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CHAPTER 1

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# Division of Child and Adolescent Residents Digital Beepers

## First Year Residents:

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<td>Harvey Chitiva, M.D.</td>
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<tr>
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<table>
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CRISIS ON CALL YELLOW PAGES
JACKSON MEMORIAL HOSPITAL

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CHAPTER 2

Organization Structure
SPONSORSHIP AND OVERALL ADMINISTRATIVE ORGANIZATION

The graduate medical education (residency) programs in this center are accredited under the auspices of the University of Miami-Jackson Memorial Medical Center (UM-JMMC) which is comprised of three institutions: The University of Miami School of Medicine, Jackson Memorial Hospital (JMH), and the Veterans Administration Medical Center -- only the first two of which are participants in this training program in Child and Adolescent Psychiatry. Within the organizational and administrative structure of the medical school, the Division of Child and Adolescent Psychiatry is part of the Department of Psychiatry, and its director reports to the Chairman of the Department who, in turn, reports to the Dean of the School of Medicine. The Dean is also the Vice President for Medical Affairs of the University of Miami and reports directly to the President of the University. This university is a private institution and its president reports to its Board of Trustees.

The faculty of the Division of Child and Adolescent Psychiatry staff, the Child and Adolescent Psychiatry (CAP) Service of JMH report to the Director of the Division, who acts as Chief of the CAP Service. The Chief of the CAP Service reports to the Chief of the Psychiatric Service of JMH who, in turn, reports to the hospital's chief operating officer. This hospital, although owned and financed primarily by Dade County, is operated independently of the County government under the direction of the Public Health Trust (PHT). The CEO of the hospital is also President of the PHT. Decisions regarding the training programs are made ultimately by the PHT on the advice of the House Staff Committee and the JMH Medical Staff Executive Committee.

The CAP Service participates fully in the affairs of the Psychiatric Service generally. The Child and Adolescent Psychiatry Training Director and Division Chief sit on the Departmental Executive Training Committee, which consists of the Department Chairman, Training Director and Associate Directors of the (general) Psychiatric Residency Program, the Director of Undergraduate Psychiatric Education, the Directors of Geriatric Psychiatry, Addiction Psychiatry and Psychosomatic Medicine, and the Director of Continuing Psychiatric Education. The Training Director for Child Psychiatry also participates in the Residency Training Committee.

Funding for the CAP programs comes from the following sources:
1. For all psychiatrist (and social scientists and some faculty members of other professions who are not in the CAP Division but who participate actively in the program): From (a) the university budget; (b) the Annual Operating Agreement within which funds are transferred from JMH to the medical school for administration of the clinical services and supervision of the training programs; (c) grants and contracts, and (d) income from private patient fees within the provisions of the faculty's Professional Income Plan;
2. For all psychologists, social workers, nurses, ancillary therapist, paraprofessionals, etc. Directly from the JMH budget;
3. For teachers: From the Dade County School Systems.

INTERNAL ORGANIZATION OF THE JMH CAP SERVICE

The various components of the CAP Service are organized in a manner assuring that the basic functions of each component are carried out in an effective and efficient manner.

The clinical components of the CAP Service, as they currently exist, are as follows:
1. The CAP Outpatient Service (also designated as the CAP Clinic)
2. The CAAP Inpatient Service
3. SIPP Adolescent Residential Program
4. The CAP Consultation/Liaison Service
5. The CAP School and Community Consultation Service
6. The Child and Adolescent Crisis Service

Each component is under the overall clinical direction of a child and adolescent psychiatrist designated as Chief, Medical Director, or Director, as appropriate, of that component.

The senior member of each mental health profession or discipline, as a member of the component's clinical team, is accountable to the Chief Director, or Medical Director charged with overall responsibility for that component. At the same time, he/she is accountable to the staff member next senior within his/her own discipline in the administrative structure of the Psychiatric Service as a whole.
The residency training programs in psychiatry and child psychiatry are fully integrated. The training responsibilities of the CAP Service include, in addition to the Residency program in child psychiatry, the following: A two-month rotation for all PGY-2 Residents in general psychiatry; a six-week clinical clerkship for third-year medical students throughout the year (16-20 students on the Psychiatric Service at a time); and elective experience for several fourth-year medical students each year.

The Training Director, Lourdes Illa, M.D., is responsible for developing, directing and coordinating under the supervision of the Chief of Child and Adolescent Psychiatry all educational activities in the child and adolescent psychiatry training program. This position provides oversight for the overall training curriculum and maintains a training manual delineating all aspects of the training program. The Training Director moderates seminars, conducts clinical case conferences, provides case supervision on an individual basis and coordinates all supervisory and teaching responsibilities of the clinical faculty. This position chairs the child and adolescent psychiatry training committee and is an active participant in research and the medical school’s private practice plan.

The role of the Director of Child Psychiatry Education is to assist the Chief of Child and Adolescent Psychiatry in the development, implementation and coordination and training of the Child and Adolescent Psychiatry Fellows and General Psychiatry Residents in accordance with criteria established by “The Essentials of Accredited Residencies in Graduate Medical Education”, recommendation of various appropriate clinical and training committees of the American Academy of Child Psychiatry, as well as the medical and sociocultural needs of the community.

The Director of Child Psychiatry Education is responsible in assisting the Chief of Child and Adolescent Psychiatry Service in:

1. Developing and annually reviewing the basic educational requirements for Child and Adolescent Psychiatry Residents, General Psychiatry Residents, and Medical Students rotating through this Service.

2. Planning and coordinating the implementation of schedules for clinical conferences and didactic seminars.

3. Selection of Child Psychiatry Residents, planning their supervision and maintaining records of their progress in aspects of the program.

4. Providing Residents with an understanding of the goals of training and evaluation procedures, as well as the responsibilities of the Residents for their own learning and clinical work.

5. Providing the Residents with an annually updated Child and Adolescent Psychiatry Bibliography.

6. Assisting the faculty members and clinical child psychiatry consultants in their educational activities and assessment of Fellows training development.

Training Logs. Training logs must be kept by each child psychiatry resident. The training logs delineate patient's initial age, sex, diagnosis, length of therapy, type of therapy, etc. and help the trainee and the training office keep an adequate balance of cases. Training logs should be kept for the following rotations:

- Outpatient Evaluations
- Outpatient Individual Psychotherapy
- Medication visits
- Consultation/Liaison
- SIPP
- Child and Adolescent Inpatient
- Crisis/On Call
- School Consultation
- The Village
- Pedi/Neuro and Developmental Disorders

Residents must submit a list of their therapy contacts to the program director on a weekly basis (Refer to Appendix A.). This information is utilized by the Training Director to ensure that residents are exposed to patients diverse in age, gender, diagnoses and treatment modality.

