I. Introduction/Explanation of the Manual
This Program and Procedure Manual (PPPM) is referenced in your Fellowship Agreement with the University of Minnesota. This manual describes the policies, procedures and information that apply to you in your role as a trainee. Trainees are responsible for familiarizing themselves and adhering to the policies and guidelines contained in this manual. All information outlined in this manual is subject to periodic review and change. Revisions may occur at the program, medical school, or University of Minnesota level. The information contained in this PPPM pertains to all fellows in the department’s programs.

The Institutional Manual contains residency/fellowship policies, information and procedures that apply to all residents/fellows throughout the University of Minnesota Medical School. All materials are intended to be written in accordance with the Accreditation Council for Graduate Medical Education. Please note that the Institutional Manual and the PPPM are designed to work together. Information contained in the Institutional Manual is not replicated in the PPPM, though the latter might refer to the Institutional Manual for clarification. Please note that should information in the PPPM conflict with the Institutional Manual, the Institutional Manual takes precedence.

II. Department Mission Statement
The mission of the Department of Psychiatry is to educate University of Minnesota medical students, residents and fellows in the knowledge, skills and attitudes essential to the practice of psychiatry, to advance our understanding of the etiology, diagnosis and treatment of psychiatric disorders, and to serve residents of Minnesota through clinical expertise.

III. Program Mission Statement
The mission of the 12 month full time ACGME accredited fellowship program in forensic psychiatry is to provide clinical and theoretical training to residents in the specialty of forensic psychiatry. The educational focus of the program is to train psychiatrists who are able to offer psychiatric expertise in resolution of legal issues, provide direct care to patient populations in maximum security and corrections facilities and understand the legal regulation of psychiatric practice.

IV. RRC Program Definition
Forensic psychiatry focuses on interrelationships between psychiatry and the law (civil, criminal, and administrative), including the psychiatric evaluation of individuals involved with the legal system, or consultations on behalf of the third parties such as employers or insurance companies; the specialized psychiatric treatment required by those who have been incarcerated in jails, prisons, or special forensic psychiatric hospitals; active involvement in the area of legal regulation of general psychiatric practice; and, relate education and research efforts.
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Please refer to the Institution Policy Manual located on the GME website at:

http://hub.med.umn.edu/graduate-medical-education/policies-governance/graduate-medical-education-institution-manual

For University of Minnesota Graduate Medical Education specific policies, should policies in the Program Manual for Fellowship Addenda conflict with the Institution Manual, the Institution Manual takes precedence.

SECTION 1- STUDENT SERVICES

1.A University Pagers
The Fellowship Program in Forensic Psychiatry does not utilize pagers.

1.B E-Mail and Internet Access
Fellow e-mail addresses are not activated until initiation of the account with a password. This is completed at www.umn.edu/validate. Computer workstations are provided for each fellow in an office space so that they can access their e-mail and complete required RMS applications. It is expected that fellows will check their University e-mail account daily during the workweek. Required notices as well as surveys and requests are distributed through the University e-mail account.

1.C Campus Mail & US Mail
A campus and U.S. mailbox is located in the Division of Forensic Psychiatry office [F256].
Campus mail stop address: Department of Psychiatry, UMMC-Riverside, F282/2A West.
US Mail address: Department of Psychiatry, F282/2A West, 2450 Riverside Avenue, Minneapolis, MN 55454.

Physical Location address (for deliveries or giving directions): University of Minnesota Medical Center, Fairview, Department of Psychiatry, 2312 South 6th St., Minneapolis, MN 55454-1495

1.D HIPAA Training
The Health Information Portability and Accountability Act (HIPAA) training occurs during orientation. Protected health information (PHI) is information that can be used to identify an individual. It is created when a person has seen a health-care professional, been treated by one, or paid for health services. It can be spoken, on paper, or electronic. It is protected wherever the information is created or received. Under the federal Health Information Portability and Accountability Act (HIPAA), only the minimum information necessary for a specific purpose should be used or disclosed.
SECTION 2 - BENEFITS

2.A Stipends
Effective July 1, 2016, for Fellows in the Forensic Psychiatry Fellowship at the Department of Psychiatry, stipends are as noted below.

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>BASE STIPEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY5</td>
<td>$105,000</td>
</tr>
</tbody>
</table>

2.B Tuition and Fees
All residents/fellows (trainees) are registered as students at the University of Minnesota. Currently tuition and student services fees are being waived for trainees enrolled in Graduate Medical Education programs. Your access to student services will vary dependent on the student classification you are appointed to.

2.C Leave Policies
According to Fellow Review Committee Requirements (http://www.acgme.org/acWebsite/RRC_400/400_prIndex.asp), prior to entry into the program each fellow must be notified in writing of the required length of training. This length of training for a particular fellow may not be changed without mutual agreement, unless there is an extended leave of absence from the program.

The maximum cumulative amount of time a fellow may be away from the program for personal absences including vacation, sick and maternity leave during a single academic year without making up time should not exceed six (6) weeks per PGY year. At the discretion of the Training Director, in consultation with the Faculty Education Advisory Committee, absences beyond six (6) weeks may result in additional time being added to the projected date of fellowship completion.

*The Fellowship Director or designee must approve all time away (e.g. leave) from the Fellowship Program in writing.*

The fellow should submit any leave requests to the Fellowship Director *as early as possible* to allow flexibility in planning.

(1) Vacation and Time Off

✓ Vacation leave is earned each year as specified in fellow employment agreement with MN DHS (and as specified below) and must be taken in the year of service (July to June). Any vacation time that is not used at the end of each academic year will be lost and will not be paid out. A fellow does not have the option of reducing the total time required for the fellowship by foregoing vacation time.

Upon appointment, fellow will be credited with eighty (80) hours of vacation leave which will be reduced proportionately as vacation leave is accumulated. Vacation rates are determined by length of service as such the fellows are immediately eligible to accrue 6 hours of vacation per 80 hour pay period. However, "length of service" requirements may be adjusted to reflect credit for private sector experience directly related to the position or on initial entry to State service, to match vacation accrual provided by the fellow’s most recent employer. To receive prior service credit, fellows would be required to provide documentation from their current employer regarding their vacation package.
In addition to the vacation leave, fellows will also be credited with 80 hours (10 days) of sick leave. The sick leave credit will be reduced proportionately as sick leave is accumulated. Fellows are also eligible for holiday pay totaling 88 hours/year (11 days).

