

TRAINING MANUAL

UNIVERSITY OF ARIZONA CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY TRAINING PROGRAM

2007 - 2008

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The Child and Adolescent Psychiatry Residency Training Committee

Frequency of meetings:

Second and fourth Tuesdays of the month at 1:00 p.m.. Chief Resident is required to attend both meetings. All the residents are required to attend on the fourth Tuesday.

Responsibilities:

- (1) Development and ongoing evaluation of various components of child and adolescent psychiatry training program;
- (2) Resident Selection, evaluation and advancement;
- (3) Teacher and course evaluation and monitoring;
- (4) Supervisor selection and evaluation;
- (5) Monitoring training program's compliance with ACGME requirements; and
- (6) Reviewing and updating policies, procedures and training manual

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Goals and Objectives of the Child and Adolescent Psychiatry Residency Training Program

The University of Arizona Child and Adolescent training program has been designed to offer residents a well-balanced and comprehensive clinical experience, a formal curriculum covering major areas in child and adolescent psychiatry, supervision in various clinical settings resulting in hands on and graduated learning experience over two training years. Upon completing this program, the resident will have a comprehensive knowledge of normal child and adolescent development and able to differentiate normal from abnormal development. The resident must be able to conduct comprehensive evaluation of children, adolescents and families with a broad spectrum of psychopathology and varying socio-cultural and ethnic background. The resident must achieve considerable competence in the major treatment modalities and have the knowledge and skills to practice within various child and adolescent psychiatry settings and non medical settings such as schools, juvenile court and community settings. Residents completing this program must have considerable experience as teachers of professional students, professional colleagues in other disciplines, parents and teachers and members of other agencies. Residents must be familiar with research methodology and able to evaluate critically child and adolescent psychiatry literature. The resident must acquire knowledge and skills to work as a member, as well as, a leader in multidisciplinary treatment team in various clinical settings.

Following are the professional knowledge, skills and attitudes which faculty will strive to instill and which residents should develop through the training program.

A. Core Knowledge

1. Basic knowledge of normal and abnormal development at each phase of the life cycle and gain the ability to apply such knowledge in clinical settings.
2. In-depth knowledge of the full spectrum of psychopathology in children, adolescents and families, including all DSM IV conditions. The resident will acquire a thorough knowledge of the natural history, phenomenology, etiology and course of psychiatric disorders of children and adolescents.
3. Knowledge to conduct comprehensive psychiatric assessment of children and adolescents, including the use of a range of interview techniques and of ancillary laboratory, medical and psychological tests used in data collection.
4. Thorough knowledge of indications, contraindications and adverse effects of the full spectrum of treatment interventions used for children, adolescents and families. These interventions include both long term and brief individual verbal and play therapy, pharmacotherapy, family therapy, group therapy, cognitive-behavior therapy, combined treatment, and crisis intervention.
5. Knowledge of indications for various treatment settings including inpatient, residential, day treatment, outpatient, and school- and home-based treatment.
6. Knowledge of the role of the child psychiatrist within the multidisciplinary team in various settings, both as a team member and clinical-administrative leader.

7. Knowledge of the role and functions of a consultant to pediatrics, school, courts, and community system of care.
8. Working knowledge of pediatric neurology as it relates to child and adolescent psychiatric syndromes.
9. Knowledge of cultural difference and medical ethics in care of children, adolescents and families in multiple settings.
10. Knowledge of the systems of health care as it pertains to children, adolescents and families, including the role and functions of various community and state agencies, and principles and practice of managed care.
11. Knowledge of the principles of research to encourage a scientific approach to clinical problems including research methodology and critical reading of the child and adolescent psychiatry and psychology literature.
12. Knowledge of methods of teaching medical students, general psychiatry residents and other professionals who care for children, adolescents and families, and parents and public regarding various mental health issues of youth.

B. Core Skills

1. Ability to conduct thorough assessment of children, adolescents and families in various clinical settings.
2. Ability to assess, discuss, document and intervene concerning the patient's dangerousness to self or to others.
3. Ability to develop a comprehensive and thoughtful differential diagnosis, biopsychosocial formulation and multimodal treatment plan for children, adolescents and families.
4. Capacity to develop and communicate an appropriate treatment plan for a given problem and child; skill in the art of differential therapeutics (e.g., medication, psychotherapy, academic remediation, etc.), and in combining a variety of approaches to meet the needs of a particular child.
5. Comfort and skill in working with children, adolescents and families.
6. Demonstration of basic skills required to conduct a range of therapies including individual brief and long-term verbal and play therapy, family therapy, group therapy, cognitive-behavioral therapy, pharmacotherapy, and combined treatment in various clinical settings.
7. Ability to provide consultation effectively to pediatrics, school, courts, and community systems of care.
8. Ability to conduct assessment and treatment of children and families with diverse racial, gender, cultural, and socioeconomic background.
9. Ability to work as a member of interdisciplinary team and provide clinical leadership in various clinical settings.

10. Skills related to the critical reading of research and clinical reports. This would include general knowledge in the areas of research design, psychometric measures, rules of evidence and inference, and commonly employed statistical tests.
11. Skills necessary to teach medical students, residents, other physicians and co-workers concerning all aspects of the field of Child and Adolescent Psychiatry.

C. Core Attitudes

1. Respect and liking for children, teens and families of all ethnic and cultural backgrounds, and appreciation of their strengths as well as their weaknesses.
2. Holding excellence in patient care as the highest standard.
3. Patience and perseverance in the conduct of clinical work, a spirit of dedication to one's patients and their caretakers.
4. An abiding sense of scientific curiosity and wonder about one's work.
5. A commitment to a lifetime of scholarly activity: i.e., one always remains a "student" in the sense that theories, data and techniques must be constantly reassessed and renewed.
6. A commitment to practice within the ethical standards of our profession.
7. Willingness to advocate for all children in general and each child in particular, and for the systems that serve them.
8. Respect for one's colleagues in psychiatry and the other helping professions; an appreciation of the importance of interdisciplinary work.
9. Adherence to the biopsychosocial model as the best current approach to understanding the child and his/her family in both depth and breadth.
10. An appreciation of the transactional nature of all human development in which the forces of nature and nurture, maturation and experience have pivotal roles to play. The transactional perspective is central to understanding all lines of development whether it be behavioral, cognitive, psychosocial, attachment, etc.

General Goals and Objectives

For Year 1

In Year 1, the residents must demonstrate the following knowledge, skills and attitude in addition to the six core competencies outlined in the following section including: patient care, medical knowledge, interpersonal and communication skills, practice-based learning, professionalism and system-based practice.

Knowledge

In year 1, the resident must demonstrate increasing knowledge in the following areas:

1. Normal and abnormal development in infancy through adulthood
2. Full spectrum of psychopathology in children, adolescents and families including all DSM IV conditions
3. Methods of performing complete psychiatric assessment of children, adolescents and families
4. The indications, contraindications and possible adverse effects of various treatment modalities used in treatment of children and adolescents
5. Information presented in the Year 1 clinical and didactic curriculum of the training program. The goals and objectives of all seminars are distributed in the Orientation Manual
6. The role and functions of consultant to pediatrics and other professionals
7. The system of health care including role of community and state agencies
8. Cultural and ethical issues relevant to treatment of children, adolescents and families
9. The role of child psychiatrist within multidisciplinary team on inpatient and residential treatment setting.

Skills

In Year 1, the resident must demonstrate increasing skills in each of the following areas:

1. Psychiatric assessment of children, adolescents and families in inpatient hospital, residential setting, emergency room and outpatient clinic
2. Ability to conduct assessment and treatments with diverse population, with attention to differences in age, sex, race, culture, and socioeconomic status
3. Ability to obtain comprehensive present, past, family, medical, legal and development history, and develop differential diagnosis and treatment plan
4. Ability to assess, discuss, document and intervene concerning the child's potential for self-harm and harm to others in emergency room and other settings
5. Ability to provide consultation to pediatrics, school, other mental health professionals

6. Ability to provide full spectrum of treatment modalities including medications, various therapies and psycho-social interventions
7. Ability to work in interdisciplinary team effectively

Attitudes

In Year 1, the resident must demonstrate the attitudes indicated in the six core competencies

Goals and Objectives for Year 2

In Year 2, the resident must demonstrate the following knowledge, skills and attitude in addition to the six core competencies outlined in the following section including: patient care, medical knowledge, interpersonal and communication skills, practice-based learning, professionalism and system-based practice.

Knowledge

In Year 2, the resident must build on the knowledge base of Year 1 and must demonstrate increasing knowledge in the following areas:

1. Principles of consultation to pediatrics, school, courts and community system of care
2. The basic information presented in the second year clinical and didactic curriculum augmented by self-directed learning in child and adolescent psychiatry. The curriculum is distributed in the Orientation Manual
3. Medical and psychiatric administration in various settings
4. Quantitative methods and range of research methodology
5. Teaching of medical students, psychiatric residents, other professionals who care for children, adolescents and families
6. Educating parents and public regarding mental health issues in youth
7. Federal and state laws regarding education and treatment of minors with psychiatric illness

Skills

In Year 2, the resident must build upon the skills developed in Year 1 noted above and must demonstrate increasing knowledge in the following areas:

1. Ability to develop comprehensive assessment and bio-psycho-social formulation
2. Ability to implement comprehensive bio-psycho-social treatment plan in various settings
3. Ability to provide various treatment modalities effectively to treat children, adolescents and families
4. Ability to consult effectively to pediatrics, schools, courts and community systems of care
5. Ability to teach medical students, residents, allied professionals and lay individuals regarding mental health issues in youth
6. Ability to provide clinically sound, culturally sensitive and ethically-based psychiatric care to youth

Attitudes

In year 2, the resident must build upon the attitudes in Year 1, as specified in the six core competencies

Core Competencies

The University of Arizona Child and Adolescent Psychiatry Residency Training Program

CLINICAL SCIENCE (ACGME - MEDICAL KNOWLEDGE)

Outcome

Residents, by the time of graduation, must demonstrate an adequate fund of knowledge in the areas of clinical science relevant to the practice of child and adolescent psychiatry. Residents are expected to exhibit progressive improvement in their level of knowledge throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics and clinical conferences, presentations, and/or examinations.

Knowledge

Definition

Residents must have an adequate fund of information of the established and evolving biomedical, clinical, epidemiological, and psychosocial sciences as related to the understanding and appropriate practice of child and adolescent psychiatry

Expectations

Residents will master the basic information integral to the basic academic and clinical principles of child and adolescent psychiatry as taught in the didactic and clinical curriculum and as augmented by self directed learning. These areas include knowledge in:

1. Development
2. Biological Sciences related to child and adolescent psychiatry
3. Clinical Sciences related to child and adolescent psychiatry
4. Psychopathology, including classification, epidemiology, etiology, differential diagnosis, course and prognosis of all major DSM IV categories
5. Assessment Procedures including psychological testing, Laboratory methods, diagnostic interviewing
6. Treatment Modalities (biological, psychological and social)
7. Prevention
8. Consultation in clinical and community settings
9. Issues in practice not specified under other topics
 - Spiritual
 - Cultural
 - Ethics
 - Forensic/ Legal

Attitudes

Definition

Residents must approach clinical and didactic situations with analytic and investigatory thinking

Expectations

Residents must participate actively in

- didactic offerings by being able to discuss cases and readings, effectively present various topics in different forums, and make relevant comments during discussions
- clinically based conferences, bringing to these conferences literature and knowledge of the clinical sciences that are relevant to the clinical situation being discussed
- clinical situations, bringing to patient care, consultation, & advocacy, a knowledge of the clinical sciences that are relevant to the situation

Skills

Definition

- Residents must know and apply the basic and clinical science knowledge relevant to child and adolescent psychiatry in didactic sessions and clinical practice

Expectations

Residents must demonstrate through

- the provision of care for children, adolescents, and families the ability to apply this fund of knowledge effectively in clinical situations
- attendance and participation in didactics the abilities to learn and disseminate effectively relevant data and knowledge

Assessment/Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to clinical science by supervising outpatient and on-rotation faculty

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of live or videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board"
- Annual review of clinical exam performance with training director

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g. required papers; seminars; grand rounds; etc)

Deficiency Remediation

- Regular review for each individual resident with the training director of the various measures of performance and competence with the
- identification of any specific deficits
- documentation of all identified areas requiring remediation or additional concentration
- development of specific remediation plans based on the particular deficiencies identified
- planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify the original deficiency (e.g. relative deficits identified on the Child PRITE might be subsequently reassessed by later performance on the Child PRITE or another written examination; deficits identified through the supervisory process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

Core Competencies

INTERPERSONAL SKILLS AND COMMUNICATION

Outcome

By graduation, residents must demonstrate the knowledge, attitudes, and skills necessary to develop and maintain appropriate interpersonal therapeutic relationships and to communicate effectively with patients, families, colleagues, and the public. Residents are expected to exhibit progressive improvement in their interpersonal and communication skills throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics and clinical conferences, presentations, and/or examinations.

Knowledge

Definition

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

- Interviewing techniques
- Transference and countertransference issues
- Cultural and ethnic factors Professional factors (i.e. different attitudes/ approaches between disciplines)
- Interdisciplinary teams
- Empathy

Expectations

Residents must participate in

- the clinical care of children, adolescents, and families with the ability to engage and communicate effectively with children, adolescents, and families to obtain the relevant and necessary information, provide appropriate treatment, and liaison with any involved individuals
- liaison and multidisciplinary team activities with the ability to effectively communicate with other professionals to provide optimal care and promote the acquisition of knowledge
- didactic and clinical activities demonstrating the ability to obtain and convey relevant information

Attitudes

Definition

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

Expectations

Residents must

- exhibit consistent enthusiasm, motivation, and interest in learning and applying appropriate communication skills in didactic and clinical situations
- demonstrate the ability to
 - Maintain a polite and courteous attitude at all times
 - Listen to and learn from others, even those with different viewpoints and backgrounds
 - Gain an understanding of perspectives different from their own
 - Collaborate with patients, families, and other professionals towards common goals
 - Continuously self-examine the impact of their own attitudes and behaviors

Skills

Definition

Residents must

- demonstrate the ability to utilize a variety of interviewing and therapeutic techniques as appropriate to the situation and case
- create and maintain therapeutic and ethically sound relationships with patients and their families
- employ active listening and informing techniques to effectively elicit and provide information through the use of explanatory, questioning, and writing skills as well as facilitating nonverbal behaviors
- work effectively with others as a member or leader of a health care/ other professional team
- advocate for their patients and families

Expectations

Residents must demonstrate through the clinical care of children, adolescents, and families the ability to

- employ an empathetic style of relating and communicating to provide safe, effective, and compassionate patient care which is ethically sound
- select and utilize effective interviewing and therapeutic strategies to provide effective diagnoses, interventions, and treatment
- didactic participation and supervisory discussions the ability to examine their own attitudes and biases and the impact on their clinical work
- participation in the team and liaison activities of various rotations the ability to obtain and convey information as a consultant and/or multidisciplinary team member or leader to facilitate patient care and promote learning
- the care of individual patients and/ or organizational work the ability to effectively advocate for children, adolescents, and their families

Assessment/ Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to communication and interpersonal skills by supervising outpatient and on-rotation faculty

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of live or videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board"
- Annual review of clinical exam performance with training director

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g. required papers; seminars; grand rounds; etc)

Deficiency Remediation

Regular review for each individual resident with the training director of the various measures of performance and competence with the

- identification of any specific deficits
- documentation of all identified areas requiring remediation or additional concentration
- development of specific remediation plans based on the particular deficiencies identified
- planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify (e.g. relative deficits identified on the child prite might be subsequently reassessed by later performance on the Child Prite or another written examination; deficits identified through the supervisory process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

Core Competencies

PATIENT CARE

Outcome

By graduation, residents will demonstrate the knowledge, attitudes, and skills necessary to provide patient care that is compassionate, appropriate, and effective for the treatment of psychiatric problems and the promotion of mental health. Residents are expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics and clinical conferences, presentations, and/or examinations.

Knowledge

Definition

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of psychiatric problems and the promotion of mental health. Residents are expected to acquire the theoretical and practical information necessary to assess, treat and advocate effectively for children, adolescents, and families. Patient care should include an integration of the relevant medical psychiatric, and environmental factors.