Training Committee. The Training Committee consists of the Division Chief, Training Director, psychiatry, psychology and social work faculty, and the chief resident. The Committee meets on the first Monday of the month and is chaired by the Division Chief. A written record of the meeting includes an attendance record, a review of past minutes, old business, new business, and a continuing updated agenda. The committee is responsible for ongoing review and evaluation of the training curriculum and the clinical training experiences. It also monitors the training progress of child and adolescent residents as well as the general psychiatry residents. Mid-year evaluations include resident critique of clinical rotations, faculty, and seminars, as well as assessments of the residents at six month intervals. The Training Director discusses the results of these evaluations with each individual resident.
QUALITY ASSURANCE PROGRAM

Objectives:

1. To provide ongoing and continuous monitoring of patient care including evaluation, treatment planning, achievement of therapeutic goals, and the documentation of treatment progress.
2. To provide review of any special procedures and/or unusual or experimental drugs.
3. To provide medication usage review, including review of medication records, adverse reactions and errors involving medication.
4. To provide review of unusual incidents involving patient care as well as the general quality and appropriateness of patient care under unusual circumstances.
5. The clinical performance of all individuals with clinical privileges are monitored and evaluated.
6. To provide for the maintenance of the quality and content of medical records.
7. To provide a credentialing record and regular review of all clinically active personnel.
8. To identify opportunities for improving care: Using methods and theories that reflect current knowledge and clinical experience.
10. To interface with other clinical services Department of Psychiatry and coordinate quality assurance concerns.
11. To provide a forum for continuous education and feedback about quality patient care issues within the Child and Adolescent Psychiatry Service.

Organization. The Child and Adolescent Psychiatry Division Quality Assurance Program will be implemented utilizing clinic professional personnel.

Mechanisms. The Child and Adolescent Service Quality Assurance/Utilization Review Committee will consist of all clinic professional senior staff and the Chief Fellow.

There will be a monthly Quality Assurance/Utilization Review Committee meeting held the first Monday each month as a part of the regular staff meetings. This meeting is chaired by the Division Chief or his delegate. A written record of the meeting includes an attendance record, a review of past minutes, old business, new business, and a continuing updated agenda.

There will be a monthly updated list of active cases in the clinic. This list will be organized by the Chief of the CAP Outpatient clinic. These will be the cases that will be subject to random audit, one case from each therapist on the service and within the Department who is seeing children or families in treatment. All Child and family charts will be kept in Mental Health Medical Records. All resident/fellow/graduate student cases will have an assigned supervisor.

In addition to the random monthly audit, an audit of all active charts will be done yearly during the month of June and additional times as may be determined by the faculty.

The following elements will be audited:

1. All administrative forms are present and appropriately implemented.
2. All clinical forms are present and appropriately implemented.
3. All entries are signed, dated and timed.
4. A complete intake/evaluation that includes: demographic data, a statement of symptoms and problems, their onset, evolution, and duration, a Developmental History, Pertinent Medical History, Family History, an Objective Examination of the patient, a Summary or Formulation, a Diagnostic Impression and a Treatment or Follow-up Plan.
5. Evidence of appropriate effort to carry out the treatment plan and regular review of the plan.
6. Documentation of supervision.
7. History of previous audits, noted deficiencies and the clinician correction or response (Audit Form plus any Audit Committee note reflecting the monitoring of deficiencies).
8. Ongoing Utilization Review issues will be addressed and updated monthly. Annual Summaries of Psychology, consultation-liaison, outpatient, and training parameters that are identified and monitored are required. New appropriate studies can be introduced at anytime and current studies reviewed monthly.
9. Risk Management problems in clinical care or program management will be reviewed on a monthly basis and reported. On-going monitoring of proposed solutions will be documented.
10. All staff and outside consultant supervisors will be credentialed for the specific work they do on the service assisting in the care of patients, residents, fellows, graduate students or staff on the service. These credentials will be reviewed on a yearly basis.
CHAPTER 3

Application Procedures and Benefits
RESIDENCY APPLICATION AND APPOINTMENT PROCEDURE

Since child and adolescent psychiatry is a sub-specialty of psychiatry with its own certification procedures by the American Board of Psychiatry and Neurology and its separate training program accreditation by the Accreditation Council for Graduate Medical Education, a new, original application must be submitted by all applicants for appointment to a residency position.

Applicants From Other Residency Programs In Psychiatry

All documents listed at the bottom of page 3 of the application form must be submitted as well as the biographical sketch mentioned on page 4 of the application form. At least three letters of reference are required, and one of these must be from the applicant's general psychiatric residency training program director.

Applicants From UM-JMH Residency Program In Psychiatry

Applicants from our own general residency program need not submit a letter of reference from their medical school dean or transcripts of their medical school scholastic records.

Application Procedure

Inquires and request for application. The CAP training program coordinator will prepare a letter for the CAP Training Director's signature within three working days of receipt of the inquiry. The letter will be mailed with the following enclosures (at the least): Description of the CAP training program; material descriptive of the Medical Center and the community; an application form.

Receipt of Applications. On receipt of an application the training program coordinator will open a file in the applicant's name; all material relevant to the application (documents, correspondence, etc.) will be maintained in this file under the supervision of the training program secretary.

Application Check-Off form. The training program secretary will maintain a check-off form for each active application and a summary check-off form (q.v.) for all active applications.

Incomplete Applications. On a date specified by the Training Director, the training program coordinator will contact by telephone each applicant whose application lacks any of the required documentation, letters of reference, etc., and explain specifically what is necessary for the application to be considered complete. The content of this call will be recorded and communicated immediately to the Training Director.

If there is any doubt about the validity of the documentation, the candidate's current Training Director will be contacted.

Each interviewer completes the applicant evaluation form within three working days and forwards it to the Training Director in the confidential envelope already provided.

The Selection Procedure. The Training Director will convene the Training Committee to consider all completed applications. Each member of the Training Committee will be provided with a complete copy of the documentation in each applicant's file.

The Training Director will designate one of each applicant's interviewers to review the application in detail and to be prepared to summarize it appropriately at the Training Committee meeting.

The Committee will discuss each application on its merits. By secret ballot each Committee member will rank all applicants preferentially, beginning with the numeral 1 for the applicant of top priority, two for the next one, etc.

The numerical ranks of each applicant will be totaled and a composite ranking will be determined, the lowest total score ranking, the next lowest score ranking two, etc.
VACATIONS, EDUCATIONAL LEAVES OF ABSENCE AND SICK LEAVE

Vacations
Your contract with JMH entitles you to four (4) full weeks of (duty-free) vacation per residency year. (Please refer to your Collective Bargaining Contract). The program requires that you take entire week intervals at a time in order to facilitate coverage. Any special requests must be made to the Training Committee.

Vacations must be planned in advance with the needs of our own inpatient or outpatient clinical services and those of our affiliated institutions in mind, but every effort will be made, within these constraints, to schedule such requested absences at the times you desire. We will attempt to develop for all Residents a schedule for the entire year of all vacations. The Chief Resident has the responsibility for developing this master schedule, and you should provide him/her with any information you wish considered in this process. Vacation requests must be submitted at least four weeks prior to the leave date. During the month of June, vacations will not be allowed.

Residents must schedule vacation time in one week or two week blocks and must schedule 2 full weeks prior to December 31 and 2 full weeks between January 1 and May 31. Special requests for variation as well as vacation requests for weeks that contain holidays will be reviewed by the Residency Training Committee.

Educational Leave of Absence
Naturally we hope to provide an excellent educational experience for you within our own training program, but no program can provide everything. Occasionally a worthwhile educational opportunity occurs in which you may wish to participate and which would require time away from our own program. In considering requests for educational leave, the advantages of taking part in such an extra-curricular activity will be balanced against the disadvantages of not participating in part of our own program. The needs of the clinical services to which we are obligated will also be considered.