All Vacation and time off must be approved by Program Director and will be recorded and reconciled by the Fellowship Coordinator. The rotation supervisor(s) will be notified as soon as possible by the Coordinator. Although the rotation supervisor(s) does not need to approve the request fellows are encouraged to notify the attending ASAP as a courtesy. Vacation requests are prioritized according to when the written request is submitted to the Fellowship Director.

The Program Director may deny/revoke vacation or conference requests if extenuating circumstances occur which would significantly impact psychiatric care.

(2) Professional and Conference Leave
All trainees accrue 7 workdays of Conference Leave per year, no rollover. Request should be submitted to the Program Director ASAP or no less than 30 days. Title of conference, location and scheduled hours will be requested. A conference is defined as an organized presentation designed to enhance professional development that lasts at least five hours in a day including travel time. Conference time is not granted for self-study or for board preparation courses unless authorized by the program director.

Fellows will be provided expenses to attend the Annual Meeting of AAPL (American Academy of Psychiatry and the Law) and the Forensic Review Course immediately preceding the conference in their fellowship year. This meeting and course time will count towards the 7 workdays of Conference Leave specified above.

Fellows may apply for additional conference or professional leave which will be granted at the discretion of the Program Director.

Occasionally, required or elective rotations may include off-site educational activities or conferences; for example, attendance at a prolonged exposure training as part of a PTSD clinical elective or presenting a poster at a conference as the outcome of a research elective. These types of activities may not require use of a conference day, per the discretion of the program director.

UNSCHEDULED LEAVE POLICY
Fellows must notify the Fellowship Coordinator / Fellowship Director ASAP via email or telephone if they are unable to attend program assignments during normal weekday work hours. If you prefer to notify off-site contacts, indicate in the e-mail that you have already notified them. (The program coordinator’s office will contact the appropriate supervisors, peers and off site service setting.

In the title box, put the following - first name, last name and the word OUT

Sample – John Doe OUT

Include the following:

- Explain the problem
- When you expect to return
• Whether you will manage outpatient tasks from off site

2.D Policy on Effect of Leave for Satisfying Completion of Program
ACGME guidelines require 12 months of fellowship training in Forensic Psychiatry. The duration of training can be extended to complete program requirements missed because of leave or failure for academic reasons. Continuous leave for more than 6 weeks would ordinarily extend the training period.

2.E Benefits

Insurance Benefits
The employer (MN DHS) contributes toward benefits including health and dental for both employees and their dependents. Other benefits available to state employees include: life insurance, accidental death and dismemberment, short-term disability, long-term disability, deferred compensation, pre-tax programs for medical/dental, dependent care and transit expenses, direct deposit, credit union membership, and an employee assistance program. Information will be sent to fellows within a couple of weeks of their start date. In the meantime, fellows may visit the Minnesota Management & Budget (MMB) New Employee Orientation website at http://www.careers.state.mn.us/new-emp for benefits related information. After carefully reviewing this site and/or receiving benefits information in the mail, fellows may contact the MMB Call Center at (651) 355-0100 if you have specific benefits related questions.

Retirement:
As an eligible state employee fellows are required to participate in and contribute to the Minnesota State Retirement System (MSRS) defined benefits plan. There will be an automatic pre-tax employee deduction from the gross salary. The state will match fellows’ contribution. These rates are set by law and cannot be changed. For information regarding MSRS go to www.msrs.state.mn.us.

An additional way of saving for retirement available to fellows is via the Minnesota State Deferred Compensation Program. This is an optional retirement investment savings plan that allows fellows to set aside a portion of their income and accumulate it on a tax deferred, or pre-tax basis. There is also an option for an after-tax deferral. For more information regarding the deferred compensation plan go to www.mndcplan.com.

Health Care Savings Plan:
All fellows shall contribute 1% of their gross earnings subject to retirement into a personal Health Care Savings Plan account with the Minnesota State Retirement System each pay period. The contribution shall occur regardless of whether or not the employee’s position is retirement eligible.

Leave Eligibility:
Fellows are eligible to earn various types of leave including vacation leave, sick leave, and 1 floating holiday per fiscal year (July 1- June 30). As a new employee you may use accumulated vacation after completing 6 months of continuous service.

Fair Labor Standards Act (FLSA):
In accordance with the Fair Labor Standards Act (FLSA), this position is designated as Exempt. To learn more about the Federal Fair Labor Standards Act go to http://www.dli.mn.gov/LaborLaw.asp.

Social Security Number Verification:
The federal government requires that the name and social security number (SSN) listed on your social security card must be an exact match to the name and social security number listed in our payroll and HR system. You may be asked for verification.

2.F Professional Liability Coverage

Malpractice/Liability Insurance is not provided by the State of Minnesota, OHS, OCT and/or SOFS. However, employees named as defendants in civil suits are entitled to a legal defense and indemnification by the State for actions taken within the scope of their employment. The legal representation of State employees by the Attorney General's Office and indemnification of State employees in civil suits is governed by Minnesota Statutes Section 3.736. This statute, known as the Minnesota Tort Claims Act, provides that State employees named as defendants in civil suits are entitled to a defense and indemnification (an attorney and reimbursement of the amount of any costs, judgments or settlements of the case). The entitlement, however, is conditioned on:

- The employee's complete disclosure of the facts and cooperation in the defense;
- The absence of willful or wanton wrongdoing; and
- Certification by the appointing authority that the employee was "acting within the scope of employment ".

2.G Meal Tickets/Food Services

Meal Tickets/Food Service is not provided for fellows because no on-site call is taken.

2.H Laundry Services

Laundry Service is not provided for fellows.

2.I Parking

The resident/fellow will pay a $25 refundable deposit for a parking card that gives them complimentary access to the Riverside Campus Parking Ramps. The parking card may be disabled by a program representative per policy for failure to complete duty hour documentation in the RMS system or failure to complete clinical documentation in a timely manner.
2.J Education, Technology and Travel Funding
The program will reimburse fellows’ meeting and travel expenses to attend the annual meeting of the American Academy of Psychiatry and the Law. In addition, expenses will also be reimbursed to attend the three day long Forensic Psychiatry Review Course that is offered immediately prior to the above meeting. Appropriate documentation, including receipts will be required for reimbursement.