Expectations

Residents must

- manage and make decisions to effectively provide clinical care for children, adolescents, and families
- include services aimed at preventing psychiatric problems or maintaining mental health in the clinical care of children, adolescents, and families and in the education of parents, other professionals, and in community forums
- participate in liaison and multidisciplinary team activities during various rotations to coordinate and facilitate the prevention and treatment of psychiatric disorders in children and adolescents

Attitudes

Definition

Residents must consider the provision of optimal patient care a priority with an ongoing commitment to acquiring and maintaining the necessary knowledge and skills

Expectations

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

Skills

Definition

Residents must

- maintain effective communication and caring and respectful behaviors when interacting with patients and families
- gather essential and accurate information about patients and families
- make informed decisions about diagnostic and therapeutic interventions based on patient information and references, up-to-date scientific evidence, and clinical judgment
- develop and carry out patient management plans

- counsel and educate patients and their families
- use information technology to support patient care decisions and patient education
- perform competently all medical and psychiatric practices considered essential for child and adolescent psychiatry
- provide health care services aimed at preventing psychiatric problems or maintaining mental health
- work with health care and mental health professionals, including those from other disciplines, to provide patient-focused care

Skills

Expectations

Residents must demonstrate through

- the clinical care of children, adolescents, and families the abilities to
 - Employ an interpersonal approach which consistently emphasizes the importance of demonstrating respect, caring, and clear communication
 - Gather essential, accurate, and complete information about patients and families
 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
 - Develop and carry out comprehensive patient treatment plans which include consideration of the strengths and weaknesses of the individual child, family, school, extracurricular activities, other involved agencies as well as the need to educate all involved on the relevant psychiatric and developmental issues
 - Use of information technology to support patient care decisions and patient education
 - Perform competently all medical and psychiatric practices considered essential for child and adolescent psychiatry which include
 - Screening for medical problems
 - Considering the impact of medical problems and treatment on psychiatric disorders and development
 - Conducting a comprehensive developmentally appropriate diagnostic assessment
 - Developing and implementing a comprehensive treatment plan
 - Performing a variety of therapeutic interventions/ techniques including
 - Psychopharmacology/ Medication management
 - Individual psychotherapy, brief and long-term
 - Group psychotherapy
 - Family psychotherapy
 - Crisis intervention
 - Psychodynamic psychotherapy
 - Behavioral management
 - Cognitive behavioral therapy and Play therapy
 - Working as a consultant to other professionals and agencies working with children, adolescents, and families
 - the clinical care of children, adolescents, and families and the education of parents, other professionals, and in community forums the ability to provide services aimed at preventing psychiatric problems or maintaining mental health
 - participation in the team and liaison activities of various rotations the ability to obtain and convey information as a consultant and/or multidisciplinary team member or leader to facilitate patient care

Core Competencies

Patient Care

Assessment/ Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to patient care by supervising outpatient and on-rotation faculty

Assessment/ Measurement

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of live and videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board" type
- Annual review of clinical exam performance with training director

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g. required papers; seminars; grand rounds; etc)

Deficiency Remediation

- Regular review for each individual resident with the training director of the various measures of performance and competence with the
 - (a) identification of any specific deficits
 - (b) documentation of all identified areas requiring remediation or additional concentration
 - (c) development of specific remediation plans based on the particular deficiencies identified
 - (d) planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify the original deficiency (e.g. relative deficits identified on the Child PRITE might be subsequently reassessed by later performance on the Child PRITE or another written examination; deficits identified through the supervisory process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

Core Competencies

PRACTICE BASED LEARNING AND IMPROVEMENT

Outcome

By graduation, the residents will demonstrate the knowledge, attitude, and skills necessary to initiate self directed and independent teaming to keep abreast of current information and practices relevant to child and adolescent psychiatry, to correct any areas of information or skills gaps, and to improve patient care practices. Residents are expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics, presentations, and/ or examinations.

Knowledge

Definition

Residents must demonstrate the ability to

- investigate, evaluate, and improve their patient care practices
- analyze, assimilate, and utilize the scientific literature and other data sources to acquire relevant information to improve patient care and clinical skills
- identify gaps in their existing knowledge base and relevance of data from various areas of research and clinical practice. Suggested topics (not inclusive) include
 - Development
 - Biologic and Clinical Sciences
 - Psychopathology/ Classification/ Differential Diagnosis-
Assessment Procedures
 - Treatment Modalities (biological psychological, and social)
 - Prevention
 - Consultation in clinical and community settings
 - Issues in practice not specified under other topics
 - Spiritual
 - Cultural
 - Ethics
 - Forensic/ Legal

Expectations

Residents will learn and utilize

- a systematic approach for investigating, evaluating, and improving their fund of knowledge and clinical practices relevant to child and adolescent psychiatry
- the basic techniques necessary to analyze and evaluate own practices, the literature, and data from other sources to modify and enhance their clinical practices and fund of knowledge

CORE COMPETENCIES

PRACTICE BASED LEARNING AND IMPROVEMENT

Attitudes

Definition

Residents must demonstrate

- behaviors and demeanor consistent with the recognition that teaming and monitoring their clinical practices are lifelong endeavors requiring the use of a variety of educational forums such as scientific literature, electronic data bases, Supervision, and continuing educational conferences
- a consistent interest in and self-examination of their clinical practices, skills, and knowledge with active attempts to improve their fund of knowledge and abilities
- exhibit an ongoing interest in the demographic, social, cultural, and other relevant characteristics of patient populations involved with

Expectations

Residents will

- participate actively in didactic and clinical situations with the ability to acquire knowledge, apply information to improve clinical care and didactic teaming, and promote the education of others
- present (formally or informally) in didactic and clinical situations using information acquired from independent, self directed study

Skills

Definition

Residents will

- analyze practice experience and perform practice based improvement activities using a systematic methodology
- locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- obtain and use information about their own population of patients and the larger population from which their patients are drawn
- apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic use information technology to manage information, access on-line information, and support their own education
- facilitate the learning of students and other health care profession thorough formal or informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- utilize information technology to enhance patient management and self-education as evidenced by the use of health system information systems to acquire and communicate patient information and the library and internet systems to acquire relevant medical and psychiatric information
- be able to effectively teach others on issues relevant to the psychiatric care of children, adolescents, and families

Expectations

Residents will

- evaluate systemically their own clinical practices as well as the practices of others through periodic evaluation of patient progress and acquisition of new knowledge from the observation of others, supervision, group discussions, readings, and other sources of information
- acquire knowledge on the characteristics of patient populations involved with analyze critically the literature and other sources of data to keep abreast of current child and adolescent psychiatry theories and practices in general and as relevant for particular patients
- utilize information technology such as computers, data bases, and data systems to enhance the management and acquisition of information for patient care and educational activities
- teach others about particular cases and issues relevant to child and adolescent psychiatry

CORE COMPETENCIES

PRACTICE BASED LEARNING AND IMPROVEMENT

Assessment/ Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to practice based learning by supervising outpatient and on-rotation faculty

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of live or videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board" type
- Annual review of clinical exam performance with training director

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g., required papers; seminars; grand rounds; etc)

Assessment/ Measurement

Deficiency Remediation

Regular review for each individual resident with the training director of the various measures of performance and competence with the

- identification of any specific deficits
- documentation of all identified areas requiring remediation or additional concentration
- development of specific remediation plans based on the particular deficiencies identified
- planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify the original deficiency (e.g. relative deficits identified on the Child PRITE might be subsequently reassessed by later performance on the Child PRITE or another written examination; deficits identified through the supervisory process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

Core Competencies

PROFESSIONALISM AND ETHICAL BEHAVIOR

Outcome

By graduation, the residents will demonstrate the knowledge, attitude, and skills necessary to practice professionally responsible, ethical and culturally sensitive child and adolescent psychiatry. Residents are expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics, presentations, and/ or examinations.

Knowledge

Definition

Residents must exhibit a commitment to being professionally responsible, adherent to ethical principles, and sensitive to a diverse patient population

Expectations

Residents will acquire and practice the ethical and professional standards and behavior compatible with the standards of child and adolescent psychiatry. Suggested topics (not inclusive) include

- AACAP and other professional codes of ethics
- Institutional and governmental ethical and professional standards
- Patient confidentiality and disclosure of information
- Mandated reporting
- Informed consent
- Treatment consent and refusal
- Commitment
- Custody and guardianship
- Rights of minors
- Standards of treatment
- Individual and societal/ community needs
- Consent and assent in research
- Competency
- Professional relationships with pharmaceutical and other commercial organizations
- Cultural and ethnical influences on development, psychiatric disorders and care, and family systems

Attitudes

Definition

Residents will display a consistent interest in the clinical, advocacy, and consultant roles and responsibilities of a child and adolescent psychiatrist

Expectations

Residents will demonstrate

- Respect, compassion, responsibility, and integrity
- Responsiveness to the needs of patients and society that supercedes self-interest
- Accountability to patients, families, society, and the profession
- Commitment to excellence and on-going professional development
- Commitment to ethical principles
- Sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities

Core Competencies

PROFESSIONALISM AND ETHICAL BEHAVIOR

Skills

Definition

Residents will demonstrate

- the roles and responsibilities of a child and adolescent psychiatrist
- attitudes and behavior which are consistent with the professional and ethical standards of child and adolescent psychiatry
- the ability to consider and manage the common and unique attributes of various groups based on their culture, ethnic origin, gender, age, medical or psychiatric disabilities when providing clinical care to children, adolescents, and families

Expectations

Residents will

- participate actively in clinical and didactic situations and local and national professional organizations displaying the characteristics of an ethical and responsible child and adolescent psychiatrist
- be able to interact with professionals of diverse backgrounds to provide effective, culturally sensitive clinical care to children, adolescents, and families

Assessment/ Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to professionalism by supervising outpatient and on-rotation faculty

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of live or videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board" type
- Annual review of clinical exam performance with training director

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g. required papers; seminars; grand rounds; etc)

Core Competencies

PROFESSIONALISM AND ETHICAL BEHAVIOR

Deficiency Remediation

Regular review for each individual resident with the training director of the various measures of performance and competence with the

- identification of any specific deficits
- documentation of all identified areas requiring remediation or additional concentration
- development of specific remediation plans based on the particular deficiencies identified
- planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify the original deficiency (e.g. relative deficits identified on the Child PRITE might be subsequently reassessed by later performance on the Child PRITE or another written examination; deficits identified through the supervisory process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

Core Competencies

SYSTEMS BASED CARE

Outcome

By graduation, the residents will demonstrate the knowledge, attitude, and skills necessary to manage effectively in multiple, diverse, complex systems of care to provide effective assessments, treatment consultation, and advocacy for children, adolescents, families, and child related agencies. Residents are expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. Methods of demonstration may include the care of patients and families, participation in didactics, presentations, and/ or examinations.

Knowledge

Definition

Residents must have

- an awareness of and responsiveness to the larger context and system of health care with the ability to effectively utilize system resources to provide optimal patient care
- a theoretical and practical understanding of system theories and their applicability to health and psychiatric care
- knowledge about the local and national agencies and organizations involved in advocating and caring for children, adolescents, and families

Expectations

Residents will learn about

- the interaction between and reciprocal impact of their own patient care and other professional practices and those of other professionals, health care organizations, and society
- the different public and private systems involved with children, adolescents, and families: the services, cost, and access to care
- cost effective health care practices and resource allocation while providing quality patient care
- mental health advocacy for children, adolescents, and families in general as well as for individual patients and families to negotiating systems and obtaining services
- collaboration with other professionals to understand and negotiate health care and other systems to provide and manage quality health care
- Suggested topics (not inclusive) include
 - (a) Educational systems
 - Special educational services
 - Legal mandates
 - (b) Community programs, agencies, and systems (public and private)
 - (c) Social Service systems
 - Public services
 - Child protective services, welfare, foster care, adoption
 - Institutional (hospital) services
 - Private agencies
 - (d) Mental Health Systems (public and private)
 - (e) Legal systems
 - (f) Health Care systems (public and private)
 - (g) Insurance systems (public and private)

Core Competencies

SYSTEMS BASED CARE

Attitudes

Definition

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

Expectations

Residents will participate actively in didactic and clinical situations with an understanding of

- the impact of and interrelationships between one's patient care practices and other professional activities
- the systems and services available to children, adolescents, and families and their influence on patient care and clinical practices

Residents will demonstrate the abilities to negotiate and collaborate with

- systems to advocate for and provide the best possible care for children, adolescents, and families
- other professionals, patients, and their families to integrate services from multiple systems

Skills

Definition

Residents will demonstrate an understanding of how

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

Expectations

Residents will demonstrate

- the ability to provide quality patient care which is cost effective with appropriate utilization of resources
- an understanding of the advocacy needs of children, adolescents, and families and the ability to help patients and families negotiate systems and access to resources
- the ability to collaborate with other professionals to effectively negotiate systems and provide patient care

Assessment/Measurement

Objective Measures

- Regular documentation by clinical and teaching faculty of participation in didactic modules, case conferences, and other teaching sessions
- Completion of Child PRITE annually with review of individual scores with the training director

Supervision

- Regular documentation of resident performance in areas relevant to systems based care by supervising outpatient and on-rotation faculty

CORE COMPETENCIES

SYSTEMS BASED-CARE

Clinical Skill Evaluation

- Direct observation of the individual resident's clinical and didactic activities by identified faculty
- Observation and evaluation of videotaped patient interactions by supervisors and/ or teaching faculty on a regular basis
- Annual clinical examination of "mock board"
- Annual review of clinical exam performance with training director

Assessment/ Measurement

Independent Learning

- Demonstration of self-initiated as well as directed study through leadership of discussions in both didactic and clinical activities and through presentations to the residency program in various formats (e.g. required papers; seminars; grand rounds; etc)

Deficiency Remediation

Regular review for each individual resident with the training director of the various measures of performance and competence with the

- identification of any specific deficits
- documentation of all identified areas requiring remediation or additional concentration
- development of specific remediation plans based on the particular deficiencies identified
- planning for further assessment with the outcome being determined by a method of assessment similar to the one used to identify the original deficiency (e.g. relative deficits identified on the Child PRITE might be subsequently reassessed by later performance on the Child PRITE or another written examination; deficits identified through the cry process might be reassessed by subsequent supervisory reports specifically targeted at assessing and remediating the identified deficits; etc)

POLICIES

SELECTION

Purpose: To identify the best qualified applicants for child and adolescent psychiatry training and offer them child and adolescent psychiatry residency positions; to insure that the Psychiatry Department complies with University of Arizona guidelines as an EEO/AA/ADA employer.

Policy: The Faculty of the Psychiatry Department want to recruit to the child and adolescent psychiatry residency training program individuals who are most likely to successfully complete the child and adolescent psychiatry training and go on to serve patients, families and communities with the best professional skills possible. To that end, effective identification of qualified applicants to the residency program is essential.

The residents entering the Child and Adolescent Psychiatry Residency Training Program should have the following qualities:

- Effective interpersonal skills - demonstrate ability to communicate clearly and appropriately with patients, families, colleagues and staff; demonstrate ability to deal with stress without interference in the doctor/patient relationship.
- Effective clinical skills - demonstrate ability to be empathic, make accurate clinical observations and sound diagnostic formulations; the potential to relate those observations clearly in a supervisory setting; the potential to be insightful and reflective concerning one's own role in the therapeutic process; and the potential to know the limits of one's own expertise and how to ask for supervisory input.
- Teaching and research potential - fundamental interest in teaching medical students, and general psychiatry residents, potential in being involved in future research; clear interest in staying abreast of the latest developments in the field.

Procedure:

1. Applications to the Child and Adolescent Psychiatry Residency Training Program at the University of Arizona must include:
 - a) a completed application form,
 - b) a Dean's Letter and a letter of recommendation from the applicant's current residency training director,
 - c) letters of recommendation from at least 2 faculty from the applicant's current residency training program,
 - d) Concise biographical statement which describes applicant's interest in child and adolescent psychiatry, career goals, and what interests applicant about the program at the University of Arizona,
 - e) An official transcript from medical school,
 - f) Documentation of VISA status for international graduates, and
 - g) Documentation of ECFMG certification, when applicable
2. For transferring residents from another program, documentation must be obtained from the prior training director. This is to include clinical training experiences, past performance in rotations, and professional integrity.
3. The Training Director will screen applications as they are completed, with the help of the Residency Training Committee. Given adequate letters of recommendation, as many applicants as can be accommodated will be invited to interview. Applicants with the best letters of recommendation will be

given priority in arranging interviews.