Procedures For Requesting Vacations or Educational Leave of Absence
CAP Residents will always carry assignments in the CAP Clinic and usually on one of the other clinical services as well. The procedure outlined below is required in the following circumstances: (a) a new request for a vacation (b) a request for change in an already-scheduled vacation, or (c) a request for educational leave.

Complete the JMH Leave Request and the Division Leave Request forms (obtainable from the Program Coordinator) and obtain approval signatures of the following in the order indicated:

- The resident who has agreed to provide clinical coverage.
- From the Chief/Director/Medical Director of each clinical service to which you are assigned;
- From the Chief Resident in CAP;
- From the CAP Program Coordinator, who will then obtain signatures from:
  - Training Director
  - Division Chief

The program coordinator will then submit the completed request to the departmental Office of Psychiatric Education for transmission the JMH House Staff Office to verify that the resident has sufficient leave time available. For outpatient evaluations to be scheduled according to vacation requests, requests must be submitted two months in advance. If requests are submitted late, it will be the responsibility of the resident to reschedule the evaluations on his/her own time.

Sick Leave: Your JMH contract specifies that you are permitted fourteen (14) sick days per academic year. Additional time away from work because of illness is considered sick leave and requires written verification by a physician. If you become ill while on the job, you should immediately inform the Chief of the clinical service component on which you are then working and the Training Director for Child and Adolescent Psychiatry, who will take responsibility for notifying other faculty as appropriate. If you become ill at home and are unable to report for your regularly scheduled activities, you should call or email the Program Coordinator and Training Director for Child and Adolescent Psychiatry as soon as possible, preferably before the time at which you would ordinarily be expected to appear for duty. If you become ill during an approved vacation period, you should call the Training Director for Child and Adolescent Psychiatry on the first day of illness and request that your vacation be canceled. You must call again each day thereafter on which you continue to be ill. When you return to work you must present written verification from your physician that illness necessitated your absence. Otherwise the days on which you were absent for reasons unverified as illness will be counted as vacation.
HEALTH BENEFITS AND MEDICAL INSURANCE

You are automatically covered under the JMH House Staff Health Benefit Plan as of the date you are placed on the JMH payroll. Detailed descriptions of the following are contained in a brochure prepared by the JMH administration: Eligibility and enrollment; extent of coverage; dependent coverage; benefits (including those for maternity); child health supervisory services; benefits for mental disorders, alcoholism, and drug addiction; expenses not covered; how to file a claim, etc.

You should have been given a copy of all your insurance plans at the general orientation provided by JMH.
## SALARY AND BENEFITS

<table>
<thead>
<tr>
<th>Cash Stipend</th>
<th>July 2010</th>
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<tbody>
<tr>
<td>Post Graduate Year 1</td>
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<tr>
<td>Post Graduate Year 2</td>
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</tr>
<tr>
<td><strong>Post Graduate Year 7</strong></td>
<td><strong>$60,440.74</strong></td>
</tr>
</tbody>
</table>

**Pay Supplement**  
$50.00 bi-weekly  

*Please refer to Article 2; Section 1 of the Collective Bargaining Agreement when assigning PGY levels.*

### Benefits

I. Medical Insurance for the resident and dependents  
   Choice of medical plans offered

   - (1) **Jackson Quality Care**  
     - 100% coverage  
     - no deductibles  
     - no copayments or premiums  
   - (2) **Opt Out Insurance**  
     - Deductibles  
     - Single coverage $750.00  
     - Family coverage $1,500.00  
     - After deductible is met, hospital pays 75%, resident pays 25%

II. Dental Insurance provided by Oral Health Services for the resident and dependents

III. Mental Health Insurance provided by University of Miami Behavioral Health for the resident and dependents

IV. Disability Insurance provided free to the resident while in training

V. $50,000 term Life Insurance provided free to the resident while in training  
   - Supplemental Insurance of $50,000 available for $72.00/year

VI. $1,250 Professional Educational Allowance

VII. Discounted parking

VIII. Three new lab coats provided at the beginning of each academic year

IX. Physician Dining Card allocated for On-call Meals ($1,375)

X. Free prescription drugs to be filled at the hospital’s facilities

XI. Vacation - 28 days, inclusive of weekends (20 working days)

XII. Sick Leave - 14 days/year

Current as of July, 2011
CHAPTER 4

Education and Training Activities
GENERAL DESCRIPTION:
GOALS AND OBJECTIVES

Goals:

1. The overall goal at the end of the 2 year child psychiatry training program is to produce a psychiatric physician with the skill and knowledge base essential for the clinical practice of child psychiatry with child and adolescent patients.

2. The resident should demonstrate familiarity with and understanding of the medical knowledge upon which the practice of this subspecialty is based.

3. The resident should possess a good understanding of research methodology and design so as to be able to evaluate critically the literature in our field, and incorporate that which is valuable into the clinical care of her/his patients.

Objectives:

1. Demonstrate skills interviewing children, adolescents and their families, formulate a differential diagnosis, a biopsychosocial and psychodynamic formulation and to elaborate a treatment plan based on the information obtained.

2. Demonstrate ability to interpret these findings and recommendation to parents in a constructive, therapeutic manner.

3. Demonstrate an adequate knowledge of normal and abnormal development, sociocultural processes, epidemiology and phenomenology of childhood psychiatric disorders.

4. Demonstrate knowledge of the various psychopharmacological and psychosocial interventions to include individual, family, group, milieu, forensic, and behavioral approaches.

5. Demonstrate ability to carry out an evaluative and therapeutic process in a constructive manner.

6. Demonstrate skills in working as a consultant in child and adolescent psychiatry to other medical specialties and health care professionals in clinical settings, teachers, and counselors in the school system, personnel in the juvenile justice system and the staff of other community agencies that provide services to children.

7. Demonstrate ability to record clinical findings, diagnostic opinions, treatment plans, progress notes and discharge summaries systematically, accurately, eligibly and in a manner that can easily be understood by others.

8. Residents are expected to assume increasing clinical responsibility according to their level of education, proven ability and experience. For a description of the program’s supervision and increased responsibility policy, refer to Figure 4.

9. Complete a “scholarly paper” which residents are expected to present at end of the second year at the Division’s Research Symposium. This scholarly paper may be clinically or empirically based at the end of the training experience which should reflect a substantial and thoughtful inquiry. Acceptable projects include:

a. Use of a primary research dataset to test hypotheses which have direct and important impact on psychological theory or address an immediate practical issue or problem in psychiatry or psychology.

b. Exemplary evaluation of a particular program, treatment or intervention. The evaluation is expected to include a needs assessment, empirical evaluation of clinical services, cost-benefit analyses, etc. and by considering multiple perspectives.

c. A thorough literature review with a meta-analysis. A meta-analysis is a statistical method of combining the results of a number of studies that address a set of related research hypotheses. Meta-analysts translate results from different studies to a common metric and statistically explore relations between study characteristics and findings.

d. An intensive study of a clinical syndrome with focus on individual persons, family, group, etc. A case study must be clearly embedded in a thorough literature review. The information must be richly detailed and usually in narrative form.

e. A scholarly review and analysis of a topic with a focus on development, a clinical syndrome, therapeutic approach, transcultural dimension or possibly psychobiography.
GOALS AND OBJECTIVES:
FIRST YEAR RESIDENTS

Goals:

1. The resident will develop the skills and medical knowledge base necessary for the evaluation of children, adolescents and families. (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)

2. The resident will develop adequate knowledge of various treatment modalities used to treat children, adolescents and families. (Patient Care, Medical Knowledge)

3. The resident will demonstrate appropriate professionalism and interpersonal and communication skills. (Professionalism, Interpersonal and Communication Skills)

4. The resident will be able to critically evaluate the literature in our field, and incorporate that which is valuable into the clinical care of her/his patients. (Practice-Based Learning)

5. The resident will be able to utilize the diverse systems involved in treating children and adolescents as part of a comprehensive system of care. (Systems-Based Practice)

Objectives:

1. Demonstrate skills interviewing children, adolescents and their families, formulate a differential diagnosis, a biopsychosocial and psychodynamic formulation and to elaborate a treatment plan based on the information obtained. (Patient Care, Medical Knowledge)

2. Demonstrate ability to interpret these findings and recommendation to parents in a constructive, therapeutic manner. (Interpersonal and Communication Skills)

3. Demonstrate an adequate knowledge of normal and abnormal development, sociocultural/ethnic variables, epidemiology and the phenomenology of childhood psychiatric disorders. (Medical Knowledge)

4. Demonstrate ability to record clinical findings, diagnoses, treatment plans, progress notes and discharge summaries systematically, accurately, eligibility and in a manner that can easily be understood by others. (Patient Care)

5. Demonstrate knowledge of the various psychopharmacological and psychosocial interventions to include supportive, brief, milieu and combined therapy and psychopharmacology. (Patient Care, Medical Knowledge)

6. The resident will demonstrate a working knowledge of the diverse systems involved in treating children and adolescents, and understand how to use the systems as part of a comprehensive system of care in general, and as part of a comprehensive, individualized treatment plan. (Systems-Based Practice)

7. Demonstrate the ability to communicate and interact with patients, families and professionals in a respectful and professional manner. (Interpersonal and Communication Skills)

8. Demonstrate the ability to understand research design and evaluate critically the literature in our field. (Practice-Based Learning)

9. Resident will develop a research question, identify a faculty member and design a scholarly project. (Practice-Based Learning)

10. Resident will complete ABPN Part I. (Practice-Based Learning)

GOALS AND OBJECTIVES:
SECOND YEAR RESIDENTS

Goals:

1. The resident will expand knowledge base and consolidate skills essential for the independent clinical practice of child psychiatry and demonstrate competency in Patient Care and Medical Knowledge competencies. (Patient Care, Medical Knowledge)

2. The resident should demonstrate adequate medical knowledge upon which the practice of this subspecialty is based, including more advanced topics such as forensics, adoption, divorce, cultural issues in childrearing, acculturation, and interpretation of psychological testing, to name a few. (Medical Knowledge)

3. The resident should possess a good understanding of research methodology and design so as to be able to evaluate critically the literature in our field, and demonstrate the ability to incorporate that which is valuable into the
clinical care of her/his patients. (Practice-Based Learning)

4. The resident will enhance the ability to communicate and interact with patients, families and colleagues in a respectful and professional manner and achieve competence in Interpersonal and Communication Skills and Professionalism competencies. (Interpersonal and Communication Skills, Professionalism)

5. The resident will demonstrate ability to utilize the diverse systems involved in treating children and adolescents as part of a comprehensive system of care. (Systems-Based Practice)

6. The resident will become Board Certified in General Psychiatry by ABPN. (Practice-Based Learning)

Objectives:

1. Resident will demonstrate advanced skills interviewing children, adolescents and their families. (Patient Care, Interpersonal and Communication Skills)

2. Resident will demonstrate ability to carry out an evaluative and therapeutic process in a constructive manner. (Patient Care, Professionalism)

3. Resident will demonstrate ability to formulate a differential diagnosis, a biopsychosocial and psychodynamic formulation and to elaborate a comprehensive treatment plan. (Patient Care, Medical Knowledge)

4. Resident will demonstrate skills in working as a consultant in child and adolescent psychiatry to other medical specialties and health care professionals in clinical settings, to teachers, and counselors in the school system, personnel in the juvenile justice system and the staff of other community agencies that provide services to children. (Interpersonal and Communication Skills, Systems-Based Skills, Professionalism)

5. Demonstrate knowledge of the various psychopharmacological and psychosocial interventions including play therapy, interpersonal psychotherapy, cognitive behavioral therapy, psychodynamic psychotherapy, family, and group approaches. (Medical Knowledge)

6. Residents are expected to assume increasing clinical responsibility according to their level of education, proven ability and experience. For a description of the program’s supervision and increased responsibility policy, refer to Pg. 76. (Patient Care)

7. Complete a “scholarly paper” which residents are expected to present at end of the second year at the Division’s Research Symposium. This scholarly paper may be clinically or empirically based at the end of the training experience which should reflect a substantial and thoughtful inquiry. (Practice-Based Learning)

Acceptable projects include:

a. Use of a primary research dataset to test hypotheses which have direct and important impact on psychological theory or address an immediate practical issue or problem in psychiatry or psychology.

b. Exemplary evaluation of a particular program, treatment or intervention. The evaluation is expected to include a needs assessment, empirical evaluation of clinical services, cost-benefit analyses, etc. and by considering multiple perspectives.

c. A thorough literature review with a meta-analysis. A meta-analysis is a statistical method of combining the results of a number of studies that address a set of related research hypotheses. Meta-analysts translate results from different studies to a common metric and statistically explore relations between study characteristics and findings.

d. An intensive study of a clinical syndrome with focus on individual persons, family, group, etc. A case study must be clearly embedded in a thorough literature review. The information must be richly detailed and usually in narrative form.

e. A scholarly review and analysis of a topic with a focus on development, a clinical syndrome, therapeutic approach, transcultural dimension or possibly psychobiography.
THE DIDACTIC ACTIVITIES

General Description

The didactic activities offered by the CAP training program include lectures, seminars, CAP Clinical Case Conferences, psychopharmacology conferences, CAP Child Rounds, the Departmental Grand Rounds, the CAP Journal Club, and formal clinical demonstrations and supervised evaluations of children, adolescents and their families.

Given the time constraints of a reasonable work week over a two-year period, it is impossible to schedule a formal didactic exercise for every possible aspect of child and adolescent psychiatry. It is assumed that many, if not most, of the issues important in acquiring an adequate knowledge base for the practice of child and adolescent psychiatry will arise in the context of clinical work with child and adolescent patients during the two-year span of the training period and that they will be discussed with the designated supervisor (and other faculty members if desirable or necessary) in appropriate breadth and depth. For example, four 1-hour seminars in the first year of training are devoted specifically to ethics, but ethical issues are discussed regularly as an integral part of patient-care oriented working as well as being a regular part of the discussion in the Clinical Case Conference and in the seminars.

Individual supervisory sessions are considered part of the didactic activities (2 per week for psychotherapy cases, one for consultation-liaison, one for school consultation, and at least one per week for residents on the inpatient service). Residents are expected to contact their psychotherapy supervisors by the 2nd week of the academic year and to attend supervision regularly. An 80% attendance at supervision is required for graduation. Any problems encountered should be directed to the Training Director.