SECTION 3 - INSTITUTION RESPONSIBILITIES
Please refer to the Institution Manual for Institution Responsibilities at

SECTION 4 - DISCIPLINARY AND GRIEVANCE PROCEDURES

4.A Grievance Procedure and Due Process
The following is an outline of the general scheme proposed for the resolution of grievances which may arise within the fellowship program. Detail and clarification must be added as the various elements of these proposals are accepted or rejected or replaced with alternatives. These guidelines or policies are confined to the process within the Department of Psychiatry with the assumption that appeal of the final action or decision coming from the intradepartmental process will remain a viable option once the departmental grievance process has been completed.

(1) Principles
-Definition of the legitimate areas of disagreement to be covered by these procedures.
-Provision of ascending levels of recourse with potential for final resolution of the conflict at each of these levels without prejudice to any rights of the involved individuals.
-Adherence to the principles of due process, academic freedom and fairness.
-Procedures to be readily available and expeditiously executed.
-Inclusion of a system of advocacy.
-Process to be fully documented.

(2) Grievance Committee for the Forensic Psychiatry Fellowship Program
-The committee is ad hoc, appointed by the head of the department with representation of faculty, and affiliated hospital if pertinent, and one or all of three program level ranks of the fellowship program.
-All actions of this committee are considered advisory to the head of the Department of Psychiatry.
-All actions of this committee are by a simple majority vote with a quorum present. A quorum consists of one-half of all the named members of the committee, plus one.

(3) Areas of Potential Grievance Covered by these Guidelines
The areas of possible grievance to be resolved by the following procedures will include, but not be limited to, the following:
-Evaluation of resident performance by the faculty.
-Assignment or definition of house staff duties.
-Interpretation and implementation of other policies and guidelines, such as those included in this document.
-Fellow-Fellow conflicts
-Fellow- Faculty conflicts.

(4) Potential Parties to the Process:
-Principals in the complaint.
-Mentors, as advisors and advocates.
(5) Grievance Resolution Process
As defined here, resolution will be considered an outcome deemed acceptable to the principals to the complaint. When resolution is reached, no further steps in the process will be taken and the matter will be considered closed. This policy assumes that any single principal to the grievance retains the right to carry the process forward by denial of resolution, and to appeal the intradepartmental decision to extra-departmental grievance procedures.

Steps in the process:
(i) Review of complaint with mentor or other ad hoc advisor.
   **Outcome**: resolved OR taken to step (ii)
(ii) Informal discussion with other persons deemed appropriate by parties to the complaint.
   **Outcome**: resolved OR taken to step (iii)
(iii) Formulation of a formal written complaint.
(iv) Forwarding of complaint to the grievance committee, with copies to principals to the complaint and to the head of the department.
(v) Committee review of the complaint with consultation and written minutes, but without tape recording.
   **Outcome**: resolved with report to the head of the department OR taken to step vi
(vi) Department head reviews the grievance committee actions and recommendations and then advises the parties to the complaint of his decision as to the dispensation of the complaint action.
   **Outcome**: resolved OR taken to step (vii)
(vii) Appeal to the Medical School and the appropriate extra-departmental grievance process.

SECTION 5 - GENERAL POLICIES AND PROCEDURES

5.A Program Curriculum

Included in these core rotations will be time set aside for:

Didactic coursework is offered year round with the most updated version below. If there are changes, these will be given directly to fellows as they occur.

To access the Forensic Psychiatry fellowship’s didactic schedule please follow the directions below. The Forensic psychiatry fellowship didactic schedule is found on the Forensic Psychiatry google calendar. This can be linked to either your personal gmail account or your U of MN X500. To link this to your Gmail account please follows these instructions:

Login to your Gmail account.
At the top of the screen click on calendar.
You will find the calendar under my calendar. If you don’t see it listed please check under other calendars. You will find it under C and A Fellow Didactic Schedule.
5.B Didactic Attendance Policy
The Fellows will complete a weekly written Attendance Log Form and submit to the coordinator as needed. The log will indicate date, whether class was held and status of each assigned fellow (present or absent). Present will mean attendance for at least 2/3rds of the teaching activity.

Ad hoc sick leave (not associated with maternity leave), conference leave, administrative leave and post-moonlighting are not approved justifications and will be considered absences. Maternity leave, extended medical leave that exceeds the 15 day yearly allotment, and Family Medical Leave are not covered by this policy. These situations will be considered on a case by case basis by the Program Director and the fellow.

Fellows must have attended 70% of class activities that take place minus scheduled vacation days, structural duty hour absences. If attendance falls below 70% in a particular quarter the fellow will be placed on academic probation and their case will be referred to the Faculty Education Advisory Committee for discussion and action.

5.C Program Goals and Objectives
The full list of Program Goals and Objectives is provided to the fellows in this manual, please see section titled: Goals and Objectives: Rotations.

5.D Goals and Objectives for Teaching Medical Students
Fellows are an essential part of the teaching of residents and medical students. The goal of our trainees is to act as mentors and add to the training experience of current residents and to prepare medical student to recognize, diagnose, and care for patients with psychiatric disorders encountered in forensic psychiatric settings.

- The student will learn the applications and limitations in psychiatric practice of major diagnostic tests and procedures including laboratory tests, neuroimaging tests, psychometrics, and electroencephalography.
- The student will be able to recognize psychiatric emergencies (e.g., suicidal, violent, or delirious patients; withdrawal symptoms) and be familiar with their management. In particular, the student will develop a repertoire of questions and interpretive skills sufficient to permit estimation of the likelihood of suicide and methods of safeguarding against it.
- The student will learn the principles of giving and receiving consultation from other physicians and to cooperate with social service agencies.
- The student will learn the basic processes of judicial commitment in Minnesota and other basic forensic issues.
- The student will learn to effectively utilize the processes of patient education, reassurance, and support. The student will learn indications for, and gain some familiarity with, other psychological interventions.
- The student will be able to describe the clinical presentations, course, and prognosis of the following disorders with special emphasis on findings discriminating among them:
  - Affective disorders
  - Anxiety disorders.
  - Organic mental disorders, especially delirium and dementia.
  - Personality disorders, especially antisocial personality
  - Somatoform disorders
  - Schizophrenic disorders.
  - Substance use disorders
- The student will become familiar with somatic treatments:
Common pharmacologic treatments, including indications, contraindications, and side-effects of antianxiety agents, antidepressants, antipsychotics, and sedative-hypnotics.