4. On-site interviews will include:
 - a) interviews with at least two-three faculty members,
 - b) interview with at least one current psychiatry resident, and
 - c) interview with the Training Director. At the time of his/her interview, the Training Director will review crucial aspects of the residency with the applicant, including pay, benefits, on-call schedule, clinical duties, and didactics.
5. Application interview forms will be completed by all interviewers and returned to the Training Director (see attached example). The child and adolescent training committee will review application, letters of recommendations, and interview forms in order to make final selection of residents.
6. All records of applications, including letters of recommendation will be kept on file in the office of the Training Director. If a residency position is offered and accepted, the file will automatically become part of the prospective resident's academic record. Once all residency positions are filled for a given year, application records of individuals interviewed will be kept on file in the Training Director's office for one year, all other application records will be shredded and disposed. If an applicant wishes to re-apply for another year, a new application and updated letters of recommendation will be required.

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**The University of Arizona Department of Psychiatry
Child and Adolescent Psychiatry Residency Training Program
INTERVIEW SUMMARY**

Applicant:

Date:

Please check the appropriate boxes using the scale given.
Comments about these characteristics should be included with strengths and weaknesses (see other side).

- 1. Outstanding**
- 2. Superior**
- 3. Average, acceptable**
- 4. Fair**
- 5. Unacceptable**

	1	2	3	4	5
Strength (Quality). Application materials.					
Basic Knowledge of Psychiatry					
Flexibility. Ability to be flexible vs. rigid; ability to respond to unanticipated changes or unfamiliar situations; ability to handle competing time demands.					
Motivation. Desire for a career in child and adolescent psychiatry.					
Communication Skills. Ability to articulate ideas, concepts, opinions; clarity of expression.					
Interpersonal Skills. Warmth, openness, ability to relate effectively and sensitively to others.					
Sincerity. Honesty, frankness, etc.					
Maturity. Stability, sense of responsibility, etc.					

(OVER)

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Applicant's Strengths:

Applicant's Weaknesses:

OVERALL IMPRESSION. Applicant's suitability for a career in psychiatry.

- Outstanding** All areas outstanding (very few applicants should be so rated)
- Superior** Most areas outstanding, no apparent risks
- Acceptable** Good applicant, no important risks
- Doubtful** Some risks
- Unacceptable**

Interviewer (PLEASE PRINT)

Signature

PLEASE RETURN ASAP TO Patricia Klein

MOONLIGHTING POLICY

The Department of Psychiatry wishes to insure the residents receive an excellent education in the Child and Adolescent Psychiatry Residency Program. The Department also wishes to insure that residents, under appropriate supervision, are able to provide a high caliber of clinical service to patients they care for during the course of their education in the Residency Program. As one of our efforts to achieve the above goals, we monitor moonlighting activities to make sure that it does not interfere with the education you receive or with the clinical service you provide. It is also important that the moonlighting activities the residents participate in are consistent with the image the Department wants to project to the community generally.

All residents must have their moonlighting plans cleared by the Director of Child and Adolescent Psychiatry Residency Training **PRIOR** to committing to any moonlighting activities. Once the resident is moonlighting, and if a change is contemplated in the moonlighting activities, this also must be cleared by the Director of Child and Adolescent Psychiatry Residency Training **PRIOR** to the resident committing to this change. Moonlighting activities which entail the resident assuming a great deal of responsibility will not be approved, because it is felt they have too much potential for significant interference with the resident's educational and service responsibilities within the residency. A Moonlighting Form, (see Page 3) must be filled out and approved to satisfy the above requirements. It may take a month to obtain approval since each request is reviewed by the Child and Adolescent Residency Training Committee, so plan ahead. If there is a rush, the Residency Director may give provisional approval pending further review by the Residency Training Committee.

If any faculty member feels that moonlighting may be interfering with a resident's performance, they should bring it to the attention of the Director of Child and Adolescent Residency Education. The Director of Child and Adolescent Residency Training will review the resident's performance with the Residency Training Committee, and may ask the resident to decrease the frequency of their moonlighting, or stop it altogether.

Moonlighting should never be done by residents during normal University working hours (8:00 a.m. - 5:00 p.m. Monday through Friday), or while fulfilling on-call obligations as part of their residency. Also, University office space, equipment, and beepers, should not be used while the resident is moonlighting. Any exceptions to the above should be approved and monitored by the Residency Training Committee.

ANY RESIDENT WHO IS FOUND NOT TO BE COMPLYING WITH THE ABOVE POLICY WILL BE SUBJECT TO DISCIPLINARY ACTION INCLUDING POTENTIAL DISMISSAL FROM THE PROGRAM.

Please be advised that residents are not covered in any way for malpractice while moonlighting. Also, the DEA number and medical license that you are granted by virtue of being a resident at the University of Arizona are not valid for any moonlighting activities.

MOONLIGHTING INFORMATION SHEET

NAME: _____

DATE: _____

1. What moonlighting activities are you currently contemplating, or, how are you considering changing the moonlighting activities you are currently participating in?

2. Where will the above moonlighting activities take place?

3. What is the nature of the moonlighting work which you contemplate doing?

4. How frequently are you planning to moonlight?

5. How many hours will you be spending on a typical moonlighting shift?

Approved: Child and Adolescent Psychiatry Training Director

Leave of Absence

Residents are entitled to sick leave, bereavement, vacation, holidays and conference leave as described in the "Benefits for Residents" section of the residency manual.

All planned leave should be authorized by the rotation coordinator, and presented to the residency education director thirty days prior to the proposed leave date. Unplanned leave will be acceptable for medical reasons, or unexpected circumstances of merit and will be done in accordance to the policy described under the "Benefits for Residents" section of the residency manual.

Residents must not take so much leave at a given time as to compromise their ability to accomplish the training goals of a given rotation, or satisfy the ACGME requirements of time and effort dedicated to a specific rotation. In the event that sufficiently large leave of absences are taken, a decision will be made by the rotation coordinator and the residency education director as to whether the resident must make up a portion or the whole rotation in order to obtain credit for it.

Promotion from residency will be contingent upon satisfactory completion of each required rotation as assigned by the Residency Program, and indicated in the residency manual.

Residents leaving the residency for graduation or transfer to another program may receive under special circumstances additional administrative leave at the end of their training cycle) usually the last few days of June), in order to facilitate transition to practice or moving. This additional leave may only be granted to residents that have otherwise fulfilled the requirements for completion of their current rotation, as well as the administrative duties required of all residents, such as patient log, program evaluations, scholarly activity completion, and full compliance with medical records among others.

Supervision

The Child & Adolescent Psychiatry Residency Training Program requires that all clinical care provided to patients by residents as part of their residency training be supervised by College of Medicine faculty.

Child & Adolescent Psychiatry residents receive a minimum of two hours of individual supervision per week to insure adequate faculty oversight of clinical care. The exact nature of this supervision varies depending on the clinical rotation to which the resident is assigned. Detailed descriptions of the faculty supervision provided on each rotation is included in the rotation descriptions.

In addition, Child and Adolescent faculty are available at all times via the faculty on-call schedule for consultation and emergencies.

On some rotations, especially the Consultation/Liaison rotation, residents may be supervised by College of Medicine faculty outside of the Department of Psychiatry. These faculty may be from the Department of Pediatrics or Neurology.

The Director of Training for Child & Adolescent Psychiatry elicits comments from faculty members on a regular basis (at least every six months) concerning each resident's progress and ability. The faculty critiques are then reviewed by the Director of Training and reviewed with each resident in summary form.

Should a resident want to arrange an elective rotation in another city (or outside of the University of Arizona College of Medicine), the resident must submit a proposal to the Director of Training for Child & Adolescent Psychiatry. The proposal will then be reviewed by the Director of Training in consultation with the Child & Adolescent Psychiatry faculty to insure that the resident will receive adequate supervision throughout that elective rotation. Final approval of the proposed elective may require clearance from the College of Medicine, Graduate Medical Education Office. Once the proposal is approved, the Director of Training will establish regular contact with supervising faculty in the other location and again, elicit comments from that faculty at the close of the rotation concerning the resident's progress.

QUALITY ASSURANCE AND QUALITY IMPROVEMENT POLICY

Residents receive education from the rotation coordinator at each of the sites they rotate through regarding the quality assurance processes at each rotation location. Residents are expected to attend the Quality Assurance related activities appropriate to the service and rotation they are currently assigned.

Residents QA activities include:

1. QA guidelines are reviewed at the beginning of each year during orientation. These guidelines are also included in the outpatient manual. Residents are oriented to compliance in UMC, JCAH, HCFA and State Licensing Standards and Requirements.
2. The Child and Adolescent Q.A. committee meets monthly to review charts for UPI and State Licensing requirements. Second year Child and Adolescent Psychiatry residents rotate through Child and Adolescent Q.A. Committee for six months.
3. All Resident charts are reviewed at random during the monthly outpatient QA meeting. Residents are given feedback as to their performance and deficiencies along with guidelines of how and when to complete these deficiencies.
4. During Child and Adolescent Psychiatry outpatient clinic meetings particularly at the beginning of the year, there is discussion and examples provided regarding treatment planning and updating treatment plans.
5. Participation in and review of the multidisciplinary treatment plans. This would involve development of the plans and also periodic review of them.

CHILD AND ADOLESCENT PSYCHIATRY TRAINING PROGRAM DUTY HOURS POLICY

Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

1. Supervision of Residents

- a. All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid and reliable system for communicating with supervising faculty.
- b. Faculty schedules must be structured to provide residents with continuous supervision and consultation.
- c. Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

2. Duty Hours

- a. Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
- b. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
- c. Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- d. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call.

3. On-Call Activities

Residents in the Department of Psychiatry take at-home call (pager call), which is defined as call taken from outside the assigned institution.

- a. Although at-home call is not subject to every third night limitation, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.
- b. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. Child and Adolescent Psychiatry residents will be on at-home call an average of 1 day in 4, averaged over a 4-week period.
- c. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
- d. The program director and the faculty will monitor the demands of at-home call in our program and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

4. Moonlighting

- a. Because residency education is a full-time endeavor, the program director will ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.
- b. The program director will comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
- c. Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

5. Oversight

- a. These policies and procedures which are consistent with the Institutional and Program Requirements for resident duty hours and the working environment will be distributed to the residents and the faculty. Monitoring of duty hours will be done with frequency sufficient to ensure an appropriate balance between education and service.
- b. Back-up support systems will be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

6. Duty Hours Exception

An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

Year I

<p>Child and Adolescent Inpatient Sonora Behavioral Hospital 70% 6 months</p>	<p>Residential Treatment Facility 45% Pediatric C/L UMC 25% 6 months</p>
<p>Outpatient Treatment Subspecialty Long-Term Experience UMC 25% 12 months</p>	
<p>Research/Elective 5%</p>	

Year II

<p>Pediatric Neurology 10% 4 months</p>	<p>Forensic Pima County Juvenile Court 10% 4 months</p>	<p>UMC Developmental Disability Consultation Normal Child Development Observation 10% 4 months</p>
<p>School Consultation 10% 6 months</p>	<p>Pediatric CL 10% 6 months</p>	
<p>Elective/Research 10%</p>		
<p>Subspecialty Outpatient Clinics Long Term Experience UMC 50%</p>		
<p>Community Clinics 20%</p>		

Acute Inpatient and Residential Treatment

SONORA BEHAVIORAL HEALTH (Inpatient)

Residents have a required 6-month (70% time) rotation in the first year of training in this facility. It has a 22-bed child and adolescent inpatient unit. It is located 12 miles from the primary site of training. Ethnically, there are 57% Caucasian, 17% Hispanic, 14% Native American, 12% other. The patient population is 57.6% female and 42.4% male. Inpatients are approximately 40% Mood Disorders, 30% Disruptive Behavior Disorders, 20% Psychotic Disorders, 10% Substance abuse/dependence and other disorders. Complicated comorbid disorders are often present. Often patients admitted are suicidal, homicidal or psychotic and present danger to self and others. Treatment approaches include pharmacotherapy, milieu management, individual and group psychotherapy, and family therapy. Residents have primary responsibility for 3-4 inpatients and receive two and one-half hours of weekly supervision from on site child and adolescent psychiatrist.

LEARNING OBJECTIVES FOR THE ROTATION

This 6-month rotation occurring in the first year of child and adolescent psychiatry training is designed to develop the following skills:

PATIENT CARE

The resident will be able to:

- Obtain information from the patient, family, referral agency, outpatient providers, old charts to complete a thorough assessment of the following areas:
 1. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors
 2. Past Psychiatric, Substance Abuse and Legal History
 3. Family History
 4. Development History
 5. Medical History
 6. Social and Education History
- Complete mental status examination
- Assessment of dangerousness to self and/or others and need for close observation, suicide precautions, and one to one observation
- Understand and appropriately apply criteria for inpatient/acute care
- Develop a comprehensive treatment plan including the following:
 1. Milieu treatment
 2. Medication management
 3. Group, individual and family therapy
 4. Psychoeducation
 5. PT/OT
 6. Discharge planning
- Demonstrate a basic understanding of individual, group and family treatment as it relates to inpatient/acute treatment
- Document the history, mental status examination, differential diagnosis, diagnostic formulation and treatment plan in the admission note, and hospital course, lab and medical findings, final diagnosis, treatment recommendations and plans for outpatient treatment in the discharge summary.

- Understand the indications and effective use of restraint, time out, quiet room and seclusion for optimal patient care

MEDICAL KNOWLEDGE

The resident will be able to:

- Make a differential diagnosis based on DSM-IV criteria to include all 5 axis
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn skills to conduct individual, group and family therapy in acute setting
- Learn milieu management skills and behavioral interventions

SYSTEM BASED PRACTICE

The resident will be able to:

- Elicit and utilize information from other disciplines
- Demonstrate an understanding of medico-legal issues as it relates to inpatient/acute care including voluntary and involuntary admission procedures, certification paperwork, court ordered patients and issue of confidentiality.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate ability to participate and provide leadership in interdisciplinary team
- Express findings in a coherent, organized oral and written fashion
- Demonstrate capacity to relate and work well as a team player with peers, supervisors and other staff
- Co-lead community and group meetings on the unit
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand and appreciate input from other professionals including nursing, psychology, social work, PT/OT

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

RESIDENTIAL TREATMENT CENTER

Cottonwood de Tucson

Residents have a required 6month (45%) rotation in the first year of training in this facility. Cottonwood is a spacious residential treatment facility located on the northwest side of Tucson and licensed by the State of Arizona as a Level I Residential Treatment Center. It has a capacity to serve 12 adolescent females ages 13 to 17 years. It is located about 8 miles from the primary site of training. The duration of treatment is 6 weeks. Ethnically, there are 94% Caucasian, 4% Hispanic, 2% others. Diagnostically, there are 60% Amphetamine Use Disorders, 22% Cannabis and Cocaine Use Disorders, 6% Alcohol Use Disorders, 16% Mood disorders, 12% Anxiety Disorders, 4% Eating Disorders. Comorbid disorders are often present. Treatment services include adolescent dual diagnosis treatment, chemical dependency treatment and behavioral health treatment. Treatment approaches include pharmacotherapy, behavior therapy, individual and group therapy, family therapy, and various activity groups. Substance abuse treatment is based on the concepts of the 12-step model. Resident has responsibility to do psychiatric evaluation on admission, provide medication management to four adolescents and participate in individual, family and group treatment. Resident receives one-hour individual and two hours team supervision per week from attending child and adolescent psychiatrist.

RESIDENTIAL FACILITY ROTATION LEARNING OBJECTIVES

This 6-month rotation occurring in the first year of child and adolescent psychiatry training is designed to develop following skills:

PATIENT CARE

The resident will be able to:

- Obtain information from the patient, family, referral agency, outpatient providers, old charts to complete a thorough assessment of the following areas:
 7. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors
 8. Past Psychiatric, Substance Abuse and Legal History
 9. Family History
 10. Development History
 11. Medical History
 12. Social and Education History
- Complete mental status examination
- Formulate a thoughtful differential diagnosis and biopsychosocial formulation
- Develop a comprehensive treatment plan including the following:
 1. Milieu treatment
 2. Medication management
 3. Group, individual and family therapy
 4. Psychoeducation
 5. Substance abuse treatment
 6. Discharge planning
- Demonstrate a basic understanding of individual, group and family treatment as it relates to residential and group home treatment
- Document the history, mental status examination, differential diagnosis, diagnostic formulation and treatment plan in the admission note, and treatment course, lab and medical findings, final diagnosis, treatment recommendations and plans for outpatient treatment in the discharge summary.