Additionally, residents are expected to conduct self-learning activities, including several required web conferences, on topics such as sleep deprivation, teaching residents to teach, professionalism, systems-based care and trauma focused cognitive behavioral therapy. Residents must complete and notify the training office of successful completion of these conferences.

Seminar Attendance Policy

The goal of each resident is to develop the skills and medical knowledge necessary for the evaluation and treatment of children, adolescents and families. Although this will be obtained via a number of experiences including clinical experiences, supervision and self-learning, seminars are a critical component of the learning process. Seminar attendance and active participation are therefore considered mandatory and your attendance is required for successful completion of the training program. Attendance records are maintained for each activity. In the event of an anticipated excused absence (vacation, educational leave, etc.), it is your responsibility to so inform the staff member in charge of each didactic activity you will miss. Please refer to Appendix B for the complete seminar attendance policy.

Access to Reading Materials

Residents have access to electronic format of specialty specific and other reference materials needed for training. Residents are expected to bring a flash drive to the training office to copy selected reading materials. Residents also have access to the University’s electronic journal database. Residents are also expected to purchase the Melvin Lewis Textbook, Fourth Edition (2007). If an article cannot be found, it is the responsibility of the resident to contact the faculty member.

Clinical Skills Vignettes

The American Board of Psychiatry and Neurology (ABPN) requires that Child and Adolescent Psychiatry residents demonstrate mastery of the following three components of the core competencies to apply for certification in the subspecialty of child and adolescent psychiatry. They are:

• Physician-patient relationship
• A developmentally appropriate psychiatric interview, including mental status examination
• Case presentation

All three competency components are to be assessed in the context of a patient evaluation that is conducted in the presence of an ABPN-certified psychiatrist. (Videotaped interactions cannot be used as the basis for the evaluation.) Three child and adolescent psychiatry evaluations with three different CAP patients conducted during CAP training are required.

Patients: At least two of the patients must come from different age groups (preschool, school-aged, and adolescence). Ideally, patients from all three age groups should be used. Information should also be obtained from a family member/guardian, when
appropriate. The patients should be unknown to the resident.

Evaluators: Each of the three required evaluations must be conducted by an ABPN-certified child and adolescent psychiatrist. At least two of the evaluations must be conducted by different ABPN-certified child and adolescent psychiatrists.

Duration of Each Evaluation: Each evaluation session should last at least 45 minutes. The resident should be given a minimum of 30 minutes to conduct the psychiatric interview and a minimum of 10-15 minutes to present the case. If appropriate, the evaluator may give feedback to the resident.

For more detailed information, please refer to http://abpn.com/cap.htm.

Mock Boards

Residents participate in a yearly Mock Board examination, which can count towards the three Clinical Skills Verification exams required for Board Certification. Feedback on performance is given to the resident using the same format that is used by Board examiners. Residents are encouraged to utilize the results as part of their own self-assessment. Results are also utilized by the program during the annual program evaluation.

PRITE Examinations

Residents participate in the National Child PRITE, a standardized self-assessment test. PG4 residents also take part in the National Psychiatry Resident-In-Training-Examinations (PRITE), which is designed to prepare residents for the written portion of the Psychiatry and Neurology Boards. Residents receive their individual test scores and are encouraged to utilize the results as part of their own self-assessment. Questions from previous years are available to residents through the training office for preparation of the PRITE. Results are also utilized by the program during the annual program evaluation.
SUMMER LECTURE SERIES

Child and Adolescent Psychiatry faculty, July – August, 16 sessions for first year residents, 14 sessions for second year residents

These seminars will highlight the fundamental techniques and background knowledge needed to begin child and adolescent specialty training. Some seminars are specifically designed for first or second year residents, while some are provided for both classes combined.

First Year Residents

1st Hour
1. History of Child Psychiatry
2. History of Child Psychiatry – 3 sessions
3. Interviewing Skills – 3 sessions
4. Assessing Children in Crisis/Suicidal Youth

2nd Hour
1. Diagnostic Interview of a Child
2. Parent Management Training
3. Psychological Testing

Second Year Residents

1st Hour
1. Forensics – 7 sessions

2nd Hour
1. School Consultation
2. Setting up a Private Practice
3. Introduction to Managed Care
4. Psychological Testing – 4 sessions

The following additional Lunch Conferences will be held during the summer:
1. Professionalism & Sleep Deprivation
2. Systems Based Practice & Practice Based Learning
3. Teaching Residents to Teach

Establishing a Private Practice/ Introduction to Managed Care

1 sessions, 1 hour each.

Faculty in private practice will present to the residents topics relevant to the practice child psychiatry in the private sector. These include starting a solo practice, joining a group, managed care, insurance and malpractice issues, and establishing a referral network. One session is dedicated to an introduction to managed care.

Goals:

1. Residents will become knowledgeable about the fundamental techniques and background knowledge needed to begin child and adolescent specialty training, including the history of Child Psychiatry, diagnostic interview of a child, history taking, interviewing skills, parent management training and psychological testing. (Medical Knowledge, Patient Care)

2. Residents will become knowledgeable about various ACGME core competencies. (Professionalism, Systems-Based Practice, Practice-Based Learning)

Objectives:

1. Residents will attend 80% of seminars

2. Residents will actively participate in discussions. (Practice-Based Learning)

3. Residents will demonstrate knowledge of the diagnostic interview of children and adolescents, the assessment of children/adolescents in crisis and suicide. (Medical Knowledge, Patient Care)

4. Residents will demonstrate knowledge of parenting techniques and principles of psychological testing. (Medical Knowledge, Patient Care)

5. Residents will identify key aspects of the core competency areas and teaching strategies. (Professionalism, Systems-Based Practice, Practice-Based Learning)
2. Residents will become familiar with issues of managed care, malpractice issues and establishing a referral network. *(Systems-Based Learning, Professionalism)*

**Forensic Child Psychiatry**

7 sessions, 1 hour each

Introduction to the general area of forensic issues in child and adolescent psychiatry to include history of child forensic psychiatry, child forensic evaluation, child custody evaluation, testifying in court and sexual abuse.

1. Residents will become knowledgeable about forensic issues in child and adolescent psychiatry. *(Medical Knowledge, Systems-Based Learning)*

**Objectives:**

1. Residents will attend 80% of seminars.

2. Residents will actively participate in discussions. *(Practice-Based Learning)*

3. Residents will demonstrate knowledge of the child forensic evaluation and child custody evaluation. *(Medical Knowledge, Systems-Based Practice)*

4. Residents will become knowledgeable about testifying in court. *(Systems-Based Practice)*

**Interviewing Skills**

5 sessions, 1 hour each.

This seminar is intended to teach residents the fundamental skills necessary for interviewing children, adolescents and families. Various techniques are utilized, including role playing, video-taping and live interviews.

**Goals:**

1. Residents will develop interviewing skills needed for evaluating children and adolescents of various ages. *(Interpersonal and Communication Skills, Patient Care)*

**Objectives:**

1. Residents will demonstrate the ability to interview youth of various ages using developmentally appropriate techniques. *(Interpersonal and Communication Skills, Patient Care)*

2. Residents will participate in role playing, videotaping and live interviews. *(Interpersonal and Communication Skills, Patient Care, Practice-Based Learning)*

3. Residents will actively participate in discussions. *(Practice-Based Learning)*

**School Consultation Seminar**

1 session, 1 hour.