- Electroconvulsive treatment indications and effects.

The student will become familiar with common psychiatric disorders in the forensic psychiatric population.

**5.E Training and Graduation Requirements**

(1) **Length of Program**
   - A complete fellowship in Forensic Psychiatry is 12 months.
   - The one year of full-time, specialized training in Forensic Psychiatry may be taken in no more than two training programs, with a minimum of six months of training in one program and the remaining months of the other program.

(2) **Requirements for Graduation:**

- Fellows must meet all requirements of the American Board of Psychiatry and Neurology, which will allow them to sit for forensic psychiatry boards.
- Applicants for certification in forensic psychiatry must be certified by the Board in General Psychiatry by December 31 of the year prior to the examination.
- Fellows must have satisfied the requirements for the forensic psychiatry program as set forth by the Faculty Education Advisory Committee, acting in conjunction with the University Graduate Medical Education Committee.
- The fellow must be in good standing with no ethical problems or concerns about professional competency.
- The fellow must have satisfactory grades in all rotations, and have performed satisfactorily in didactic courses at each level of training.

(3) **Program Structure**

- The 12 months has the following clinical rotations:
  - Inpatient Rotation (One day per week for 12 months) in the various programs at the Minnesota Security Hospital at St. Peter Regional Treatment Center.
  - Forensic Psychotherapy Rotation (half day per week for 6 months) at the St. Peter Regional Treatment Center.
  - Outpatient Forensic Clinic Rotation (half day per week) at the St. Peter Regional Treatment Center.
  - Law and Psychiatry Rotation (One day per week) at the University of Minnesota Medical Center.
  - Court Clinic rotation at the Fourth Judicial District Psychological Services in Hennepin County (half day per week).

In addition, didactics training will occur in different seminars and conferences throughout the week. Didactic schedules will be provided to the fellow at the beginning of the training year.

**5.F Scholarly Activity**

(1) All fellows will participate in weekly self-directed learning activities scheduled during the afternoons in which fellow didactics take place. In addition the Research and Scholarship Seminar which will be held weekly for 1.5 hours is dedicated to scholarly development. Fellows are required to develop one scholarly project that they will execute with faculty assistance during the fellowship year. Towards the end of the program fellows will present the results of their project in the Research and Scholarship Seminar and will also be encouraged to submit their results in peer reviewed publications. Fellows will be provided with an evaluation of the presentation by the faculty mentor.
(2) Fellows are encouraged to attend Psychiatry Grand Rounds at the Department of Psychiatry which are held weekly.

5.G ACGME Competencies

The forensic psychiatry fellowship program adheres to the general competencies to assess fellow progress. Goals, objectives and observations by supervisors are organized according to the six areas of competency.

The overall goals of the fellowship program are as follows:

Patient Care: Fellows must be able to perform thorough, objective and accurate forensic evaluations and to provide appropriate, effective and compassionate clinical care in forensic treatment settings.

Medical and Legal Knowledge: Fellows must become knowledgeable regarding psychiatric evaluations in legal settings, current legal regulation of psychiatric practice and the structure and function of the court system.

Practice Based Learning and Improvement: Fellows must demonstrate the ability to appraise their performance of forensic evaluations and patient care, acquire new scientific and legal data, and continuously improve their practice based on this new evidence.

Systems Based Practice: Fellows must understand the needs of the legal system for psychiatric evaluations in civil and criminal cases, as well as the system of mental health care delivery to psychiatric patients in the forensic psychiatric settings.

Professionalism: Fellows must demonstrate a commitment to carrying out professional responsibilities, adherence to ethics principles and sensitivity to vulnerable populations.

Interpersonal Skills and Communication: Fellows must develop interpersonal and communications skills with patients, evaluatee, collateral informants, health professionals and court personnel that result in effective exchange of information both orally, and in written reports.

5.H Duty Hours

The Forensic Psychiatry Fellowship Program at the University of Minnesota is committed to ensuring that all fellows are compliant with the most recent [Common Program Requirements – Effective: July 1, 2016] duty hour requirements set forth by the ACGME as well as the Faculty Education Advisory Committee (FEAC). Importantly these guidelines require that external moonlighting be counted in terms of the 80 hour rule and that the duty period must not exceed 16 hours in duration.

Fellowship training and duty hours will be limited to Monday to Friday from 8am to 5pm. This can be extended by individual supervision, clinical conferences or tasks related to patient care as long as duty hour regulations set forth by the ACGME are not violated. The Fellowship Program in Forensic Psychiatry does not require fellows to be on call after hours or on weekends. Fellows are expected to be on site first responders to their clinical rotations.

Non emergent patient care tasks that become known during assigned didactics should be attended to either between or after didactics. They are not a sufficient reason to be absent from didactics.
In rare instances fellows may remain past their duty hours’ limit of their own accord to care for a single patient. Acceptable reasons to work beyond duty hours are limited to required continuity of a single severely ill or unstable patient, academic importance of events that are transpiring, or humanistic attention to the needs of a patient or family. In these situations the fellow will hand over care of all patients and document the reason for remaining to care for the individual patient. This documentation must be mailed to the Program Director. The program director will review all comments during the regular duty hour review process.

Program compliance with duty hour requirements will be monitored using the following methods:

(1) Annual University of Minnesota Graduate Medical Education Committee survey of duty hours.

(2) Annual ACGME Fellow Survey generates confidential reports from fellows regarding duty hour compliance.

(3) Duty Hour Violation Reports will be generated by the Program Coordinator after review of fellow time sheets. These reports with annotation by the Program Director will be maintained as a continuous log in the coordinator’s office.

Violations of these guidelines will be reported to the file and may result in a report of a negative event to the fellow’s permanent academic file.

This policy is consistent with the Institutional Policy Manual of the University of Minnesota Graduate Education Committee.

5.I Milestones Evaluation and Resident Promotion based on ACGME Competencies
The fellowship program adheres to the general competencies to assess resident progress. Fellows are assessed on the following six areas of competency.

The six competencies are:

- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

Fellows will be evaluated on the Milestones in Forensic Psychiatry evaluation format developed jointly by the ACGME and the ABPN at least on a 6 monthly basis. At the successful completion of fellowship training fellows will be provided with a summative evaluation documenting performance during the final period of education and verifying if the fellow has demonstrated sufficient competence to enter practice without direct supervision.