MEDICAL KNOWLEDGE

The resident will be able to:

- Make a differential diagnosis based on DSM-IV criteria to include all 5 axis
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn skills to conduct individual, group and family therapy in acute setting
- Learn milieu management skills and behavioral interventions
- Learn skills to evaluate and treat substance abusing adolescents

SYSTEM BASED PRACTICE

The resident will be able to:

- Elicit and utilize information from other disciplines
- Demonstrate an understanding of medico-legal issues as it relates to out of home placement, court ordered patients and issue of confidentiality.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate ability to participate and provide leadership in interdisciplinary team
- Express findings in a coherent, organized oral and written fashion
- Demonstrate capacity to relate and work well as a team player with peers, supervisors and other staff
- Co-lead community and group meetings
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand and appreciate input from other professionals including nursing, psychology, social work, mental health aids

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

Outpatient Psychiatric Services

Throughout both years of child and adolescent psychiatry training, there is a broad-based outpatient experience in diagnosis of emotional, developmental, and behavioral disorders of infancy, childhood, and adolescence. This experience is structured around several training components including crisis assessment and interventions, comprehensive diagnostic evaluation and treatment interventions. Each training component is closely supervised so that the trainee gains competency in assessment and in various treatment modalities. These treatment modalities include emergency crisis in the hospital emergency room and outpatient clinics; brief, intermediate, and long-term individual, group, family, and cognitive psychotherapies; parental education and counseling; behavioral therapy; and pharmacotherapy. Comprehensive outpatient treatment often requires multidisciplinary collaboration with pediatricians, family physicians, psychologists, teachers, child protection staff, probation officers and case managers. Residents learn the essentials of collaborative multimodal treatment.

First year resident outpatient experiences occur at the University Medical Center (UMC) Psychiatry Specialized Outpatient Clinics. Second year residents outpatient experiences occur at the University Medical Center (UMC) Psychiatry Specialized Outpatient Clinics and Community Psychiatry Clinics.

University Medical Center Specialized Outpatient Clinics

The clinic population approximates the ethnic diversity of the greater Tucson area (60% white, 35% Hispanic, 5% black and others). The majority of patients are 4 - 17 years old, with a slight predominance of males over females. Residents have a required 24-month rotation in outpatient clinics (25% of clinical time in the first year and 50% of clinical time in the second year.)

Infant and Preschool Psychiatry Clinic

This clinic serves families with young children (age 0-6 years). The children are often brought by parents on their own or referred by their pediatricians due to child's hyperactivity, excessive crying, clinging to parents, temper tantrum and aggressive behavior, feeding and sleeping problems, and concerns about child's development and interaction with peers and adults. The clinic provides comprehensive psychiatric assessment of the child and assessment of caregiver-child interaction, and referral for psychological testing, speech and language evaluation and pediatric neurology if necessary. Treatment services include developmentally oriented caregiver-child psychotherapy, play therapy, behavior management, and medication management.

Residents will be able to assess and observe young children and parent-child interaction, and will see children with pervasive developmental disorders, anxiety disorders, disruptive behavior disorders, attachment disorder, elimination disorder, learning disorders and mental retardation. They will participate in multimodal treatment, reviewing records and testing reports, and coordinating the treatment with primary care physicians, parents and teachers. Residents will be closely supervised by a child and adolescent attending psychiatrist and participate in team meetings.

Child Psychiatry Clinic

This clinic serves families with latency age children (ages 7-12 years). The children are often referred by teachers to this clinic due to disruptive behavior and poor academic performance in school. Other sources of referral are pediatricians. The clinic provides comprehensive psychiatric assessment of the child and referral for psychological testing. Treatment services include medication management, individual verbal and play therapy, behavior management, parent education and family therapy.

Residents will be able to assess children and parent-child interaction, and will see children with disruptive behavior disorders, mood disorders, anxiety disorders, learning disorders and other developmental disorders. They will learn medication management, individual and family therapy, behavior management. Residents will learn how to coordinate treatment with primary care physicians, teachers and other agencies. Residents will be closely supervised by a child and adolescent attending psychiatrist and participate in team meetings.

Adolescent and Young Adult Psychiatry Clinic

This clinic serves adolescents and young adults (age 13-21 years) and their families. Adolescence and young adulthood is a period of marked changes in biological, psychological and social functioning. Given the complexity of these changes, there is great increase in many psychiatric disorders including mood disorders especially depression, anxiety disorder, schizophrenia, eating disorder and substance abuse. Adolescents are often brought to this clinic by their parents or referred by primary care physicians, teachers, and probation officers. Presenting problems include poor academic performance, excessive anxiety, mood swings, depression, crying, sleep and appetite disturbance, aggression, alcohol and substance abuse, problems with the law and difficulty getting along with peers and adults. Young adults are often self referred and enrolled in college. They often come to the clinic due to difficulty with transition from home to college life leading to symptoms of anxiety and/or depression. In addition, young adults with ADHD are also seen in this clinic.

This clinic provides comprehensive psychiatric evaluations, pharmacotherapy, behavioral management, individual therapies (psychodynamic, behavioral, and cognitive-behavioral therapy), and family therapy. Residents will be able to observe and assess adolescent and young adults, and their families, and will see adolescents and young adults with a variety of psychiatric disorders including anxiety disorders, mood disorders, disruptive behavior disorders, psychotic disorders, substance abuse disorders and adjustment disorders. They will participate in multimodal treatment, reviewing records and testing reports, and coordinating the treatment with primary care physicians, parents and teachers. The clinic child and adolescent psychiatrist attending will closely supervise residents.

Community Psychiatry Clinics

The public mental health system in Pima County is funded by the Community Partnership of Southern Arizona (CPSA), the Regional Behavioral Health Authority funded by the Arizona Department of Health Services. CPSA was awarded the contract in July 1995. Under the umbrella of CPSA, SEABHS (Southeastern Arizona Behavioral Health Services, Inc.) serves the southeastern counties. CPSA subcontracted the management of children and adolescents to community networks including Providence Corporation, Pantano, and La Frontera Center. The Child & Adolescent Psychiatry Program has provided services to these agencies at different times in the past. We presently work only with La Frontera and Pantano.

Residents have the opportunity of coordinating their patients' care with therapists, Department of Economic Security (DES), Child Protective Services (CPS), juvenile court, juvenile probation, schools, foster care providers, primary care physicians, and other rural and urban community providers. Assignments are arranged so that residents follow patients for at least one year.

La Frontera Center (Community Clinic):

Residents have a required 12-month (20% of their clinical time) rotation in the second year of training. It is located 6 miles from the primary training site. This clinic serves youth and families who are funded by state for poverty or below poverty income levels. The clinic serves children and

adolescents from ages 3-18 years. The patient population is ethnically diverse with 25% Caucasian, 70% Hispanic, 2.5% Native American and 2.5% African-American. Diagnostically, there are 50% Disruptive Behavior Disorders, 40% Mood and Anxiety Disorders, 5% Psychotic Disorders and Pervasive Developmental Disorders. A number of children have comorbid diagnoses including Mental Retardation (10%), Learning Disorders (40%), Alcohol and Substance Abuse (15%).

Treatment approaches include pharmacotherapy, behavior therapy, parent counseling, individual therapy, family therapy, and case management.

During the first year of training, residents perform one psychiatric evaluation and four follow-ups per week. Residents receive on site supervision on all the cases. During the second year, residents perform 1-2 psychiatric evaluations and 8-10 medication follow-ups per week. All the new psychiatric evaluations are discussed with the attending child and adolescent psychiatrist and attending also sees the child and family before arriving at final diagnosis and treatment recommendations.

Pantano Behavioral Health Services (Community Clinic):

Residents have a required 12-month (20% of their clinical time) rotation in the second year of their training. The Pantano Behavior Health Clinic serves approximately 1300 youths and their families. It is located 7 miles from the primary training site. This clinic serves youth and families who are insured by state funded programs for poverty or below poverty income levels. The clinic serves children and adolescents from age 3 to 18 years. Fifteen percent of children are under the age of 5 years. The patient population is ethnically diverse with 50% Caucasian, 45% Hispanic, 5% African-American. Diagnostically, there are 50% Disruptive Behavior Disorders, 40% Mood and Anxiety Disorders, 5% Psychotic Disorders and 5% Pervasive Development Disorders. A number of children have comorbid diagnoses including Mental Retardation (10%), Learning Disorders (40%), Alcohol and Substance Abuse disorders (15%). Treatment approaches include pharmacotherapy, behavior therapy, parent counseling, individual therapy, family therapy, and case management. During the first year of training, residents perform one psychiatric evaluation and four to six medication follow up per week. During the second year, residents perform 1-2 psychiatric evaluations, 8-10 medication follow-ups per week. Residents receive on site supervision on all the cases. All the new psychiatric evaluations are discussed with the attending child and adolescent psychiatrist and attending also sees the child and family before arriving at a final diagnosis and treatment recommendations.

Please note residents either go to Pantano Behavioral Health or La Frontera Center for Community outpatient rotation.

Goals and Objectives for Outpatient Rotation:

PATIENT CARE

The resident will be able to:

- Obtain information from the patient and family interview, referral agency, old records, teachers and behavioral assessment measures to complete a thorough assessment of the following areas:
 1. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors
 2. Past Psychiatric, Substance Abuse and Legal History
 3. Family History
 4. Developmental History
 5. Medical History
 6. Social and Education History
- Complete mental status examination
- Assessment of dangerousness to self and/or others
- Formulate a differential diagnosis
- Formulate a treatment plan including the following:

1. Medication management
2. Group, individual and family therapy
3. Education placement

MEDICAL KNOWLEDGE

The resident will be able to:

- Formulate a differential diagnosis based on DSM-IV criteria to include all 5 axis
- Prescribe medication and utilize lab studies and blood levels as required, and manage side effects of various medications
- Learn skills to conduct individual, group and family therapy in outpatient setting
- Learn skills to utilize behavioral interventions

SYSTEM BASED PRACTICE

The resident will be able to:

- Elicit and utilize information from other systems of care including Juvenile Justice, Child Protective Services and the educational system
- Provide appropriate interactions with such systems to include input for special education placement, recommendations for evaluation regarding neglect, abuse, custody and visitation.
- Be familiar with and make use of community resources including other medical and mental health, social and recreational programs, and educational resources.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well as a team player with peers, supervisors and other staff
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand a true biopsychosocial formulation, which includes biological, psychodynamic, psychosocial and cultural elements.

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

PEDIATRIC CONSULTATION-LIAISON

The Consultation-Liaison service is based at the University Medical Center. The clinical populations seen and the residents' clinical duties vary between the primary settings in which consultation take place: the University Medical Center Emergency Department, the Pediatrics inpatient units (including Pediatric ICU), Outpatient clinics. Patients under 18 may also be seen on the Obstetrics/Gynecology service as well as on the Trauma service. The patient populations are approximately 1:1 male/female, and the ethnic mix approximates that of the greater Tucson area (65% Caucasian, 20% Hispanic, 10% Black, and 5% other). Patients' ages in all settings range from infancy to 17 years.

In the emergency room, residents are primarily called for consultation on patients presenting with a suicide attempt and/or aggressive acting out behavior. Emergency psychiatric evaluations are done and recommendations are made concerning disposition and need for further psychiatric treatment. Consultations may also include advice on managing behavioral decompensation, as well as psychosomatic presentations.

On the Pediatric inpatient units, residents are consulted for a range of problems. Follow-up on suicidal patients who are not yet medically stable is common, as is evaluation of newly recognized conditions such as depression, anxiety or psychosis. Residents frequently take part in multidisciplinary evaluations of somatization or anxiety, or behavioral management of chronic medical illnesses such as cystic fibrosis or asthma. On occasion, more rare problems such as Munchausen's Syndrome by Proxy are referred for evaluation.

Consultation at other specialty clinics can be arranged to meet special interests of residents. Residents will respond to consult requests from both the UMC Pediatrics units, Emergency Room, as well as any other hospital unit with patients under age 18. Consultation requests from the ER are considered urgent and should be responded to as quickly as possible.

Emergency room consultations are covered during the work day by the resident on the Consultation-Liaison service; after-hours and weekend/holiday emergencies are covered by the resident on-call for the University Medical Center. Call is done in 1-week blocks and is taken from home. Residents come to the ER for crisis evaluations and crisis intervention.

On the Pediatric inpatient units, the resident may see up to 3 - 4 new consults per week, and usually has no more than 2 ongoing consultation cases at any one time. Evaluation and diagnosis, with psychiatric treatment recommendations are made for each patient. For patients with behavioral complications of a chronic medical illness, or for patients requiring multidisciplinary evaluation, the resident follows-up during the course of hospitalization and may provide brief supportive or behavioral therapy. Residents consult with the Pediatric social work staff concerning any required interventions with patients' families.

Goals and Objectives for Pediatric Consultation-Liaison Rotation:

PATIENT CARE

The resident will be able to:

- Obtain information from the patient and family interview, refer to pediatrician and others to complete assessment of the following areas:
 1. History of Present illness including assessment of symptomatology, course of illness, stressors and participating factors
 2. Past Psychiatric, Substance Abuse and Legal History
 3. Family History
 4. Developmental History
 5. Medical History

6. Social and Education History

- Complete mental status examination
- Assessment of dangerousness to self and/or others
- Formulate a differential diagnosis
- Formulate a treatment plan and recommendations including the following:
 - a. Disposition
 - b. Medication management
 - c. Outpatient treatment

MEDICAL KNOWLEDGE

The resident will be able to:

- Formulate a differential diagnosis based on DSM-IV criteria to include all 5 axis
- Learn skills to provide consultation to pediatricians
- Learn skills to assess dangerousness in a child/adolescent patient
- Learn skills to assess psychiatric issues in a child/adolescent patient with medical problems

SYSTEM BASED PRACTICE

The resident will be able to:

- Elicit and utilize information from other medical systems of care
- Provide appropriate interactions with such systems to include input for placement, recommendations for evaluation regarding neglect and abuse.
- Be familiar with and make use of community resources including other medical and mental health, social and recreational programs, and educational resources.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well with pediatric attendings, residents and other staff
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating transference and countertransference issues.
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand a true biopsychosocial formulation, which includes biological, psychodynamic, psychosocial and cultural elements.

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

Pediatric Neurology

In the Pediatric Neurology Outpatient Clinic, residents function as an integral part of the team. They evaluate the neurological status of patients, present their findings to the attending, and participate in planning the diagnostic work up and treatment recommendations. A wide variety of conditions are seen including seizure disorders, neurocutaneous syndromes, and head injury.

The resident attends the Pediatric Neurology Clinic 1/2 day per week for no less than 4 months in their second year of training. The residents work with the Pediatric and Neurology faculty in the outpatient evaluation and management of patients with a variety of neurologic disorders.

Goals and Objectives for Neurology Rotation:

PATIENT CARE

- The resident will conduct diagnostic evaluations, including history taking, neurological examination, and identification of appropriate laboratory examination of pediatric neurological cases under the direct supervision of a pediatric neurologist.
- The resident will involve in diagnosis and treatment of common pediatric neurological conditions such as epilepsy, head injury, and post-encephalitic conditions .

MEDICAL KNOWLEDGE

- The resident will become familiar with specialized tests such as MRI, CT, EEG and evoked potentials etc. and indications for these tests
- The resident will become familiar with the use of medications for various neurological conditions

SYSTEM BASED PRACTICE

- The resident will function as a member of the pediatric neurology team gaining a better appreciation of the need of pediatric neurologist and their patients.
- The resident will participate in teaching pediatric colleagues regarding the comorbidity of psychiatric illness with neurologic conditions.
- Be familiar with and make use of community resources including other medical and mental health, social and recreational programs, and educational resources.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well as a team player with neurologist and other staff
- Demonstrate capacity to be empathic and develop rapport with patients and families
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
-

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' problems
- Demonstrate ability to utilize information technology to enhance patient management and self education
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems

School Consultation

Second year residents provide consultation to an elementary school in Pima County in either the Tucson Unified School District, Flowing Wells School District, or Amphitheater School District. Residents attend the school on one morning/ week. Consultation is provided to administrators, teachers, school psychologists and other personnel. Residents have the opportunity to observe children in class, provide brief evaluations, observe testing and other evaluations, and participate in school staffings.

