including nurses, therapists, social workers, students and junior residents in the evaluation and care of patients. The supervising faculty psychiatrist will round separately with the Sub-attending resident to provide supervision and oversee the care, prior to the Sub-attending resident rounds. This separation of faculty attending presence in multidisciplinary rounds encourage true leadership of the sub-attending resident on this rotation, building leadership, independence and confidence.

Objectives:

1. Residents will learn to lead a multidisciplinary team in the evaluation and care of psychiatric inpatients. This will be accomplished by preroounding with supervising attending psychiatrist to ensure appropriate diagnosis and management, then by the sub-attending resident rounding independently with the team. (Core competencies: a, b, c, d, e)
2. Residents will learn to manage disagreements or conflict in the treatment team. This will be accomplished with supervision by the attending psychiatrist and by the sub-attending resident using skills to resolve such issues in a positive way to maintain team cohesion. (Core competencies d, e)
3. Residents will learn to supervise and teach junior residents and medical students, as well as team members. This will be accomplished by providing at least an hour supervision to junior residents, preparing and sharing education aspects of patient care to residents, students and team members, under the supervision of the faculty attending psychiatrist. (Core competencies b, c, d).