5.J Program Evaluation
As required by the ACGME, The Fellowship Program is evaluated formally on an annual basis by the Program Evaluation Committee (PEC) and a formal Annual Program Evaluation (APE) is generated by the Program Director. The Institutional requirements and charter is presented separately by the U of MN Graduate Medical Education Committee (GMEC).

PEC members and charter:
<table>
<thead>
<tr>
<th>ACGME Common Program Requirement</th>
<th>Summary</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>VC core</td>
<td>Program Evaluation and Improvement</td>
<td>The Program Director and Program Coordinator must know and be able to apply the Common Program Requirements and their Program Requirements in the Psychiatry Residency Program</td>
</tr>
<tr>
<td>VC1, VC1a1 core</td>
<td>Program Director must appointment the PEC (required: Program Director 2 Full-time program faculty, 1 Resident/fellow)</td>
<td>As appointed by the Program Director, PEC members will be the Program Director, one clinical faculty member and one fellow and the Fellowship Coordinator. The Program director serves as chair of the committee and is responsible for assessing for a quorum, developing the agenda, bringing new or revised policies to the Residency Training Committee (RTC), and completion of the annual program evaluation report. A quorum shall consist of at least two of four members, if less than two members are available, the meeting will be cancelled. The PEC meets weekly for one hour. This PEC charter was developed by GME Administration in consultation with the GMEC and edited by the Psychiatry Program Director.</td>
</tr>
<tr>
<td>VC1a2</td>
<td>Develop a written description of responsibilities</td>
<td>See VC1a3, VC2, VC2a-VC2e for list of responsibilities. The PEC also responsible for responding to special reviews if GMEC determines a special review is warranted.</td>
</tr>
<tr>
<td>VC1a3 detail</td>
<td>Actively participate in:</td>
<td>The psychiatry Residency PEC members actively participate in: Planning, developing, implementing, and evaluation education activities of the program. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives. Addressing areas on non-compliance with ACGME standards; and</td>
</tr>
<tr>
<td>VC2</td>
<td>Annual formal documentation of Annual Program Evaluation (APE)</td>
<td>The Program Director, with assistance from the PEC will document formal, systematic evaluation of the curriculum annually, and will render a written and Annual Program Evaluation (APE) report.</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
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</tbody>
</table>
| VC2a-VC2e | The Program must monitor and track specific elements. | The components of the APE will include: 
- Resident performance as determined by components of the Evaluation Methods Grid. 
- Faculty development 
- Graduate performance, including performance of program graduates on the ABPN certification examination 
- Program quality 
- Residents and faculty annual confidential survey evaluations. 
- The PEC will use results of the resident and faculty assessments of the program together with other program evaluation results to improve the program determine a set of action items on which to improve the program during the following academic year. 
- The APE will report on progress on the previous year’s action plans 
  
Required metrics will be developed by GME Administration in consultation with the GMEC. 

The PEC must use GME Admin/GMEC metrics to monitor and track program quality. |
| VC3 | PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section VC2 as well as delineate how they will be measured and monitored | The Fellowship Program Director and PEC will use the APE report outline template developed by GME Admin in consultation with the GMEC |
| VC3a | The action plan must be reviewed and approved | The APE report, including action plan, will be presented for approval to the RTC and documented in the meeting minutes at |
The Fellowship Program will provide the APE report (that includes an action plan) to the GMEC annually.

5.K Evaluation and Fellow Promotion
Systematic evaluation of knowledge, skills and professional growth of each fellow is performed twice yearly by the Faculty Education Advisory Committee (FEAC). Written summaries are generated and are the basis for promoting fellows to positions of greater responsibility. These evaluations are provided to the fellow in a timely manner and they are discussed in twice yearly meetings with the program director. During this meeting, the fellow's strengths and weaknesses are discussed, and an attempt is made to explore ways that the fellow can more effectively participate in the training process. Throughout the academic year, the training director is available to meet individually with fellows as difficulties or problems are encountered.

Fellows are observed and evaluated on each rotation in an evaluation of clinical skills covering the core competencies set forth by ACGME.

On any fellow’s departure from the program, the program director prepares a letter describing the nature and length of the rotations for which the fellow has been given credit. When the fellow leaves the program (including by graduation), the program director affirms in the record that there is no documented evidence of unethical behavior or unprofessional behavior or a serious question of clinical competence.

Fellow evaluation is conceptualized as a dynamic process in which there is frequent communication between the fellow and supervisor. We feel strongly that it is important for the fellow to receive guidance at the time of their clinical or didactics experience, rather than being entirely dependent upon a formal review process at the end of a rotation cycle. At the conclusion of each rotation or formal didactic experience a supervisor evaluation of the fellow is completed.

Ongoing evaluation of the fellow is completed within the setting of the Faculty Education Advisory Committee (FEAC). Twice a year during these meetings a comprehensive review is made of fellow's progress. At that point, a final recommendation is made regarding the fellow's continuing academic progress.

Fellows will use RMS, a web-based system, to evaluate their attending physician, supervisor, their specific rotation, the site, didactics, and lecturers.

Fellows are notified each month via email that they have evaluations to complete. Once notified, fellows can access computers at each hospital site or from home and can log onto the Internet to complete their evaluations.

Supervisors will be able to view information on themselves after three or more evaluations have been completed by a fellow or medical student. The information will be an accumulation of comments rather than individual comments to guarantee anonymity for the fellows and medical students. Fellows and medical students will be able to view an evaluation on themselves completed by a supervisor once that fellow or medical student has completed an evaluation on that particular supervisor.

5.L On Call Schedules
Fellows do not provide call coverage. Internal and external moonlighting must be approved by the Program Director. The Program Director determines the cause and solution for any violation.
5.M On Call Rooms
Fellows do not provide call coverage so there is no on-call room for them.

5.N Support Services
There are no dedicated secretarial services available to fellows. There are computers available with software to support most needs. For projects that may require additional support, please see the Forensic Psychiatry Fellowship Coordinator.

5.O Laboratory/Pathology/Radiology Services
There are in-hospital laboratory, pathology and radiology services available for patient care. The lab is open 24-hours a day.

5.P Medical Records
Fellows will be trained in using the Electronic Medical Record at St. Peter Regional Treatment Center for inpatient activities. Medical records may be accessed 24 hours a day through the electronic medical record.