Goals and Objectives for School Consultation Rotation:

PATIENT CARE

- To learn how to complete classroom observations of special education and regular education students
- To learn about group assessment measures of academic performance for students.

MEDICAL KNOWLEDGE

- Learn skills to conduct individual, group and family therapy in outpatient setting
- Learn skills to utilize behavioral interventions
- To understand the criteria and process for Section 504 accommodation plans.
- To learn about functional behavior assessments and behavior plans for regular or special education students
- To learn the categories of special education eligibility, and the criteria for qualifications.
- To learn about the special education review process including the development and/or revision of the IEP
- To gain the opportunity to observe children of various age groups in normal school settings.
- To learn about the importance of a psychiatric diagnosis and assessment of functional behaviors in determining 504 eligibility.
- To learn about group assessment measures of academic performance for students.

SYSTEM BASED PRACTICE

The resident will be able to:

- To understand the special education assessment process and the role of the various team members in the process
- To learn how to approach school personnel regarding educational problems that surface in a psychiatric assessment
- To learn about consultation and teamwork with principals, teachers, psychologists, speech

INTERPERSONAL AND COMMUNICATION SKILLS

- Demonstrate capacity to relate and work well as a team player with teachers and other school staff

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession

PRACTICE BASED LEARNING AND IMPROVEMENT

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems and education
- Facilitate the learning of teachers and other trainees through formal and informal presentations on topics relevant to child and adolescent psychiatry

Forensics

The second year child and adolescent residents provide psychiatric consultation to Pima County Juvenile Court Center. Pima County Juvenile Court Center provides intakes, assessment, and investigation of youth referred on delinquent charges, short-term detention of youth referred by law enforcement, and supervision of adjudicated youth on regular and intensive probation. Residents will attend this 4-month rotation under close supervision by a child and adolescent faculty member. Residents have the opportunity to learn about the judicial system, and provide consultation to non-medical child specialists. Residents will have exposure to the evaluation of delinquent youth with a high incidence of disruptive behavior disorders, learning disorders, substance abuse, and personality disorders.

Goals and Objectives for Forensic Rotation:

PATIENT CARE

- Evaluate youth involved in legal system and make recommendations.
- Experience working with youth in need of legal intervention and support.

MEDICAL KNOWLEDGE

- Develop consulting skills; develop the ability to move effectively between the roles of direct service provider and consultant.
- Understand the interaction between the mental health system and the juvenile court system.
- To learn about the judicial system and juvenile codes of law.

SYSTEM BASED PRACTICE

The resident will be able to:

- Elicit and utilize information from other systems of care including Juvenile Justice, Child Protective Services and the educational system
- Provide appropriate interactions with such systems to include input for special education placement, recommendations for evaluation regarding neglect, abuse, custody and visitation.
- Be familiar with and make use of community resources.
- To learn about the interplay of the legal system, culture, community, family and personal history in the lives of youth.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well with supervisors and other staff
- Demonstrate capacity to be empathic and develop rapport with patients
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating countertransference issues in dealing with acting out adolescents.
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession

- Understand a true biopsychosocial formulation, which includes biological, psychodynamic, psychosocial and cultural elements.

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

DEVELOPMENTAL DISABILITIES EXPERIENCE

Residents have “hands on” experience with children and adolescents who suffer from developmental disorders during their four hours a week rotation for six months in the Infant and Preschool Clinic at the University Medical Center. During this rotation, the residents sit in on diagnostic evaluations of patients with Dr. J. Ghuman and get a sense of the complexity of the problems facing children with developmental disabilities and their parents. The goals for the rotation are to enhance resident’s comfort level in working with this population and to improve diagnostic assessments of individuals with developmental disabilities under supervision. Child psychiatry residents may continue to follow the children who they assess during their rotation. During this rotation, residents see children with pervasive developmental disorders, learning disorders and mental retardation. Most patients have a wide range of comorbid psychiatric disorders.

During year 2, child and adolescent psychiatry residents are involved in providing consultations to the Department of Developmental Disabilities under supervision of Dr. H. Ghuman. This is a comprehensive multidisciplinary consultation of a complex situation facing an adolescent with developmental disabilities often with other comorbid conditions. The evaluation process includes: 1) reviewing the extensive medical records; 2) meeting with parents, case managers, group home staff and others involved in care of the youth; 3) joint evaluation of youth with family medicine faculty; 4) providing recommendations and writing a detailed report.

In addition, in various outpatient clinics at University Medical Center and the community, residents are involved in evaluating and treating youth with a variety of developmental, cognitive, social and physical disabilities. During the course of their longitudinal work with this population, residents participate in multimodal treatment, review neuropsychological testing and individual educational plan and coordinate treatment with allied health professions, parents, and teachers.

Goals and Objectives:

PATIENT CARE

- To enhance resident’s comfort level in working with developmentally disabled children and adolescent
- To provide comprehensive multidisciplinary consultation

MEDICAL KNOWLEDGE

- To improve diagnostic assessment skills in evaluating patients with developmental disabilities.
- To know the complexity of the problems facing children and their parents with developmental disabilities.

SYSTEM BASED PRACTICE

- Elicit and utilize information from other systems of care.

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well with various mental health and school staff
- Demonstrate capacity to be empathic and develop rapport with patients
- Demonstrate the capacity for introspection and increased self-awareness, especially in understanding and appreciating countertransference issues in dealing with developmentally disabled youth.
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

The resident will be able to:

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and codes of a member of the medical profession
- Understand a true biopsychosocial formulation, which includes biological, psychodynamic, psychosocial and cultural elements.

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' psychiatric problems
- Facilitate the learning of students and other trainees through formal and informal presentations on patient care or other topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

NORMAL CHILD & ADOLESCENT DEVELOPMENT OBSERVATION

This is a core training experience for second year residents to observe children, understand and recognize normal development and behaviors. During July and August, half day per week, Dr. J. Ghuman, a board certified child and adolescent psychiatrist and an expert in preschool children conducts a series of observational experience of children in a nursery and preschool and their interaction with teachers and peers. After observation periods, residents have ample time for active discussion and consider a range of behaviors and developmental achievements that differentiate normal from pathological behavior, interactions and development.

The nursery and preschool observation summer experience concludes with the child and adolescent psychiatry residents giving an in-service seminar to the school teachers on various topics such as variations in child development, psychopathology and tips for teachers on how to help the children in the classroom and when to refer for evaluation and treatment.

In addition, second year residents have a six-month half-day school consultation rotation in public schools and observe children and adolescent in school setting. This experience is supervised by University of Arizona faculty member and school social worker, Tim Musty, M.S.S.W.

GOALS AND OBJECTIVES:

MEDICAL KNOWLEDGE

- To enhance resident's knowledge regarding normal development in preschool children
- To improve diagnostic assessment skills

INTERPERSONAL AND COMMUNICATION SKILLS

The resident will be able to:

- Demonstrate capacity to relate and work well with pre-school staff
- Express findings in a coherent, organized oral and written fashion

PROFESSIONALISM

- Exemplify personal and intellectual integrity, and demonstrate an understanding of ethical values and code of conduct while observing children and interacting with staff

PRACTICE BASED LEARNING AND IMPROVEMENT

The residents will be able to:

- Locate, appraise, and assimilate evidence from scientific studies related to normal development
- Facilitate the learning of nursery staff and other trainees through formal and informal presentations on topics relevant to child and adolescent psychiatry
- Demonstrate ability to utilize information technology to enhance patient management and self education

Elective

The first and second years of the training program will allow residents to pursue special projects. Projects may be carried out either individually or with partners. Residents are encouraged and assisted in developing electives suited to their individual interests and consistent with program needs.

Proposals must be submitted to the Training Director and reviewed by the Child Psychiatry Training Committee, which will oversee the timetable and progress. Examples of past projects include: serving as the Member in Training Representative to the APA Assembly; reading and academic writing regarding juvenile sex offenders and serial killers; developing studies of psychopathology in juvenile rheumatoid arthritis and of suicidality and phase of menstrual cycle in adolescents; writing a review article on DDAVP; study of animal-assisted therapy in work with children and adolescents; and consultation to Head Start; development of a study of the effectiveness of St. John's Wort in ADHD.

Objectives:

- To study in-depth a special interest in the area of Child & Adolescent Psychiatry.
- Summarize findings in a paper or presentation suitable for submitting to a regional or national conference or journal.

Responsibilities:

Residents are expected to have an outline of their ideas ready for discussion. Feedback from faculty will be given at that time and a faculty supervisor for the project will be assigned. Further plans and responsibilities will be defined thereafter.

Resources:

Depending on the focus of the elective experience, specific faculty are identified to supervise the resident in the development and execution of the project. The resident and faculty member arrange supervision and discussion time on an as-needed basis, depending on the nature of the elective.

Courses And Seminars

SUMMER COURSE

Tuesdays, 2:00 – 5:00 P.M. July - August

Required 1st year, elective 2nd year

This intensive course is designed to provide trainees with the basic knowledge and skills necessary to evaluate and treat children, adolescents and their families. Topics include interviewing preschool, school age and adolescent patients and their families. An overview of diagnostic categories with an orientation to DSM IV, treatment strategies and resources is included. Special lectures on physician impairment, fatigue and sleep are presented. In addition, trainees will be oriented to clinical and medical record requirements, principles and practice of utilization review, quality assurance, performance improvement, support systems, child clinical services, faculty interests and activities.

GROWTH AND DEVELOPMENT SEMINAR

Tuesdays, 2:00 – 3:00 P.M. September – December

Required 1st and 2nd year

This seminar presents a comprehensive approach to growth and development of children and adolescents. Topics include various theories regarding each stage of growth and development and include cognitive, memory, language, moral and sexual development. Teaching about normal development includes observation and interaction with normal children of various ages.

PSYCHOPATHOLOGY AND SPECIAL ISSUES SEMINAR

Tuesdays, 2:00 - 3:00 P.M. January - June

Required 1st and 2nd year

This seminar provides teaching about the full gamut of psychopathology in children and adolescents, including etiology, epidemiology, diagnosis, treatment, and prevention. Special issues include neglect and abuse, domestic and community violence, adoption, foster care, forensics, ethics and cross-cultural issues.

TREATMENT SEMINARS

Tuesdays, 3:00 – 4:00 P.M. September - June

Required 1st and 2nd year

This is a series of seminars providing the trainees with the opportunity to develop a conceptual understanding, as well as clinical skills in major treatment modalities including pharmacotherapy, brief and long-term individual psychotherapy, family therapy, group therapy, cognitive-behavioral therapy, crisis intervention, consultation and liaison, and community-based interventions with children and adolescents.

CHILD AND ADOLESCENT PSYCHIATRY GRAND ROUNDS

First Wednesday, 4:00 – 5:00 P.M. September - June

Required 1st and 2nd year

These conferences for the faculty and residents are a rotating series that will include clinical case conference, journal club and critical readings seminar, and guest lectures in Child Psychiatry, Pediatrics, Neurology, Public Health and other relevant topics.

RESEARCH SEMINAR

First Tuesday, 4:00 – 5:00 P.M. September - June

Required 1st and 2nd year

This monthly meeting for residents and faculty includes topics related to research design, methodology, statistical methods, critical evaluation of journal articles, and ethical issues. New research ideas, funding resources and opportunity for collaboration are discussed. Established and/or new research protocols are presented and critiqued. This seminar provides an opportunity for the residents to either develop a new research project of their own or to participate in an ongoing research project leading to scholarly activities.

Child and Adolescent Psychiatry Clinical Case Conference

Second Tuesday, 4:00 – 5:00 P.M. September - May

Required for 1st and 2nd year

Cases are chosen on a rotating basis from consultation liaison, outpatient, inpatient and residential sites for presentation to illustrate specific diagnostic entities, treatment plan including working with various systems involved. Cases are presented by residents and supervising faculty leads the discussions.

DEPARTMENT OF PSYCHIATRY GRAND ROUNDS

Wednesday, 4:00 – 5:00 P.M.

This weekly conference include a wide variety of topics spanning the life cycle and covering the biopsychosocial spectrum. Local, national and international speaker are invited to present.

RESIDENT MEETING

Fourth Tuesday, 4:00 – 5:00 P.M.

This monthly meeting is for discussion, socialization, and communication. The Training Director periodically attends this meeting to ensure ongoing communication about the resident experience.

JOURNAL CLUB

Third Tuesday 4:00 – 5:00 September – May

This is a reading seminar sampling selected publications to stimulate discussion on a child and adolescent psychiatry topic. Residents pick a topic of interest with input from chief resident and training director. Residents are responsible to do a literature search and distribute important research or descriptive papers to all the trainees and faculty. Goals of this journal club are to help residents identify topics of interest and to learn how to do search for pertinent literature, present, lead group discussion and gain in-depth knowledge.

Normal Development Observation

One Morning per week – July and August

This is a core training experience for second year residents to observe children, understand and recognize normal development and behaviors. During July and August, half day per week, Dr. J. Ghuman, a board certified child and adolescent psychiatrist and an expert in preschool children conducts a series of observational experience of children in a nursery and preschool and their interaction with teachers and peers. After observation periods, residents have ample time for active discussion and consider a range of behaviors and developmental achievements that differentiate normal from pathological behavior, interactions and development.

The nursery and preschool observation summer experience concludes with the child and adolescent psychiatry residents giving an in-service seminar to the school teachers on various topics such as variations in child development, psychopathology and tips for teachers on how to help the children in the classroom and when to refer for evaluation and treatment.

SUMMER COURSE

Course Master: Hari Ghuman, M.D.

Faculty: Drs. Bootzin, H Ghuman, J Ghuman, Katsanis, Onate, Reichenbacher, Smith, Stein, & Mr. Musty

Tuesdays, 2.00- 5.00 P.M. July- August

Required 1st year, elective 2nd year (except lectures on physician impairment, sleep, alertness and fatigue)

Description and Goals:

This intensive course is designed to provide trainees with the basic knowledge and skills necessary to evaluate and treat children, adolescents and their families. Topics include interviewing preschool, school age and adolescent patients and their families. An overview of diagnostic categories with an orientation to DSM IV, treatment strategies and resources is included. In addition, trainees will be oriented to training program goals and objectives for seminars and clinical rotations, clinical and medical record requirements, principles and practice of utilization review, quality assurance, performance improvement, support systems, faculty interests and activities, physician impairment, sleep, alertness and fatigue.

Objectives for the Summer Course:

- The resident will become familiar with her/his role as a child psychiatry trainee, training program plan including goals, objectives and expectations for various seminars and clinical rotations, and resources available.
- The resident will learn about physician impairment, sleep, alertness and fatigue.
- The resident will learn about documentation, utilization review, and quality assurance and performance improvement in the department.
- The resident will appreciate interviewing techniques for various age groups.
- The resident will be introduced to psychological assessment and assessment measures.
- The resident will become familiar with DSM IV diagnostic criteria and clinical manifestations of various disorders effecting children and adolescents.
- The resident will become familiar with various treatment interventions.
- The resident will learn about psychiatric emergencies in children and adolescent and how to respond to these emergencies
- The resident will become familiar with community child mental health agencies and resources.
- The resident will develop awareness of child abuse and neglect, and legal issues involved.