This seminar will provide an introduction to the history and development of school consultation as a therapeutic/ intervention process, and an overview of the University of Miami/Jackson Memorial Medical Center/Bertha Abbess Children's Center school consultation program.

There will be a discussion of school problems encountered, services rendered, treatment approaches utilized and the perceived efficaciousness of the different intervention strategies.

Administrative policies governing special education programs, school placement of emotional disturbed children will be explored.

**Goals:**

1. Residents will develop adequate knowledge about the school consultation model, school problems, and the perceived efficaciousness of the different intervention strategies and demonstrate necessary skills needed to work in a school consultation model. *(Medical Knowledge, Patient Care, Systems-Based Practice, Interpersonal and Communication Skills, Professionalism)*

2. Residents will become familiar with administrative policies governing special education programs. *(Systems-Based Practice)*

**Objectives:**

1. Residents will actively participate in discussions. *(Practice-Based Learning)*

2. Residents will demonstrate ability to work with school staff in a collegiate and professional manner. *(Interpersonal and Communication Skills, Professionalism, Systems-Based Practice)*
3. Residents will demonstrate knowledge about school problems encountered as a consultant, services rendered, and various intervention strategies utilized. (*Patient Care, Medical Knowledge, Systems-Based Practice*)

4. Residents will become familiar with administrative policies for school placement of emotionally disturbed children. (*Systems-Based Practice*)
EDUCATIONAL ACTIVITIES BOTH RESIDENCY YEARS

Child Rounds Conference

Child and Adolescent Psychiatry faculty, September - May, 1 ½ hours each, 29 sessions.

The Child Rounds Conference is the formal educational activity of the Division, in which all faculty, residents and other trainees participate and interact in a scholarly activity. The conference consists of scholarly presentations, case conferences, journal club and ethics case conferences.

Child Rounds

Child Rounds are a formal part of the educational/training program and consist of presentations by both local and visiting "experts" in a variety of areas of special interest to child and adolescent psychiatry.

Goals:

1. Residents will become familiar with current areas of special interest in the field of child and adolescent psychiatry. (Medical Knowledge)

2. Residents will interact with psychology interns, residents, and medical students and faculty members of all disciplines and discuss a variety of patients and families in a formal manner. (Professionalism, Interpersonal and Communication Skills)

Objectives:

1. Residents will attend 80% of rounds

2. Residents will actively participate in discussions. (Practice-Based Learning)

3. Residents will demonstrate appropriate knowledge base about relevant topics in the field by their participation in discussions. (Medical Knowledge)

4. Residents, when appropriate, will demonstrate competence in acting professionally and using adequate interpersonal and communication skills. (Professionalism, Interpersonal and Communication Skills)

Clinical Case Conference/ Ethics Case Conference

This conference is planned and presented as a formal learning experience. The resident presents a case and the faculty member interviews the child or adolescent and facilitates the case discussion.

Goals:

1. Residents will become knowledgeable about child and adolescent psychopathology, psychodynamic formulation, and transcultural experiences and therapeutic issues as represented by patients undergoing evaluation and/or treatment. (Medical Knowledge, Patient Care, Practice-Based Learning)

2. Residents will become knowledgeable about common ethical issues faced by child and adolescent psychiatrists. (Medical Knowledge, Patient Care, Professionalism)

3. Residents will become knowledgeable about psychological testing and interpretation. (Medical Knowledge, Patient Care)

4. Residents will interact with psychology interns, residents, and medical students and faculty members of all disciplines and discuss a variety of patients and families in a formal manner. (Professionalism, Interpersonal and Communication Skills)

Objectives:

1. Residents will attend 80% of rounds

2. Residents will actively participate in discussions. (Practice-Based Learning)

3. Residents will demonstrate competence in presenting cases in a formal manner before a professional audience. (Interpersonal and Communication Skills, Professionalism, Patient Care)

4. Residents, when appropriate, will demonstrate competence in acting professionally as the primary discussant of case presentations. (Professionalism)

5. Residents demonstrate adequate knowledge of the range of psychopathology, psychodynamics, therapies represented in the caseload of the clinical services comprising the training
General Guidelines. Each clinical case conference will be 1 hour, 30 minutes in duration and will be started and ended promptly at the time announced; Each participant will be required to complete a form evaluating various aspects of each conference.

Guidelines for Presenter. The presenter will be expected to do the following:

1. The resident is expected to contact the responsible faculty 2 weeks in advance to identify an appropriate case and submit the power point presentation one week prior to the Case Presentation.

2. Discuss in advance with the Chief Resident, the moderator, the interviewer, and the formal discussant the desired focus and format of the conference, including how and by whom live interviews are to be conducted, the time allotted as to the presentation, patient/parent/family interviews or video tape, etc. The trainee is responsible for selecting discussant interviewers and inviting the participation of other treatment team members.

3. Present the case in a formal manner, including all relevant information (history, mental status examination, special examination, progress in treatment etc.) but not including (except as part of the general discussion) the presumptive diagnosis, the psychodynamic formulation, or the pro's and con's of an actual or contemplated treatment plan. Presentation of diagnostic test results (such as psychological testing should be coordinated with the tester.

4. Act as formal discussant when appropriate.

5. Provide a copy of the presentation material (in narrative or outline form), identified by the patient's hospital or clinic number, for inclusion in the evaluation package.

Child and Adolescent Psychiatry Journal Club

The child psychiatry resident, in conjunction with their faculty discussant, provides a brief series of articles on a single topic, to the faculty and trainees in the division. The support staff will assist in photocopying and distributing these articles. Articles should be distributed at least one week in advance. Questions about the appropriateness of the topic, the number, type and source of the articles should be addressed with Dr. Shaw.

The purpose of the journal club is to expand the knowledge base of the participants and attendees of the journal club, to compare and contrast the differences in professional journals and to critically look at the research and the authors’ conclusions.

As the attendees are expected to have read the article beforehand, the presentation of the article should be a specific summary and not a reading of the article. Emphasis should be placed on the study design, methods employed, findings and conclusions. Ongoing exchange between the presenters and attendees is encouraged during the presentation though the faculty discussant will lead the discussion of the article or articles after the presentation is complete.

All residents and faculty participate in a review, moderated by a faculty member, of current key journals in child and adolescent psychiatry.

Goals:

1. Residents will become aware of published research that is directly relevant to the practice of child and adolescent psychiatry. (Practice-Based Learning)

2. Residents will develop competence in critically appraising of published research. (Practice-Based Learning)

3. Residents will participate in intellectual exchange with faculty and other professionals. (Interpersonal and Communication Skills)

Objectives:

1. Residents will attend 80% of rounds

2. Residents will actively participate in discussions. (Practice-Based Learning, Interpersonal and Communication Skills)

3. Residents will demonstrate the ability to understand scientific reasoning and methodologies. (Practice-Based Learning)

4. Residents will demonstrate knowledge of common statistical procedures. (Practice-Based Learning)
Departmental Grand Rounds

First and third Wednesdays of each month, September-May, 1 ½ hours

All residents are expected to attend this part of the general educational activities of the Department of Psychiatry.

Psychotherapy Seminar & Continuous Case Conference

27 seminar sessions, 1 hour each.