5.Q Security and Safety
UMMC has an in-house security staff. Campus Courtesy phones located throughout the campus can be used to report emergencies or to request assistance. Dial 9-1-1- or 888 for security. To reach Campus Police dial-6000. Escort service is also available 24-hours a day on the Riverside Campus by dialing 612-273-4544.

The Fellowship Program acknowledges the utmost importance of promoting a safe and healthy training environment with the goals of minimizing the risk of injury in training, providing procedures to report unsafe training conditions, and providing mechanisms to take corrective action.

Forensic Psychiatry fellows undergo safety training as part of their orientation, including techniques to de-escalate anger and aggression. All forensic psychiatry fellows’ experiences of verbal threats, physical intimidation, and physical assault by patients are monitored and reported to the Training Office. In case of an assault:
(1) The forensic psychiatry fellow notifies their primary attending at the appropriate training site.
(2) The primary attending works with the psychiatry fellow to decide if a medical evaluation is indicated. At that time a decision is made whether the fellow should continue with their duties or be discharged for the remainder of the day or call.
(3) The primary attending then notifies: the Vice Chair for Clinical Affairs, the program chief fellow and the training director.
(4) The chief of clinical service considers an alternative disposition and/or provider for the patient who initiated the threat or assault. The patient is assessed for continuous dangerousness.
(5) The training program immediately assesses the fellow’s needs following an assault (with more serious events requiring a more prompt response). The training program in collaboration with the fellow will assess whether ongoing supervision with a chosen supervisor or a referral for psychiatric evaluation and/or care is indicated. In addition, the training director with the chief fellow may determine whether provision of debriefing and support for all fellows in the program is indicated.
(6) The training program coordinates administrative issues that may arise such as scheduling time off or changing the call schedule. The training office checks that these procedures have been followed and addressed, so that the burden is removed from the fellow.

5.R Critical Incident Post-vention Procedures
These procedures were developed with the intent of providing a supportive response to patient suicide, however similar procedures will be utilized in response to other critical incidents as determined by the Program faculty.
1) Fellow learns of patient death
2) Fellow contacts responsible attending
3) Fellow contacts Chief Resident
4) Chief Resident will:
   a. Notify training director of event
   b. Meet 1:1 with the affected fellow to provide support and guidance
   c. Assist affected fellow in selecting a supervisor from the Resident Support Team to provide support and answer questions, if so desired by resident
   d. Facilitate discussion with affected fellow’s class (or a subset) in consultation with Resident Support Team leadership, if so desired by fellow.
5) Contact patient family after some reflection and discussion with your supervisor
   a. Should be brief (10 minutes) where the fellow tells the family they are very sorry for their loss
   b. Consider sending condolence letter with support materials from the American Foundation for Suicide Prevention, http://www.afsp.org
6) Optional: Contact resident attorney Keith Dunder: dund001@umn.edu, (612) 626-3700 or VA Regional Counsel, 612-467-5900
7) Optional: Contact county medical examiner (they may contact you, no ROI needed)
   a. Ramsey Co Medical Examiner 651-266-1700
   b. Hennepin Co Medical Examiner 612-215-6300
8) M&M by resident, faculty member, or Chief. Ideally within 1-3 months of incident.
9) Consider taking a day off to reflect

5.5 Moonlighting
According to RRC Guidelines the fellowship program should not allow activities outside the program that interfere with education, clinical performance, or clinical patient care responsibilities related to training. Such activities would include all moonlighting [both internal and external, whether on site or home call] commitments and accordingly, fellows will provide accurate information about such activities and will obtain approval from the program prior to engaging in moonlighting.

A Moonlighting form must be completed and approved prior to initiation of a moonlighting activity and should be resubmitted if the maximal number of hours per 4 week period changes. One form should be submitted for each moonlighting site. (link below)

http://www.dom.umn.edu/prod/groups/med/@pub/@med/@dom/@hot/documents/asset/med_asset_466466.pdf

Moonlighting activities should not overlap with training activities or schedules [i.e. involve clinical responsibilities (clinical phone calls) during normal work hours]. They should not take the fellow away from service duties during normal work hours. Normal work hours are defined as 8am – 5pm Monday through Friday excluding vacations and holidays.]

Internal moonlighting is an activity involving patient care responsibilities of any sort (research or clinical) for which trainees are paid that takes place at a training site of the program [UMMC- Fairview, St. Peter Regional Treatment Center, Anoka Metro Regional Treatment Center].

External moonlighting is patient care activity for which you are paid at a non-training site for this program. All moonlighting, internal and external, in-house or home call must be reported in writing to the Program Director. All moonlighting activities count towards the 80 hour work week limit averaged over a four week period.

Moonlighting is not allowed on weekdays between 8:00 a.m. and 5:00 p.m. as residents are expected to be involved with residency matters during that time.
Fellow moonlighting activities are not covered by malpractice insurance. The moonlighting employer must provide malpractice insurance. Moonlighting is not allowed on weekdays between 8:00 a.m. and 5:00 p.m. as residents are expected to be involved with fellowship matters during that time.

5.T Supervision

Clinical training must include adequate, regularly scheduled supervision which complies with ACGME regulations. Each Fellow must have at least three hours of supervision weekly, one of which should be one on one psychotherapy or competency supervision. Supervision covers not just clinical issues, but also addresses the six core competencies as well as career development. Direct supervision is also provided at each rotation site.

With regards to fellows’ responsibilities for patient care and progressive responsibility for patient management the following policies will apply:

Responsibility and Authority for Patient Care

Fellows will be given supervision at the appropriate level of clinical skill for their training.

All fellows will be assigned a supervisor at the time of assignment to either a clinical rotation or on-call experience.

The attending psychiatrist seeing the patient with the fellow maintains direct clinical responsibility and authority over the care of the patient.

Both fellows and attending physicians should inform patients of their role in the patient’s care. Should Fellows have difficulty obtaining supervision after hours, or in an emergency situation, fellows may contact the Site Director or Program Director, all of whom are available by cell phone. Such situations are highly unlikely, given that there is no afterhours call.

The Program Director will maintain communication with the fellow to monitor level of supervision, as well as with the Site Director for each Site.

Responsibility and Authority for Forensic Evaluations and Testimony

Fellows will be given appropriate supervision when conducting forensic assessments.