07/03/07	1.30-2.45 P.M.	Summer Orientation – Paperwork, Medical r Records, Compliance, Quality Assurance	
7/03/07	3-4 P.M.	Psychiatric Emergencies	Dr. K Smith
7/03/07	4-5 P. M.	Psychiatric Emergencies and Pediatric CL Coverage	Dr. H Ghuman
07/10/07	2-3 P.M.	Transition to Child and Adolescent Psychiatry Clinical Rotations & Seminars- Goals & Objectives	Dr. H Ghuman
07/10/07	3-4 P.M.	Sleep, Alertness, and Fatigue Education	Dr. Bootzin
07/10/07	4-5 P.M.	Fellows meeting with Training Director	Dr. H Ghuman
07/17/07	2-3 P.M.	Physician Impairment	Dr. L Onate
07/17/07	3-4 P.M.	Assessment of Preschool Children	Dr. J Ghuman
07/17/07	4-5 P.M.	Assessment of Preschool Children	Dr. J Ghuman
07/24/07	2-3 P.M.	Assessment of School-aged Children	Dr. Reichenbacher
07/24/07	3-4 P.M.	Assessment of School-aged Children	Dr. Reichenbacher
07/24/07	4-5 P.M.	Assessment of Adolescents	Dr. H Ghuman
07/31/07	2-3 P.M.	Anxiety Disorders	Dr. H Ghuman
07/31/07	3-4 P.M.	Pervasive Developmental Disorders	Dr. J Ghuman

07/31/07	4-5 P.M.	Affective Disorders	Dr. K Smith
08/07/07	2-3 P.M.	ADHD	Dr. Reichenbacher
08/07/07	3-4 P.M.	Psychopharmacology- ADHD	Dr. Reichenbacher
08/07/07	4-5 P.M.	ODD and Conduct Disorder	Dr. H Ghuman
08/14/07	2-3 P.M.	Psychotic Disorders in Children	Dr. H Ghuman
08/14/07	3-4 P.M.	Mood Stabilizers and Anti Psychotics	Dr. H Ghuman
08/14/07	4-5 P.M.	Individual Psychotherapy	Tim Musty, MSSW
08/21/07	2-3 P.M.	Assessment Measures	Dr. Katsanis
08/21/07	3-4 P.M.	Psychological Testing in Children	Dr. Katsanis
08/21/07	4-5 P.M.	Mental retardation and Learning Disorders	Dr. J Ghuman
08/28/07	2-3 P.M.	Behavior Therapy	Dr. Katsanis
08/28/07	3-4 P.M.	Family Assessment and Family Therapy	Dr. Katsanis
08/28/07	4-5 P.M.	Child Mental Health Services in the Community	Dr. Stein

Growth and Development Seminar

Tuesday 2:00-2:50 p.m. September – December

Description and Goals:

This seminar presents a comprehensive approach to growth and development of children and adolescents. Topics include various theories regarding each stage of growth and development and include cognitive, memory, language, moral and sexual development. Teaching about normal development includes observation and interaction with normal children of various ages.

Objectives:

- To promote a comprehensive understanding of children at different ages, physically, cognitively, emotionally and behaviorally.
- To learn the major conceptual approaches of child development including the dynamic systems perspective and cutting-edge trends in cognition, including neo-Piagetian theory.
- To gain an understanding of the effects of adverse environmental factors on the development of children
- To learn the developmental course of brain maturation and be able to link anatomical with behavioral differences.
- To address etiological influences on the development of symptoms
- To understand the influences of the sociocultural context in child development
- To learn about the role of emotions in development, including emotional self-regulation, temperament, and development of attachment within an ecological system.

09/04/07	2:00–2:50	Attachment	Dr. J. Ghuman
09/11/07	2:00–2:50	Physical /Sexual Development	Dr. S. Rice
09/18/07	2:00-2:50	Development of Language	Dr. Alt
09/25/07	2:00-2:50	Theories of Cognitive Development & Cognitive Behavioral Approaches	Dr. Katsanis
10/02/07	2:00-2:50	Developmental Contributions of Temperament & Personality	Dr. Katsanis
10/09/07	2:00-2:50	Development of Attention, Perception and Personality	Dr. Reichenbacher
10/16/07	2:00-2:50	Development of Play, Emotionality and Socialization	Dr. J Ghuman
10/23/07	2:00-2:50	NO LECTURE AACAP MEETING	
10/30/07	2:00-2:50	Personality and Socialization	Dr. Katsanis
11/06/07	2:00-2:50	Adolescent Development	Dr. Katsanis
11/13/07	2:00-2:50	Child Psychoanalytic Perspectives on Development	Dr. Pritchard
11/20/07	2:00-2:50	THANKSGIVING HOLIDAY	
11/27/07	2:00-2:50	Moral Development	Dr. Katsanis
12/04/07	2:00-2:50	PRITE EXAM	Dr. H. Ghuman
12/11/07	2:00-2:50	Structural/Functional Development of the Human Brain	Dr. Scheres
12/18/07	2:00-2:50	Family Development	Dr. Reichenbacher
12/25/07	2:00-2:50	Holiday Break	

PSYCHOPATHOLOGY AND SPECIAL ISSUES SEMINAR

Course Master: Hari Ghuman, M.D.

Faculty: Drs. Embry, H Ghuman, J Ghuman, Hellmann, Rosenzweig, Stevens, Talwar, Ms. Punske, Mr. Musty & Dejud

Tuesdays, 2.00-2.50 P.M. January- June

Required 1st and 2nd year

Description and Goals:

This seminar provides teaching about the full gamut of psychopathology in children and adolescents, including etiology, epidemiology, diagnosis, treatment, and prevention. Special issues include neglect and abuse, domestic and community violence, adoption, foster care, forensics, ethics and cross-cultural issues.

Objectives:

- The trainee will become familiar with epidemiology, etiology, signs and symptoms, comorbidities, assessment, treatment and prognosis of each diagnostic category.
- The trainee will be familiar with the assessment and treatment of substance abusing patients.
- The resident will learn about the role of child and adolescent psychiatrist in forensic evaluation/consultation and understand the interaction between mental health system and juvenile court system.
- The trainee will become familiar with ethical practice of child and adolescent psychiatry.
- The resident will develop knowledge in diversity and cultural issues pertinent to practice of child and adolescent psychiatry.
- The resident will gain the knowledge and skills to assess and treat neglect, and physical and sexual abuse.
- The resident will learn about domestic and community violence and prevention and management techniques.
- The resident will gain knowledge of issues related to parental loss, divorce, foster care placement and adoption.
- Learn about history of child and adolescent psychiatry.

YEAR A

01/08/08	Attention- Deficit/Hyperactivity Disorder	Dr. Katsanis
01/15/08	ADHD	Dr. Katsanis
01/22/08	Mental Retardation & LD	Dr. Weibrecht
01/29/08	Oppositional Defiant Disorder	Dr. H Ghuman
02/05/08	Conduct Disorder	Dr. H Ghuman
02/12/08	Pervasive Developmental Disorders	Dr. J Ghuman
02/19/08	Psychopharmacology Conference	
02/26/08	Pervasive Developmental Disorders	Dr. J Ghuman
03/04/08	Childhood Schizophrenia	Dr. Weibrecht
03/11/08	Feeding & Eating Disorders	Dr. Weibrecht
03/18/08	Affective Disorders	Dr. Lettes
03/25/08	Mock Board	
04/01/08	Affective Disorders	Dr. Lettes
04/08/08	PTSD & Generalized Anxiety Disorder	Dr. Katsanis
	Panic Disorder	
04/15/08	Separation Anxiety Disorder, OCD & Tic Disorders	Dr. Katsanis

04/22/08	Other Disorders of Infancy & Early Childhood	Dr. Reichenbacher
04/29/08	Enuresis & Encopresis	Dr. Reichenbacher
05/06/08	Communication Disorders	???
05/13/08	Borderline Disorder	Dr. H Ghuman
05/20/08	Fire Setting	Dr. Katsanis
05/27/08	Curriculum Review	Dr. H Ghuman

YEAR B

01/02/07	History of Child and Adolescent Psychiatry	Harinder Ghuman, MD
01/09/07	Alcohol and Substance Abuse- Definition, Prevalence & Etiology	Sally Stevens, Ph.D.
01/16/07	Alcohol and Substance Abuse- Assessment & Treatment	Sally Stevens, Ph.D.
01/23/07	Forensic Issues- Adoption, Divorce & Custody	Herschel Rosenzweig, M.D.
01/30/07	Forensic Issues- Testifying in Court and Role of Child Psychiatrist	Herschel Rosenzweig, M.D.
02/06/07	Forensic Issues- Hospitalization	Herschel Rosenzweig, M.D.
02/13/07	Forensic Issues- Malpractice & Professional Liability	Herschel Rosenzweig, M.D.
02/20/07	Psychopharm Conference- NO LECTURE	
02/27/07	School Consultation	Tim Musty, M.S.S.W.
3/06/07	School Consultation	Tim Musty, M.S.S.W.
03/13/07	Diversity and Cultural Issues	Carlos Dejud, Ed.S.
03/20/07	Diversity and Cultural Issues- Hispanic Culture	Carlos Dejud, Ed.S.
03/27/07	Mock Board	
04/03/07	Diversity and Cultural Issues- American Indian Culture	Carlos Dejud, Ed.S.
04/10/07	Ethics- Doctor-Patient Relationship Media & Pharmaceutical Companies	Harinder Ghuman, M.D.
04/17/07	Ethics- Conducting Research With Children	Jaswinder Ghuman, M.D.
04/24/07	Ethics- Conducting Research with Children	Jaswinder Ghuman, M.D.
05/01/07	Child Abuse and Neglect	Carol Punske
05/08/07	Child Protective Services and Foster Care	Gary Hellmann, M.D. & Carol Punske
05/15/07	Domestic Violence	Dennis Embry, Ph.D.
05/22/07	School and Community Violence	Dennis Embry, Ph.D.
05/29/07	Neurological Disorders in Children & Adolescents	Dinesh Talwar, M.D.
06/05/07	Neurological Disorders in Children & Adolescents	Dinesh Talwar, M.D.
06/12/07	Curriculum Review	Harinder Ghuman, M.D.

TREATMENT INTERVENTIONS, SETTINGS, AND ADMINISTRATIVE ISSUES SEMINARS

Course Master: Hari Ghuman, M.D.

Faculty: Drs. H.Ghuman, J. Ghuman, Lettes, Reichenbacher, Toff, Ms. Frankhauser and Mr. Musty

Tuesdays, 3 .00 – 3. 55 P.M. September- June

Required 1st and 2nd year

Description and Goals:

This seminar provides the trainee with the opportunity to develop a conceptual understanding, as well as clinical skills in major treatment modalities including pharmacotherapy, brief and long-term individual psychotherapy, family therapy, group therapy, cognitive-behavioral therapy, crisis intervention, consultation and liaison, and community-based interventions with children and adolescents.

Objectives:

- The resident will become familiar with various classes of medication to treat psychiatric conditions in children and adolescents.
- The resident will become familiar with indication, possible mechanism of action, side-effects and monitoring of various medications in preschool and school-aged children and adolescents.
- The resident will understand and appreciate multiple medication use and how to avoid polypharmacy.
- The resident will be familiar with theory and practice of individual verbal and play therapy, family therapy, cognitive-behavioral therapy, and group therapy.
- The resident will become familiar with various treatment settings and indications for these setting.
- The resident will learn about essentials of administration and team work in child and adolescent mental health settings.

YEAR A

Psychopharmacology Seminar

09/04/07	Psychopharmacology Pharmacodynamics	M Frankhauser, M.S. Pharm
09/11/07	Psychopharmacology Pharmacokinetics	M Frankhauser, M.S. Pharm
09/18/07	Psychopharmacology Psychostimulants	J Ghuman, M.D.
09/25/07	Psychopharmacology Adrenergic Agents	T Reichenbacher, M.D.
10/02/07	Psychopharmacology Mood Stabilizers	A Lettes, M.D.
10/09/07	Psychopharmacology Antipsychotic Agents	H Ghuman, M.D.
10/16/07	Psychopharmacology Antidepressants & Anxiolytics	T Reichenbacher, M.D.
10/23/07	AACAP Meeting	

**Continuous Case Seminar by Drs. Reichenbacher and H Ghuman
Psychodynamic Therapy with Children and Adolescents: Theory and Practice**

10/30/07	Individual Verbal and Play Therapy
11/06/07	Individual Verbal and Play Therapy
11/13/07	Individual Verbal and Play Therapy
11/20/07	Thanksgiving Holiday
11/27/07	Individual Verbal and Play Therapy
12/04/07	CHILD PRITE
12/11/07	Individual Verbal and Play Therapy
12/18/07	Individual Verbal and Play Therapy
12/25/07	Christmas Holiday
01/01/08	New Year Holiday
01/08/08	Individual Verbal and Play Therapy
01/15/08	Individual Verbal and Play Therapy
01/22/08	Individual Verbal and Play Therapy
01/29/08	Individual Verbal and Play Therapy
02/05/08	Individual Verbal and Play Therapy
02/12/08	Individual Verbal and Play Therapy
02/19/08	Psychopharmacology Conference
02/26/08	Individual Verbal and Play Therapy
03/04/08	Individual Verbal and Play Therapy
03/11/08	Individual Verbal and Play Therapy
03/18/08	Individual Verbal and Play Therapy
03/25/08	Mock Board

Group Psychotherapy

04/01/08	Group Psychotherapy	Tim Musty, M.S.S.W.
04/08/08	Group Psychotherapy	Tim Musty, M.S.S.W

Consultation Seminar

04/15/08	Pediatric Consultation Liaison	Howard Toff, M.D.
04/22/08	Pediatric Consultation Liaison	Howard Toff, M.D.
04/29/08	Pediatric Consultation Liaison	Howard Toff, M.D.
05/06/08	Pediatric Consultation Liaison	Howard Toff, M.D.
05/13/08	Pediatric Consultation Liaison	Howard Toff, M.D.
05/20/08	Pediatric Consultation Liaison	Howard Toff, M.D.
05/27/08	Curriculum Review	

YEAR B

Psychopharmacology Seminar

09/05/06	Psychopharmacology Pharmacodynamics	M Frankhauser, M.S. Pharm
09/12/06	Psychopharmacology Pharmacokinetics	M Frankhauser, M.S. Pharm
09/19/06	Psychopharmacology Adrenergic Agents	T Reichenbacher, M.D.
09/26/06	Psychopharmacology Stimulants	J Ghuman, M.D.
10/03/06	Psychopharmacology	A Lettes, M.D.

10/10/06	Mood Stabilizers Psychopharmacology	H Ghuman, M.D.
	Antipsychotic Agents	
10/17/06	Psychopharmacology	T Reichenbacher, M.D.
	Antidepressants & Anxiolytics	
10/24/06	AACAP Meeting	
10/31/06	Psychopharmacology	J Ghuman, M.D.
	Using Medication with Preschoolers	

**Cognitive Behavioral Treatment Seminar: Theory and Practice
By Dr. Joanna Katsanis**

11/07/06	Cognitive Behavior Therapy
11/14/06	Cognitive Behavior Therapy
11/21/06	Thanksgiving Week
11/28/06	Cognitive Behavior Therapy
12/05/06	Child Prite Exam
12/12/06	Cognitive Behavior Therapy
12/19/06	Cognitive Behavior Therapy
12/26/06	Christmas Week
01/02/07	Cognitive Behavior Therapy
01/09/07	Cognitive Behavior Therapy
01/16/07	Cognitive Behavior Therapy
01/23/07	Cognitive Behavior Therapy

**Family Therapy and Parent Management Seminar
By Dr. Katsanis**

01/30/07	Family Therapy
02/06/07	Family Therapy
02/13/07	Family Therapy
02/20/07	Psychopharm Conference
02/27/07	Family Therapy
03/06/07	Parent management Training
03/13/07	Parent Management Training

Administration Seminar

03/20/07	Private practice in child and adolescent psychiatry Howard Toff, M.D., Private Practice & Consultant
03/27/07	Mock Board
04/03/07	Administrative and Financial Issues in a Community Mental Health Program Sandy Stein, M.D., Medical Director, Children Service
04/10/07	Administration of a Department in University setting Alan Gelenberg, M.D., Department Head, Psychiatry, UA
04/17/07	Financial aspects of a program Brenda Paulsen, Administrator, Psychiatry, UA
04/24/07	Administrative issues in a University-Based Child Program Hari Ghuman, M.D., Director C & A Psychiatry, UA
05/01/07	Administrative and Financial Issues in a Private Hospital Setting Karen Wiese, CEO, Sonora Behavior Health

Treatment Settings

05/08/07	Psychiatric Inpatient Services	Matthew Lally, M.D.
05/15/07	Residential Treatment	Matthew Lally, M.D.
05/22/07	Therapeutic Day Treatment	
05/29/07	Home-and community-based Treatment	Hari Ghuman, M.D.
06/05/07	Group Home	
06/12/07	Curriculum Review	Hari Ghuman, M.D.

RESEARCH SEMINAR: The Clinical Scientist in Psychiatry

Course Master: Jaswinder Ghuman, M.D.