The Psychotherapy Seminar provides a review of the current empirically based studies on the efficaciousness of the various psychotherapeutic interventions in children and adolescents. Specific topical areas addressed include: the framework of treatment, scheduling and attendance, the therapeutic relationship, the child’s mode of expression, the role of play in child psychotherapy, psychodynamic therapy, interpretation and intervention, collateral treatment with parents, cognitive behavioral therapy, interpersonal psychotherapy with children and adolescents, integrated therapy, brief and time limited psychotherapy, the effects of medication on the process of psychotherapy, termination. Several sessions at the end of the year are reserved for a Continuous Clinical Case Conference, which consists of a child and adolescent being presented by a second year resident and represents an ongoing psychotherapeutic process in which the case material is presented either by videotape or transcription of an audiotape. This format presents the opportunity for close monitoring of the therapeutic process, strategies of intervention, a discussion of transference and counter transferences mechanisms, the elaboration of technique, intervention tactics, and its allegiance and fidelity to a specific manualized approach. Emphasis is placed on understanding the various intervention paradigms and the importance of defining therapeutic goals and objective and establishing measures with which to evaluate course and outcome.

Goals:

1. Residents will be knowledgeable about the various psychotherapeutic interventions in children and adolescents. (Medical Knowledge)

2. Residents will become knowledgeable about the therapeutic process, strategies of intervention, transference and counter transference mechanisms, and allegiance and fidelity to a specific manualized approach. (Medical Knowledge, Patient Care)

3. Residents will understand the various intervention paradigms and the importance of defining therapeutic goals and objectives and establishing measures with which to evaluate course and outcome. (Medical Knowledge, Patient Care)

Objectives:

1. Residents will attend 80% of rounds

2. Residents will actively participate in discussions. (Practice-Based Learning)

3. Residents will use case examples to contrast formulations and approaches to treatment indifferent developmental stages. (Practice-Based Learning, Medical Knowledge, Patient Care)

4. Residents will demonstrate the ability to formulate a treatment plan using various psychotherapy treatment modalities. (Patient Care)

5. Residents will present a case which represents an ongoing psychotherapeutic process, in which case material is presented either by videotape or transcription of an audiotape. (Patient Care, Practice-Based Learning)

6. Residents will discuss areas such as the framework of treatment, scheduling and attendance, the therapeutic relationship, the child’s mode of expression, the role of play in child psychotherapy, interpretation and intervention, collateral treatment with parents, the effects of medication on the process of psychotherapy, and termination. (Patient Care)

Cognitive Behavioral Therapy

4 sessions, 1 hour each.

This seminar will review the development of Cognitive Behavioral Therapy theory, the Cognitive Behavioral case formulation, and the application of Cognitive Behavioral case formulation to a case. It will also review the integration of Cognitive Behavioral formulation and development theory and the application of the cognitive behavioral principles to different developmental stages. Two case examples (preschooler and teenager) are used to
contrast formulations and approaches to treatment. In addition, the application of specific Cognitive Behavioral Protocol for OCD and phobias will be reviewed.

Goals:

1. Residents will become knowledgeable about the principles of Cognitive Behavioral Therapy theory and the application of CBT case formulation to a case. (Medical Knowledge)

2. Residents will become knowledgeable about the application of Cognitive Behavioral Therapy to different developmental stages. (Medical Knowledge, Patient Care)

Objectives:

1. Residents will attend 80% of seminars

2. Residents will actively participate in discussions. (Practice-Based Learning)

3. Residents will use two case examples (preschooler and teenager) to contrast formulations and approaches to treatment. (Patient Care, Medical Knowledge)

4. Residents will demonstrate the ability to formulate a treatment plan using basic principles and basic terminology of Cognitive Behavioral Therapy. (Patient Care, Medical Knowledge)

5. Residents will demonstrate the ability to formulate individualize CBT treatment plan by integrating concepts of developmental theory. (Patient Care, Medical Knowledge)

6. Residents will learn a specific protocol for the treatment of Obsessive Compulsive Disorder and Simple Phobia using CBT. (Patient Care, Medical Knowledge)

DBT

3 sessions, 1 hour each

This seminar provides residents with an overview of dialectical behavior therapy (DBT), initially developed for treating borderline personality disorder and proven effective as treatment for a range of other mental health problems, especially for those characterized by overwhelming emotions.

Goals:

1. Residents will become familiar with the concepts of DBT and develop the clinical skills to utilize this therapeutic modality. (Medical Knowledge, Patient Care)

Objectives:

1. Residents will attend 80% of seminars.

2. Residents will be able to describe the four main concepts of mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness skills. (Medical Knowledge)

3. Residents will actively participate in discussion. (Practice-Based Learning)

4. Residents will demonstrate the ability to formulate an individualized DBT treatment plan. (Medical Knowledge, Patient Care)

Family Therapy Seminar

Introduction to family systems models – This seminar provides an overview of theoretical models, needs assessments and goals of family therapy. Instructional modalities include lecture, case examples from fellows and from books, case consultation, videotapes and readings. One of the goals of this seminar is to get you to think systemically, not just about families but also about your relationship with your patients, and your place in other systems in which you live and work. This will help you understand what’s going on and open up avenues of solutions to problems. A system is comprised of parts that are interdependent or interrelated. Human systems, such as the family, have rules that regulate behavior and reciprocal processes such that the behavior of one part of the system influences the behavior of other parts, i.e., persons respond to each other’s behaviors. This seminar is intended to complement the Family Therapy Case Conference in the second year.

Goals:

1. Residents will become knowledgeable about family systems theory, the sociocultural role of family, characteristics of the dysfunctional family, and structural family theory. (Medical Knowledge)

2. Residents will become knowledgeable about
processes of restructuring and elements of family therapeutic intervention. (Medical Knowledge, Patient Care)

Objectives:

1. Residents will attend 80% of seminars
2. Residents will actively participate in discussions. (Practice-Based Learning)
3. Residents will demonstrate an adequate knowledge of family therapy principles and intervention strategies. (Medical Knowledge)
4. Residents will demonstrate ability to understand that families have rules that regulate behavior and reciprocal processes such that the behavior of one part of the system influences the behavior of other. (Patient Care, Medical Knowledge)

Continuous Child and Adolescent Case Conference and Individual Psychotherapy Seminar

10 seminar sessions, 1 hour each.

The Psychotherapy Seminar provides a review of the current empirically based studies on the efficaciousness of the various psychotherapeutic interventions in children and adolescents. Four sessions are dedicated to psychodynamic psychotherapy and three sessions to IPT. Following this introduction specific topical areas are addressed to include: the frame work of treatment, scheduling and attendance, the therapeutic relationship, the child’s mode of expression, the role of play in child psychotherapy, psychodynamic therapy, interpretation and intervention, collateral treatment with parents, cognitive behavioral therapy, interpersonal psychotherapy with children and adolescents, integrated therapy, brief and time limited psychotherapy, the effects of medication on the process of psychotherapy, termination.

The Continuous Clinical Case Conference consists of a child and adolescent being presented by a resident and represents an ongoing psychotherapeutic process in which the case material is presented either by videotape or transcription of an audiotape. This format presents the opportunity for close monitoring of the therapeutic process, strategies of intervention, a discussion of transference and counter transferences mechanisms, the elaboration of technique, intervention tactics, and its allegiance and fidelity to a specific manualized approach. Emphasis is placed on understanding the various intervention paradigms and the importance of defining therapeutic goals and objective and establishing measures with which to evaluate course and outcome.