All forensic assessments will be supervised either directly or indirectly by a faculty member, who will make the decision whether supervision for a particular case will be direct or indirect.

All forensic reports written by fellows must be reviewed by the faculty member that is assigned to the case.

In situations where the fellow’s opinion differs substantially from the supervisor’s opinion, the case must be referred for a case conference, or additional attending supervision.

Fellows may not discuss their forensic opinion with referral sources prior to discussing their opinion with the supervising attending.

Fellows are expected to be available for testimony related to forensic cases they are assigned to during fellowship only if such testimony is scheduled to occur during their fellowship year. Should testimony be required after the fellow completes
the fellowship, any arrangements for the fellow to testify will be made individually by the fellow and attorney, independent of the Fellowship training program.

Fellows are not allowed to engage in independent contract arrangements for forensic work during their forensic psychiatry fellowship. All contracts or requests for fellows to perform forensic evaluations for public or private agencies, offices, hospitals, or individual attorneys, irrespective of the geographic location, will require review and approval from the Program Director.

**Graded Responsibility**

The program will utilize milestones based evaluations to assess fellows' skills and competence.

At the commencement of the fellowship year, all fellows will begin their learning with didactics and by observing faculty supervisors in their clinical cases. During this time faculty supervisors will monitor and grade the fellows' progress.

Fellows will begin clinical work under close supervision while they transition through stage 1 and 2 of their milestones. Once the fellows have reached stage 3, they will progressively be handed authority and responsibility with a reduction in supervision.

Fellows will function in a nearly independent capacity with minimal supervision when the program faculty is assured that the Fellow has reached a Milestone score of 4, which is also the minimum score required to graduate successfully from the program.

Throughout the year all the fellows work product (for example treatment decisions, reports, opinions to court) will be finalized only upon faculty supervisor's approval.

**Conflict of Interest**

Fellows should avoid providing clinical care to individuals they have previously evaluated for forensic purposes. Similarly, fellows should avoid conducting forensic assessments for individuals they have previously treated as patients.

The Site Director or Program Director should be made aware of potential conflicts of interest as soon as identified, so that alternative arrangements can be made, or cases re-assigned if necessary.

**Credentialing of Supervisors**

All supervising faculty must hold appropriate faculty appointment with the University of Minnesota, School of Medicine. This is monitored yearly by the Program Director.

**5. U Monitoring of Fellow Well-Being**

It is the responsibility of the fellowship program to monitor fellow well-being. This is done through graded responsibility and face-to-face supervision. The program director receives feedback from supervisors, course directors and hospital and clinic staff at least twice a year. The RMS evaluation form completed by faculty contains specific items regarding magnitude of service demands and the individual fellow’s fatigue and stress level. The fellow is surveyed in RMS after each rotation regarding levels of program related stress and personal stress.
5.V Fatigue and Work Conditions
Fellows will be educated about the negative effects of fatigue on patient care and learning, including the specific skills of alertness management and fatigue mitigation processes during the required Institutional Orientation conducted by the University of Minnesota Graduate Medical Education Office. Educational modules are also available on the Psychiatry Moodle Website. Fellows are encouraged to adopt fatigue mitigation processes when necessary. In the case of fatigue during a duty shift, or when patient care responsibilities are unusually difficult or prolonged, back-up service may be arranged by contacting the faculty supervisor or program director.

5.W Graded Responsibility
The program will utilize milestones based evaluations to assess fellows' skills and competence. At the commencement of the fellowship year, all fellows will begin their learning with didactics and by observing faculty supervisors in their clinical cases. During this time faculty supervisors will monitor and grade the fellows' progress. Fellows will begin clinical work under close supervision while they transition through stage 1 and 2 of their milestones. Once the fellows have reached stage 3, they will progressively be handed authority and responsibility with a reduction in supervision. Fellows will function in a nearly independent capacity with minimal supervision when the program faculty is assured that the Fellow has reached a Milestone score of 4, which is also the minimum score required to graduate successfully from the program. Throughout the year all the fellows work product (for example treatment decisions, reports, opinions to court) will be finalized only upon faculty supervisor's approval.

5.X ACLS/BLS/PALS Certification Requirements
Certificate training in BLS will be provided to the fellows during orientation at St. Peter Regional Treatment Center.

5.Y University of Minnesota Medical Center Hospital Dress Code Policy
All designated individuals shall wear a photo identification badge issued by the medical center. The photo identification is to be worn above the waist, with the photograph visible, and with no alteration to the photo or information on the badge. It is to be worn at all times except when removal is necessary for safety during Behavioral Control procedures. Good personal hygiene is required. Footwear and stockings will be worn at all times on inpatient units. Stockings are optional in outpatient programs. Clothing must be consistent with a professional image appropriate to a health care setting. Clothing is to be neat, pressed, clean, non-transparent and will comfortably allow full range of motion. Scrubs are acceptable but should be distinct from the type given to our patients. Clothing that exposes midriff, hips, lower back, buttocks, breasts, chest, cleavage, and underwear of all types are unacceptable in the workplace. In addition the following items are not to be worn: halter tops, tank tops, sweat pants, shorts, workout clothes, shirts with pictures, symbols or writing beyond brand identification and clothing that is un-hemmed, torn, frayed, ripped or in disrepair. Tattoos which have disturbing, violent, provocative, or frightening content are not to be visible. Jewelry including piercings must be limited for safety and must present a professional image to our patients, families, and others. Artificial fingernails, enhancements or extenders are prohibited for direct physical caregivers. Anything applied to nails other than polish is considered an enhancement. This includes, but not limited to artificial nails, tips, wraps, appliqués, acrylics, gels and any additional items applied to the nail surface. Gloves are not an acceptable alternative. It is each employee’s responsibility to adhere to these guidelines. It is not practical to attempt to delineate every unacceptable clothing option. Managers will intervene when they have a concern that the goals of safety, infection prevention, professionalism and healing environment are being compromised by dress choices of questionable taste or appropriateness. Intervention may include counseling, corrective action or requiring the employee to change into scrubs.