1st Tuesday 4:00-5:00 P.M. September - May

Required 1st and 2nd year

Description and Goals: The Clinical Scientist in Child Psychiatry Research Seminar includes readings, didactics, and exercises designed to:

- Help residents Identify and Develop Clinical Research Interests
- Facilitate Acquisition of Research Skills
- Familiarize residents with Major Areas of Child Psychiatry Research

Seminar Objectives:

- To be able to define the term Clinical Scientist and to identify an area of research interest in Child Psychiatry.
- To be able to describe common sections of a grant or study proposal and what goes in each section.
- To conduct a review of the literature in the resident's identified area of interest and to critique a study selected by the course directors.
- To develop a scientific hypothesis and design a study and analytic plan to test the hypothesis. To be able to critique the hypotheses, study designs, and analytic plans of the other residents.
- To be able to discuss human subject and privacy protections. To be able to describe the process for obtaining approval of a study with human subjects.
- To be able to write an abstract when given a research manuscript. To be able to outline a journal article including common manuscript sections and their contents.
- To summarize residents' research activities and plans.
- To be able to state why clinical trials are needed and describe how clinical trials are conducted.
- To be able to describe the uses and limitations of animal models in child psychiatry
- To be able to define genomics and describe potential uses and limitations of genomics in child psychiatry.
- To be able to define the term "experiment of nature." To be able to provide examples of research examining brain-behavior relationships in child psychiatry and discuss uses and limitations of the research discussed.
- To be able to describe the MRI techniques used in child psychiatry research and to discuss uses and limitations of MRI technology in child psychiatry.

Seminar Topics

YEAR A

The Clinical Scientist in Child Psychiatry
Grant/Proposal Writing
Reviewing the Literature and Critiquing Studies
Designing a Study and Selecting Statistical Techniques
Research with Humans
Writing Abstracts & Papers

YEAR B

Fellow Research Presentations
Clinical Trials in Child Psychiatry
Animal Models in Child Psychiatry
Genomics and Child Psychiatry
Brain-Behavior Relationships in Child Psychiatry
MRI in Psychiatry Child Psychiatry

Child and Adolescent Psychiatry Clinical Case Conference

Second Tuesdays, 4:00 – 5:00 P.M. September - June
Required for 1st and 2nd year

Cases are chosen on a rotating basis from consultation liaison, outpatient, inpatient and residential sites for presentation to illustrate specific diagnostic entities, treatment plan including working with various systems involved. Difficult cases are presented by residents and supervising faculty leads the discussions. Resident may arrange live interview or videotaped presentation to facilitate case presentation and discussion.

Sept. 11, 2007	Infant/Preschool Outpatient	Dr. Trivedi/ J Ghuman
Oct. 09, 2007	School aged children	Dr. Lin/ Reichenbacher
Nov. 13, 2007	Inpatient Treatment	Dr. Sola/ H Ghuman
Dec. 11, 2007	Anxiety Disorders Clinic	Dr. Brooks/ Katsanis
Jan. 08, 2008	Consultation Services	Dr. Lin/ J Ghuman
Feb. 12, 2008	Anxiety Clinic Outpatient	Dr. Trivedi / H Ghuman
March 11, 2008	Infant/Preschool Outpatient	Dr. Brooks/ J Ghuman
April 08, 2008	School Age Outpatient	Mr. Tim Luis/ J Katsanis
May 13, 2008	Residential Treatment	Dr. Sola/ H Ghuman

CHILD AND ADOLESCENT PSYCHIATRY JOURNAL CLUB

Third Tuesdays, 4.00-5.00 P.M. September- May

Required 1st and 2nd year

Description and Goals:

This is a reading seminar sampling selected publications to stimulate discussion on a child and adolescent psychiatry topic. Residents pick a topic of interest with input from training director. Residents are responsible to do a literature search and distribute important research or descriptive papers to all the trainees and faculty. Goals of this journal club are to help residents identify topics of interest and to learn how to do search for pertinent literature, present, lead group discussion and gain in-depth knowledge.

Objectives:

- Trainees will become familiar with the process of identifying topic of interest and searching for pertinent literature.
- Trainees will become familiar with how to do critical review of scientific literature.
- Residents will gain the knowledge and skills to make a presentation of scientific literature and lead discussion.
- Residents to gain in depth knowledge and understanding of a child and adolescent psychiatry topic by peer group and faculty discussion.

September 18, 2007	Dr. Sola
October 16, 2007	Dr. Brooks
October 30, 2007	Mr. Luis
December 18, 2007	Dr. Trivedi
January 15, 2008	Dr. Lin
February 19, 2008	Dr. Sola
March 18, 2008	Dr. Brooks
April 15, 2008	Dr. Trivedi
May 20, 2008	Dr. Lin

Other Clinical/Educational Experiences

Emergency On-Call

Responding to psychiatric emergencies is a routine part of most Child & Adolescent psychiatrists' work. Throughout the two years of the residency, residents take turns responding to requests for emergency consultations in order to develop clinical knowledge and skills in this area.

Objectives:

Residents should develop expertise in the areas of evaluation and treatment of child and adolescent suicide attempts and suicide gestures, teenage runaway, disruptive or uncooperative patient behavior in the medical inpatient setting, aggressive behavior, and the management of acute side effects to psychiatric medication. In addition, the resident should become acquainted with the spectrum of community resources available to help manage crisis situations (i.e., inpatient psychiatric hospitalization, time-out shelter, protective nursery and/or protective custody, in-home family therapy). In the course of doing emergency consultations, the resident will develop emergency evaluation and intervention skills, and the ability to work effectively with medical and nursing staff and other outside agencies (i.e., managed care systems, Child Protective Services, Juvenile Detention).

Responsibilities:

Monday through Friday during regular working hours, the resident assigned to the Consultation/Liaison rotation will respond to requests for emergency consultation at University Medical Center (both inpatient units and the Emergency Room).

After hours (5:00 p.m. to 8:00 a.m. on work days, and all day on holidays, Saturdays and Sundays), requests for emergency consultation will be managed by the child and adolescent psychiatry resident and general psychiatry resident on call.

It is the responsibility of the resident to call the emergency consultation to the attention of the Child & Adolescent Psychiatry faculty on call for review and co-signature. If the consult is particularly urgent or complicated, the resident may elect to call the faculty member on call immediately to gain consultation via the phone. Otherwise, the faculty may review the consultation on the next working day.

Psychiatry Resident In-Training Examination (PRITE)

Responsibilities:

Residents are responsible to be present for and complete both the PRITE examination as well as the annual oral examination. In addition, the residents may elect to take the annual oral examination in General Psychiatry (they are very strongly encouraged to make full use of this opportunity).

Resources:

Faculty are available to discuss either examination prior to the examination dates, should residents have any questions or concerns about the format or contents. Should a resident not perform adequately on any section of either examination, remedial work may be outlined by the Director of Training

Research

Residents in both years have the opportunity to participate in the research activities of the program. Individual activities can be negotiated with individual faculty members. Proposals and progress must be reviewed by the Training Director and Child Psychiatry Training Committee.

Quality Assurance

Objectives:

Quality Assurance and Continuous Quality Improvement have become regular parts of the functioning of medical facilities. Therefore, it is essential for Child & Adolescent Psychiatry residents to become well acquainted with the procedures of Quality Assurance. By taking part in these processes in an active and constructive manner, residents can begin to learn the essential processes of Quality Assurance and contribute to the ongoing improvement of patient care in the field of Child and Adolescent Psychiatry in general.

Responsibilities:

Involvement in Quality Assurance processes will be an experience included on many of the clinical rotations, especially the inpatient rotations. Residents will receive education from the faculty attending regarding the Quality Assurance processes.

The Child Psychiatry division of the Department of Psychiatry has developed a Quality Assurance Committee that will periodically review residents' charts. This committee is comprised of a Child Psychiatry Faculty, a representative from the 7OPC Quality Assurance Committee, and the Child Psychiatry administrative assistant. Each second year resident will also be assigned to rotate through the committee on a monthly basis. In addition, treatment protocols, medication issues, and other pertinent clinical issues will be addressed.

Resources:

The faculty attending on any rotation in which Quality Assurance processes are under way will be the primary resource for the resident. Other members of the Quality Assurance Committees at those sites should also be considered resources in order to learn more about the processes of Quality Assurance.

Evaluation, Promotion, and Graduation

Evaluation

Child and Adolescent Psychiatry residents will be evaluated every six months by supervising faculty on their current rotation, as well as by faculty giving seminars during that period. Evaluations will be sent to the Director of Training, who will then meet with each resident individually to give a summary of those evaluations. A written summary of the evaluation will be provided for the resident's signature. Evaluations will be based on the resident attaining the specific goals of the clinical rotation and improving his/her knowledge and clinical skills appropriate to the level of training. A resident's attitude, ethical and moral character, and humanism will be important factors in evaluations. All factors regarding the resident's performance, including regular attendance and participation in seminars and meetings, attention to paperwork, etc., will be ingredients of the evaluations.

At the same six-month intervals, residents will receive evaluation forms for their clinical rotations and seminars. These forms will be returned to the Child and Adolescent Psychiatry administrative assistant, who will then transcribe the information and forward it to the Director of Training in an anonymous fashion. The Director of Training will discuss the information with the Child and Adolescent Psychiatry faculty. This information is a crucial aspect of our continuing efforts to improve the training program and experience.

THE UNIVERSITY OF ARIZONA
DEPARTMENT OF PSYCHIATRY
Child and Adolescent Psychiatry
Resident Evaluation Form

Evaluation of: _____ Attending: _____
Rotation: _____ Dates: _____

Rating Scale:

- 1 = Not passable at basic clinical level, unacceptable performance*
- 2 = Below Average, requires attention/remediation but minimally acceptable*
- 3 = Average, a mid-point guideline, meets developmental expectations for level of training*
- 4 = Very good, exceeds some developmental expectations for level of training, some initiative*
- 5 = Outstanding, exceeds all developmental expectations for level of training, initiative, independence*

<u>PATIENT CARE:</u>	1*	2*	3	4	5	No Info
	Not Passable	Below Average	Average	Very Good	Outstanding	
History-taking skills						
Interviewing skills						
Relationships with patients						
Relationships with families						
Management of acute psychiatric crisis						
Engagement in treatment						
Psychoeducation						

<u>CLINICAL KNOWLEDGE OF SKILLS IN:</u>	1*	2*	3	4	5	No Info
	Not Passable	Below Average	Average	Very Good	Outstanding	
Diagnosis and formulation						
Treatment planning						
Treatment implementation						
Recognizes emergencies						
Decision making re. treatment options						
Pharmacology						
Psychotherapy						
Combination meds/therapy						

<u>CLINICAL KNOWLEDGE OF SKILLS IN:</u>	1* Not Passable	2* Below Average	3 Average	4 Very Good	5 Outstanding	No Info
Family therapy						
Parent management training						
Developmental issues						
Phases of treatment (engagement, etc.)						
Mgmt. Transference/counter- transference						

<u>PERSONAL SKILLS & COMMUNICATION:</u>	1* Not Passable	2* Below Average	3 Average	4 Very Good	5 Outstanding	No Info
Oral presentation						
Written reports						
Routine documentation						
Relationships with referral sources						
Problem solving skills						
Relationship with supervisor						
Demonstrates initiative						

<u>PRACTICE BASED LEARNING & IMPROVEMENT:</u>	1* Not Passable	2* Below Average	3 Average	4 Very Good	5 Outstanding	No Info
Independently motivated						
Use of resources (<i>internet, library, other</i>)						
Seeks out supervision and guidance						
Incorporates new info. into practice						

	1*	2*	3	4	5	
PROFESSIONALISM & ETHICAL BEHAVIOR	Not Passable	Below Average	Average	Very Good	Outstanding	No Info
Punctuality for supervision						
Punctuality for patient						
Timeliness of paperwork						
Follows guidelines for conduct						

<u>PROFESSIONALISM & ETHICAL BEHAVIOR</u>	1*	2*	3	4	5	
	Not Passable	Below Average	Average	Very Good	Outstanding	No Info
Respectfulness						
Positive attitude						
Arranges coverage appropriately						
Recognizes limits of own knowledge						
Prioritizes appropriately						
Maintains equilibrium under stress						
Availability to patient/family						

	1*	2*	3	4	5	
SYSTEMS-BASED CARE:	Not Passable	Below Average	Average	Very Good	Outstanding	No Info
Effective with outside agencies						
Aware of complex system of care						
Effective use of resources for pt. Care						
Advocates for patient/family						

COMMENTS/STRENGTHS/WEAKNESSES (*must comment on reasons for any 1's or 2's)

This evaluation is based upon (check all that apply)

- Direct observation with patients
- Supervision and case discussion
- Reports from other members of team
- Use of audio/video tapes
- Review of written work
- Review of oral presentations
- Other:

Reviewed with resident: Yes No Reason

Supervisor Signature and Date

Resident Signature and Date

(Please return form to: Patricia Klein)

Child and Adolescent Psychiatry Resident's Evaluation of Faculty

Directions to Resident: Please provide rating and comments concerning this Faculty member.

FACULTY: _____

TYPE OF INSTRUCTION: a) Clinical Rotation _____
 b) Other Supervision _____

PERIOD OF INSTRUCTION: From _____ to _____

HOURS OF CONTACT PER WEEK: _____

PLEASE USE THIS SCALE TO GRADE THE INSTRUCTOR				
1	2	3	4	5
OUTSTANDING	SATISFACTORY		POOR	UNABLE TO JUDGE

Please provide comments, especially for outstanding or poor grades.

A. Clinical rotation and/or supervision

- Faculty timeliness and availability _____
- Faculty clear and helpful in supervision _____
- Faculty provided stimulation and inspiration _____
- Faculty was respectful, never intimidating nor abusive _____

Comments (especially concrete suggestions for improvement of this rotation and/or supervision):

**CHILD & ADOLESCENT PSYCHIATRY
SEMINAR EVALUATION**

Directions: Please provide rating and comments concerning this seminar/practicum/case conference/

PRESENTATION: _____

DATE OF PRESENTATION: _____

PRESENTER (S): _____

PLEASE USE THIS SCALE TO GRADE THE INSTRUCTION:				
1	2	3	4	5
Outstanding	Satisfactory	Poor	Unable to judge	

Please provide comments, especially for outstanding or poor grades.

Presenter(s) timelines _____
Presenter(s) knowledge of subject _____
 Information/Techniques useful _____
 Material stimulating and interesting _____

Readings Assigned? Yes No Readings useful? Yes No
 Handouts given? Yes No Handouts useful? Yes No
 Continue this seminar/practicum next year? Yes No

COMMENTS: (especially concrete suggestions for improvement, if applicable)

CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY TRAINING PROGRAM

PROGRAM EVALUATION FORM

Date of evaluation: _____

Please rate your overall experience in the following areas on a scale of 1 to 6, and comment on any positive and negative aspects of your experience. Please make suggestions to improve our training program.

1= OUTSTADING, 2= VERY GOOD, 3= GOOD, 4= FAIR, 5=POOR, 6=VERY POOR

CLINICAL ROTATIONS:

INPATIENT CLINICAL EXPERIENCE:

INPATIENT SUPERVISION:

COMMENTS/ SUGGESTIONS:

RESIDENTIAL CLINICAL EXPERIENCE:

RESIDENTIAL SUPERVISION:

COMMENTS/SUGGESTIONS:

UMC-OUTPATIENT CLINICAL EXPERIENCE:

UMC-OUTPATIENT SUPERVISION:

COMMENTS/SUGGESTIONS:

COMMUNITY CLINIC CLINICAL EXPERIENCE:

COMMUNITY CLINIC SUPERVISION:

COMMENTS/ SUGGESTIONS:

PEDIATRIC ER/CL CLINICAL EXPERIENCE:

PEDIATRIC ER/CL SUPERVISION:

COMMENTS/ SUGGESTIONS:

FORENSIC EXPERIENCE:

FORENSIC SUPERVISION:

COMMENTS/ SUGGESTIONS:

SCHOOL EXPERIENCE:

SCHOOL SUPERVISION:

COMMENTS/ SUGGESTIONS:

NEUROLOGY EXPERIENCE:

NEUROLOGY SUPERVISION:

COMMENTS/ SUGGESTIONS

DIDACTICS:

SUMMER COURSE:

GROWTH AND DEVELOPMENT SEMINAR:

PSYCHOPATHOLOGY AND SPECIAL ISSUES SEMINAR:

TREATMENT INTERVENTIONS SEMINAR:

RESEARCH INTEREST SEMINAR (J GHUMAN):

RESEARCH SEMINAR (J GHUMAN):

CLINICAL CASE CONFERENCE:

CHILD AND ADOLESCENT PSYCHIATRY GRAND ROUNDS:

COMMENTS/ SUGGESTIONS:

SUPERVISION:

INDIVIDUAL SUPERVISION:

COMMENTS/ SUGGESTIONS:

Promotions and Graduation

Residents are advanced to positions of higher responsibility on the basis of evidence of their progressive scholarships and professional growth. This evidence includes satisfactory completion of rotations, documented attendance at educational activities and an assessment of the resident's progress in achieving competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professional and systems-based practice. This advancement is communicated to the GME Office by the annual submission of a promotion letter or summative evaluation (for graduating residents).