Goals:

1. Residents will be knowledgeable about the various psychotherapeutic interventions in children and adolescents. (Medical Knowledge)
2. Residents will become knowledgeable about the therapeutic process, strategies of intervention, transference and counter transference mechanisms, and allegiance and fidelity to a specific manualized approach. (Medical Knowledge)
3. Residents will understand the various intervention paradigms and the importance of defining therapeutic goals and objectives and establishing measures with which to evaluate course and outcome. (Medical Knowledge, Patient Care)

Objectives:

1. Residents will attend 80% of rounds
2. Residents will actively participate in discussions. (Practice-Based Learning)
3. Residents will present a case which represents an ongoing psychotherapeutic process, in which case material is presented either by videotape or transcription of an audiotape. (Patient Care, Medical Knowledge, Interpersonal and Communication Skills)
4. Residents will discuss areas such as the frame work of treatment, scheduling and attendance, the therapeutic relationship, the child’s mode of expression, the role of play in child psychotherapy, interpretation and intervention, collateral treatment with parents, the effects of medication on the process of psychotherapy, and termination. (Patient Care, Medical Knowledge)

Family Continuous Case Conference

8 seminar sessions, 1 hour each.

This conference alternates with the Continuous Child and Adolescent Case Conference. It consists of a family therapy case being presented by second year resident. Family therapy sessions are conducted by
the resident and the faculty member behind a one-way mirror and observed by residents and medical students. Cases are used to illustrate family therapy principles and intervention strategies.

**Goals:**

1. Residents will demonstrate ability to conceptualize cases from a systems point of view. *(Patient Care, Systems-Based Practice, Interpersonal and Communication Skills)*

2. Residents will demonstrate knowledge about the therapeutic process and strategies of intervention in working with families. *(Patient Care, Medical Knowledge)*

**Objectives:**

1. Residents will attend 80% of seminars

2. Residents will actively participate in discussions. *(Practice-Based Learning)*

3. A resident and the family therapy supervisor will conduct several sessions with a family behind a one-way mirror. *(Patient Care, Interpersonal and Communication Skills, Systems-Based Practice)*

4. Residents will use the case material to illustrate family therapy principles and intervention strategies. *(Patient Care, Medical Knowledge, Systems-Based Practice)*

**Child and Adolescent Growth and Development Seminar -**

July – Jan, 23 sessions, 1 hour per week

The Child and Adolescent Growth and Development Seminar will focus on the child's development with emphasis on the burgeoning research in the area of infant development, temperament, attachment behavior, Piagetian and psychoanalytic concepts of internalization, oedipal conflicts, middle childhood and adolescent experience. Specific attention will be given to the role of the family and the socio-cultural milieu and the biological dimensions as they influence and determine the developmental process within the context of the family.

**Goals:**

1. Residents will develop knowledge on child development, including temperament, attachment behavior, Piagetian and psychoanalytic concepts, oedipal conflicts, middle childhood and adolescent experience. *(Medical Knowledge)*

**Objectives:**

1. Residents will attend 80% of seminars.

2. Residents will complete assigned readings and actively participate in seminars. *(Practice-Based Learning)*

3. Residents will use case material to illustrate developmental stages. *(Patient Care, Medical Knowledge, Practice Based-Learning)*

**Child Psychopharmacology Seminar**

July –November, 15 sessions, 1 hour per week

The Child Psychopharmacology Seminar’s goal is to provide a clinical logic that incorporates contemporary knowledge about drug therapies into the management of mental disorders and behavioral disturbances in children and adolescents. The seminar will review the major psychopharmacologic medication groups used to treat children and adolescents. Additional topics to be covered include pharmacokinetics, mechanisms of drug action, drug study designs, clinical therapeutic strategies, polypharmacy, medico-legal and ethical issues, safety monitoring, and manage care conundrums. Residents are expected to be active participants by means of presentations and critical analyses of the literature and real life cases.

**Goal:**

1. Residents will demonstrate knowledge on a clinical logic that incorporates contemporary knowledge about drug therapies into the management of mental disorders and behavioral disturbances in children and adolescents. *(Medical Knowledge, Patient Care)*

**Objectives:**

1. residents will attend 80% of rounds

2. residents will actively participate by means of presentations and critical analyses of the literature and real life cases. *(Patient Care, Practice-Based Learning)*
3. Residents will demonstrate knowledge about pharmacokinetics, mechanisms of drug action, drug study designs, clinical therapeutic strategies, polypharmacy, medico-legal and ethical issues, safety monitoring, and manage care conundrums. *(Medical Knowledge, Practice-Based Learning)*

**Child and Adolescent Psychopathology Seminar**

July – June, 20 sessions, 1 hour per week.

The seminar will focus on the psychiatric syndromes of children and adolescents, such as ADHD, Depressive Disorders, Bipolar Disorder, Anxiety Disorders, OCD, Tic Disorders, Learning Disorders, Psychotic disorders, as well as factors such as divorce and child abuse, which may lead to psychiatric problems. Other topics covered include interviewing skills, adoption, acculturation, aggression, Personality disorders, attachment disorders, and gender identity.

**Goals:**

1. Residents will develop knowledge about the psychiatric disorders of children and adolescents, other factors which may lead to psychiatric problems, such as divorce and child abuse, and other topics, including adoption, acculturation and aggression. *(Medical Knowledge)*

**Objectives:**

1. Residents will attend 80% of seminars.
2. Residents will complete assigned readings and present selected readings to the peer group and supervisor. *(Practice-Based Learning)*
3. Residents will demonstrate knowledge about the epidemiology, etiology, clinical presentation, diagnosis and treatment of the various psychiatric disorders affecting children and adolescents. *(Medical Knowledge)*
4. Residents will demonstrate knowledge about family and sociocultural issues affecting children, including divorce, child abuse, adoption, acculturation and aggression. *(Medical Knowledge)*

**Special Seminars**

There is a series of seminars on special topics in Child and Adolescent Psychiatry to include the following, Ethics, Genetics, Divorce and Adoption, Transcultural Issues and Acculturation, Neuroimaging, Substance Abuse and Research Methodology.

**Ethics in Child and Adolescent Psychiatry**

4 sessions, 1 hour each.

This seminar will review the concepts of ethics and morality, the major ethical theories and principles, the manners in which moral decisions are justified, and the principles of psychiatric ethics elaborated by the AMA and AACAP.

From this, using the case method, the seminar participants will endeavor to reach decisions on some of the "typical" moral dilemmas which confront the child and adolescent psychiatrist.

**Goals:**

1. Residents will review concepts the major ethical theories and principles, the manners in which moral decisions are justified and the principles of psychiatric ethics elaborated by the AMA and AACAP. *(Professionalism)*

**Objectives:**

1. Residents will actively participate in discussions. *(Practice-Based Learning)*
2. Residents will use case material to illustrate ethical principles. *(Professionalism)*

**Acculturation and Transcultural Issues in Child and Adolescent Psychiatry**

2 sessions, 1 hour each

This seminar focuses on issues related to child psychiatry and child rearing practices from a multicultural perspective e.g. Hispanic, African American, Haitian cultures. Other issues such as the effect of migration on the developmental process and psychiatric syndromes across different cultures will be discussed.

**Goals:**

1. Residents will become knowledgeable about the