If a resident transfers into the Child and Adolescent Psychiatry Training Program after completing the PGY I through III years in General Psychiatry, then a certificate will be granted after successful completion of the PGY IV year, and will reflect successful completion of all requirements of the General Psychiatry Program.

Upon successful completion of the two-year training program in Child and Adolescent Psychiatry, a certificate of graduation will be granted to the resident. A Chief Resident certificate will be available upon completion of training as applicable. In addition to certificates, letters will also be available documenting the clinical experiences and evaluations that residents had throughout the training program.

If there is an exceptional case where the above guidelines do not apply, the Director of Training will discuss the matter with the Child and Adolescent Psychiatry faculty and then decide what certificate, if any, would be appropriate under the circumstance.

Administrative Policies

Benefits

Vacation and Holidays

Residents accrue 22 days of vacation per year if they work full time. Residents are responsible for arranging clinical coverage for any emergencies that may arise during their absence, prior to requesting vacation time. Once coverage has been arranged from another resident, approval must be given by the supervisor of the Clinical Rotation, as well as by the Director of Training. Vacation request forms are available in the Child & Adolescent Psychiatry office for use in obtaining the appropriate signatures

Residents are urged not to take more than two weeks vacation per semester in order to avoid unnecessary disruption of clinical and educational experiences. **Vacation time is not approved during the last week of June and the first week of July.** Vacation or conference may not be taken during scheduled PRITE or oral exams, unless alternate arrangements are made with the Director of Training. Unused vacation time may not be carried forward into subsequent years.

In addition to vacation time, residents are given ten (10) University holidays per year. However, you are requested to adhere to the vacation schedule at the site to which you are assigned. The University's holiday schedule is as follows:

Independence Day

Labor Day

Veteran's Day

Thanksgiving and day after

Christmas and day after

New Year's Day

Martin Luther King, Jr. Day

Memorial Day

Although every effort will be made to allow residents to take the above holidays, it may be necessary for residents to work on any of these days depending on their current clinical responsibilities. If a resident is required to work on a holiday, compensation time will be arranged.

In addition, the Child and Adolescent Psychiatry Training Program will make every effort to honor requests to observe non-University recognized holidays. Any holiday taken not recognized by the University must be taken as a vacation day.

Medical Malpractice Liability Insurance

Medical Malpractice Insurance coverage is provided for residents while they are performing in their training role, registered with the College of Medicine House Staff Office in an accredited program operated by the college. The insurance **DOES NOT COVER RESIDENTS IN MOONLIGHTING POSITIONS.**

The Professional Liability Insurance is provided to the State of Arizona through a self-insurance program established under the terms of Arizona Revised Statutes 41-621 et seq. The program is administered by the Arizona Department of Administration, Division of Risk Management. The coverage is of the "occurrence" type and is excess coverage over any other valid and collectable insurance. The statute under which this program was established does not specify a dollar limitation; however, we generally use a limit of \$1,000,000/\$3,000,000.

The Malpractice Liability Insurance covers residents when they rotate to other institutions, as long as the rotation has been approved by the Director of Training, and as long as the College of Medicine has an institutional agreement with the other institution.

Residents from other training programs doing elective rotations on our service are not covered by our professional liability insurance. Professional liability insurance must be provided by their home institution. Residents from other programs who are rotating here must be registered in the College of Medicine House Staff Office (Room 2228, phone 626-6691) and are required to provide a copy of a Certificate of Malpractice Insurance with tail coverage from their insurer prior to the start of their rotation.

It must be stressed that:

PROFESSIONAL LIABILITY INSURANCE PROVIDED BY TIRS PROGRAM DOES NOT COVER RESIDENTS IN ANY MOONLIGHTING POSITION OR ANY OTHER WORK OUTSIDE OF THEIR TRAINING ROLE.

Leave of Absence

Residents are entitled to sick leave, bereavement, vacation, holidays and conference leave as described in the "Benefits for Residents" section of the residency manual.

All planned leave should be authorized by the rotation coordinator, and presented to the residency education director thirty days prior to the proposed leave date. Unplanned leave will be acceptable for medical reasons, or unexpected circumstances of merit and will be done in accordance to the policy described under the "Benefits for Residents" section of the residency manual.

Residents must not take so much leave at a given time as to compromise their ability to accomplish the training goals of a given rotation, or satisfy the ACGME requirements of time and effort dedicated to a specific rotation. In the event that sufficiently large leave of absences are taken, a decision will be made by the rotation coordinator and the residency education director as to whether the resident must make up a portion or the whole rotation in order to obtain credit for it.

Promotion from residency will be contingent upon satisfactory completion of each required rotation as assigned by the Residency Program, and indicated in the residency manual.

Residents leaving the residency for graduation or transfer to another program may receive under special circumstances additional administrative leave at the end of their training cycle) usually the last few days of June), in order to facilitate transition to practice or moving. This additional leave may only be granted to residents that have otherwise fulfilled the requirements for completion of their current rotation, as well as the administrative duties required of all residents, such as patient log, program evaluations, scholarly activity completion, and full compliance with medical records among others.

Bereavement Leave

A resident may be granted administrative leave, not to exceed three working days, because of the death of the resident's spouse, parent, parent-in-law, child, brother, sister or grandparent. In the event that the resident is required to travel out of state to attend or conduct business related to the funeral of a relative as specified above, the resident may be granted administrative leave not to exceed five working, days. Such leave is to be coordinated through the Director of Training.

Maternity/Paternity Leave

Maternity/Paternity leave shall be granted to any resident in need of such leave. All requests for such leave shall be made to the Director of Training. Paid leave will not exceed all accumulated vacation and sick days. Unpaid maternity/paternity may be granted by the Director of Training for a period not to exceed six months. It will be the responsibility of the Director of Training to inform the resident of his/her responsibilities in fulfilling Board Certification requirements and completion of his/her residency training in light of the leave.

For information concerning the Family Medical Leave Act, please see attachment.

Medical Leave

Residents shall accrue sick days at a rate of approximately one (1) day per month. No accumulated sick leave compensation will be paid to the resident upon completion of the training program. The Director of Training may require the resident to provide a letter from his/her physician at any time in order to verify the necessity of the resident taking sick leave.

Unpaid medical leave may be granted by the Director of Training for a period not to exceed six months. Such leave is entirely at the discretion of the Director of Training. The Director of Training, may ask the resident for a letter from his/her physician at any time in order to verify the necessity of such leave. It will be the responsibility of the Director of Training to inform the resident of his/her responsibility in fulfilling Board Certification requirements and completion of their residency training, in light of such leave.

For information concerning the Family Medical Leave Act, please see attachment.

Professional Development

Each Child Psychiatry resident is allocated an \$800 per year professional development account. This account is to be used for such items as attendance at a professional conference, subscriptions, dues, books, medical license, board certification exam fee, etc. Please see the Child Psychiatry administrative assistant when you are ready to use this account. All receipts submitted for reimbursement must be originals. This account does not "roll over", into the next year if not used.

Conference Time

Residents are allowed up to five (5) days conference time per year. These days may be used for conference time and travel. Conference time may not be taken during the time of the scheduled PRITE exam(s), and is discouraged during the last two weeks of June or during the first two weeks of July, unless alternate arrangements are made with the Director of Training. Conference attendance must be reviewed and approved in advance by the Director of Training. Once approval is -given, you must complete a Travel form - these are available from the Child Psychiatry administrative assistant. A University Travel Order will be prepared. Three to four weeks notice must be provided in order to process these sheets. **TRAVEL ORDERS CANNOT BE PREPARED AFTER THE TRIP.**

Fee Waiver

Residents are eligible to register at the University of Arizona for a maximum of six units per semester at the special rate of \$25.00. Spouses and dependents taking seven or more units will be charged 25% of the actual registration fee for all units. Fee waiver forms are available from the Child Psychiatry administrative assistant. This is a taxable benefit under IRS rules if attending graduate level courses.

Sick Child Care

The Sick Child Home Health Care Program provides trained, competent, dependable, and loving home health care aides to care for ill children in the comfort of their homes. In-home care enables parents to meet their daily work commitments and still provide care to their sick child(ren).

Pre-registration is required. Consent and registration forms are completed the first day of service. Children of all ages, from birth through high school, are eligible to receive care. Childhood illnesses, communicable diseases and many unique care situations are readily handled by Sick Child Home Health Care Aides. Parents should obtain pre-registration form by calling the Employee Relations Section of the Personnel Department at 621-7699. After completing the form, parent may either return it directly to the Tucson Association for Child Care at 1030 N. Alvernon, Tucson, AZ, 85711, or to the Employee Relations section of Human Resources.

Faculty and staff employees whose regular work schedules exceed 20 hours per week and whose positions are expected to be active for greater than six months are eligible to use each of the Child Care Assistant Program services. Eligible employees pay \$1.00 per hour for the Sick Child Home Health Care service. There is a four (4) hour minimum.

At the first sign of illness in a child, parent may call 795-AIDE and leave a message consisting of the name-and age of the ill child, the nature of the illness, and a contact name and phone number on the recording-. The program coordinator responds to those calls each evening between 7:00 - 9:00 p.m., arranging for service the following day. Parent can contact the coordinator directly between 6:00 - 8:00 p.m. and 7:00 - 9:00 p.m. in the event the child's condition changes during the night or early morning. After 8:00 a.m., for same day service, contact the Program Director at 881-8940.

Administrative Guidelines

Pay

University payroll system is bi-weekly. All salaried employees will receive 26 paychecks each year - on alternate Fridays. Paychecks will be available at the Front Desk in the 7OPC clinic

When picking up your check, please Initial the salary roster by your name in the appropriate column--this tells us that you have received your check. You may contact Linda Kovach if there are any problems concerning your check. To assure that your payroll processing goes smoothly, be sure that you have checked in with the Housestaff Office and completed your W-4 package. This includes the W-4 form, 1-9 form, insurance benefits and loyalty oath. Also at this time, an Arizona Health Sciences Center (A.H.S.C.) ID picture will be taken.

Please make sure that your Notice of Appointment letter is signed! Even with all of the above paperwork completed, your paycheck will not be issued until this letter is signed. The Department Administrative Office will notify you when your appointment letter has arrived for your signature.

For your convenience, the University has an optional payroll direct deposit program. Your paycheck can automatically be deposited to your local bank and a "notice of advice" will be sent to the Department on payday. Please give this program some consideration, as the Department does not mail out paychecks.

Timesheets are due the Thursday prior to the end of the pay period. If a timesheet is not submitted, "0" hours will be reported for the pay period resulting in a 4-week period before you Receive a paycheck.

Supplies and Equipment

Most ordinary supplies are provided by the Department. Please leave a written request in the student's mailbox. These requests need to be received by Thursday, with probable delivery on Friday. The students deliver supplies to your work area or your mailbox.

Any mail you receive in the Department, new policies, etc., will be placed in your mailbox at the front desk. Please check your boxes as often as possible - there just might be something important there!

Hand-held dictaphones and two blank micro-cassettes will be assigned to each of you for use throughout the year. This equipment will be checked out to you by the Business Office in the Department of Psychiatry. You will be required to sign an agreement stating you will be responsible for the replacement of this equipment should it be lost or damaged.

A pager will be assigned to each of you for use throughout the year. You will be required to sign an agreement stating you will be responsible for the replacement of this beeper should it be lost or damaged.

Keys and Key Cards

The Department Business Office has completed a Room Privilege Card for each of you. This card authorizes you keys to the rooms listed on the card. If during the year it is decided that you need another key, please leave inform the Department Business Office, indicating your name and room numbers to which you need access, along with your current key card. These keys must be turned in at the end of the fiscal year when you leave.

Policy on Accepting Gifts from the Pharmaceutical Industry

To avoid the acceptance of inappropriate gifts, residents should observe the following guidelines:

Gifts should primarily entail a benefit to patients and should not be of substantial value. For example, textbooks are appropriate if they serve a genuine educational function. Cash payments, on the other hand, should not be accepted.

Individual gifts of minimal value are permissible as long as the gifts are related to the resident's work, for example, pens, notepads, and rating scales.

Subsidies to under-write educational events that are industry-sponsored are acceptable, for example, dinners with invited speakers. However, lunches and dinners during which the company's product is explained by a pharmaceutical representative are not acceptable.

Subsidies from the pharmaceutical to assist a resident with tuition, travel, lodging, or other personal expenses for an education program with proven value as determined by the Director of Training are acceptable. The selection of residents to receive the subsidies must be approved by the Director of Training.

For situations that do not seem to fit the above guidelines, please consult with the Director of Training.

Please note that these guidelines closely match those in *JAMA*, Volume 265, No. 4 (see attached articles), and have been incorporated into the American Medical Association Code of Ethics.

Xerox

All residents have a photocopy allotment in the Medical Library. The allotment is 200 copies for the year. The Department asks all residents to use this allotment before using the Department Xerox machine.

The departmental Xerox machine is located in Room 7418 that is open from 8:00 a.m. until 5:00 p.m. The machine is self-explanatory-, however, if you have any questions or problems please ask Goodie Gibson for help. DO NOT ATTEMPT to "fix" the machine yourself - it is much too expensive in the long run! In order to use the machine, an identification number must be keyed in. Please see Child Psychiatry administrative assistant to get your number.

Parking

Residents are provided parking by the Hospital. To park in the UMC lot, please contact the Housestaff Office at 626-6691 for details. Parking in the patient lots is prohibited!

Telephone

When contacting physicians in state or out-of-state, the Physician's Resource Line can contact and place the call for you at no charge to the Department. Simply call 694-5868.

If you choose to place any out-of-state/city phone calls from the hospital or campus, you must be assigned a telephone ID number. Please be aware that each call is charged to your telephone ID number, your telephone extension, and to the Department. In other words, we have to pay for each call made. All long distance telephone calls are closely scrutinized, and only those calls which are patient related (not personal-professional) are authorized. If toll calls are made that are not patient related, you will be asked to reimburse the Department for those charges. If you need to place long distance calls not patient related from the Department please use your personal telephone calling card.

Room Reservations

Reservations for conference and group areas, Rooms 7408, 7325, 7406, and 7439 are made by the Child Psychiatry administrative assistant. These rooms are not to be used unless reserved through this office. Permanent reservations are taken for 6 months at a time and coordinated through the Child Psychiatry administrative assistant. All rooms should be locked after use and the lights turned off. Since the scheduling of these rooms is extremely heavy, we ask everyone to pitch in and please clean up the room after use. Discard any coffee cups, paper, etc., and arrange the chairs, sofas, etc. in a neat manner, and turn off the lights. If this is not done, the privilege of using the rooms will be lost. Reservations for room 7304C in the Child & Adolescent Psychiatry office area are made by the Child Psychiatry administrative assistant. Please check with her to make arrangements.

On-Call Room

The on-call room is located in 7325A. This room is provided for those residents who are on the General Psychiatry rotation and are required to remain in the hospital from 5:00 p.m. through 7:59 a.m. A television and VCR are provided for your use in Room 7325. This room must be vacated by 7:30 a.m. to allow housekeeping services to be performed. Use of this room during the day is prohibited as it interferes with meetings, group sessions, etc. that go on during the normal course of the day (8:00 a.m. through 5:00 p.m.). Child & Adolescent Psychiatry Emergency On-Call is not an "in-house" call, so there should be no need to use the On-call room.

APPENDICES

ACCREDITATION REQUIREMENTS FOR SPECIALTY TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY

Attached is a copy of the requirements issued by the Accreditation Council for Graduate Medical Education for accreditation for specialty training in Child & Adolescent Psychiatry.

PRINCIPLES OF MEDICAL ETHICS, AMERICAN MEDICAL ASSOCIATION

With annotations especially applicable to psychiatry,
With 1995 addendum

DUE PROCESS GUIDELINES

GME POLICIES AND PROCEDUES MANUAL