5.Z House Staff Substance Use/Abuse Policy
It is the policy of the University of Minnesota that University personnel will be free of controlled substances. Chemical abuse affects the health, safety and well being of all members of the University community and restricts the ability of the University to carry out its mission. Similarly, the Department of Psychiatry recognizes that chemical/substance abuse or dependency may adversely affect the physician-in-training’s ability to perform efficiently, effectively and in a
professional manner. The department believes that early detection and intervention in these cases constitutes the best means for dealing with this social problem and creates the best environment for providing improved patient care. Accordingly, the following policy has been adopted.

(1) No fellow shall report for assigned duties under the influence of alcohol, marijuana, controlled substances, or other drugs including those prescribed by a physician that affect his/her alertness, coordination, reaction, response, judgment, decision-making abilities, or adversely impact his/her ability to properly care for patients.

(2) Engaging in the use, sale, possession, distribution, dispensation, transfer or manufacture of illegal drugs or controlled substances may have a negative impact on fellow’s ability to perform his/her duties; therefore, no fellow shall use, sell, possess, distribute, dispense, transfer or manufacture any illegal drug, including marijuana, nor any prescription drug (except as medically prescribed and directed) during working hours, while on rotation at any hospital or institution participating in the training program.

(3) Any violation of this policy may subject the fellow to discipline including, but not limited to, suspension and/or termination.

(4) When there is reasonable cause to believe that a fellow may be using, selling, possessing, distributing, dispensing, transferring, or manufacturing any illegal drug, controlled substance, or alcohol, the fellow may be required to undergo medical evaluation and assessment. The fellow’s ability to continue participation in the program will be determined by the Residency Program Director in consultation with attending faculty or the Residency Training Committee and the chairperson on the department. Actions may include, but are not limited to, recommendation for treatment and return to duty, suspension from duty with pay, suspension from duty without pay, and/or termination.

(5) Depending upon the circumstances, the department may notify appropriate law enforcement agencies and/or medical licensing boards of any violation of this policy.

(6) Fellows who are convicted of a criminal drug statute violation (including DWI, boating tickets, etc.) are required to inform the Fellowship Program Director or Fellowship Training Committee or department head of the conviction (in writing) within five (5) calendar days thereof.

(7) Other fellows who have reasonable cause to believe that a colleague is using a substance that adversely impacts on the fellow’s performance in the training program must report the factual basis for their concerns to the Fellowship Program Director.

(8) If a fellow is taking a medically authorized substance which may impair his or her job performance, the fellow must notify his or her supervising fellow, chief fellow, attending faculty, or the Fellowship Program Director of his or her temporary inability to perform assigned duties.

(9) Fellows are encouraged to seek assistance in addressing any problems they might have related to alcohol or substance abuse. The Fellow Assistance Program is available to all fellows and their families. (Please refer to Institutional Manual for contact numbers and descriptive information on these programs.)

(10) Fellows must be aware that there are significant criminal penalties, under state and federal law, for the unlawful possession or distribution of alcohol and illicit drugs. Penalties include prison terms, property forfeiture, and fines.

5.AA Rules and Guidelines for Medical Students, Residents and Fellows on Interactions with Industry Representatives
The Medical School, Graduate Medical Education Committee, Department of Psychiatry and the University of Minnesota do not have specific policies regarding interaction with industry representatives (hereafter representatives). There are no restrictions regarding the access of representatives to public areas that are assigned to the Department of Psychiatry.

Trainee – representative interactions are not specifically monitored. The program expects the fellows to regulate their interactions with attention to the following rules and guidelines.

- Personal information (pager, address, cell phone) about students or fellows should not be distributed to representatives.
- Representatives should not be given access to the fellow’s offices.
- Students and fellows should not take paraphernalia bearing the name of a product into patient care areas (this includes notebooks, pens, clipboards, etc.).
- Students and fellows should not personally solicit or accept gifts or monetary support from industry sources.
Support for educational materials/activities obtained from industry sources should be negotiated on behalf of all fellows (or a specific class) by the Chief Fellow (in consultation with the Program Director) and will be distributed by the program coordinator. Industry representatives are advised that acceptance of such support does not constitute an agreement for fellows to meet face to face with representatives (i.e. hand them the book, etc). No discussion with representatives should violate patient confidentiality.

Educational activities intended for fellows (outside speakers, videoconferences, etc) conducted on campus that are organized and supported by representatives must be arranged through the Chief Fellow. At the discretion of the Chief Fellow a faculty member or member of the UMMC pharmacy staff may be invited to participate as well.

5.BB Visa Sponsorship
The J-1 alien physician visa sponsored by ECFMG is the preferred visa status for foreign national trainees in all UMN graduate medical education programs;

More information on the J-1 visa can be found on the UMN-GME webpage:

http://www.med.umn.edu/gme/international/JVisaInfo/home.html

An H1-B visa will considered on a case by case basis and is subject to availability and funding.

SECTION 6 - ADMINISTRATION

6.A Department and Program Administrative Contact Lists

<table>
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Program Policy & Procedure Manual
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<td>Vinogradov</td>
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**Child Psychiatry Faculty**

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</table>

*717 Delaware

**Psychiatry Department Telephone List (STAFF)**

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Program Policy & Procedure Manual
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</table>

Fellows will be provided with a State of Minnesota Holiday and Payroll Calendar at orientation.

SECTION 7-GOALS AND OBJECTIVES: ROTATIONS

Minneapolis Judicial Branch
Fourth Judicial District Court
Psychological Services Division

Goal:
1. Fellows will be able perform thorough, objective and accurate forensic evaluations

Objectives:
1. Fellows will assume responsibility for cases and be actively involved in decision making
2. Fellows will develop and exercise sound clinical judgment in synthesizing and integrating clinical data into forensic opinions

Goal:
1. Fellows will become knowledgeable regarding psychiatric evaluations in legal settings, current legal regulation of psychiatric practice, and the structure and function of the court system

Objectives
1. Fellows will apply knowledge of diagnosis, treatment and risk assessment to court ordered psychiatric evaluations.
2. Fellows will acquire a working knowledge of legal standards and court procedures related to court ordered psychiatric evaluations.

Goal:
1. Fellows will develop interpersonal and communication skills with evaluees, collateral informants, health professionals and court personnel that result in effective exchange of information both orally and in written reports.

Objectives:
1. Fellows will establish a working relationship with evaluees and communicate limits of confidentiality.
2. Fellows will establish a working relationship with attorneys and maintain appropriate boundaries.
3. Fellows will gather sufficient information to generate differential diagnosis and answer consultation questions.

Program Policy & Procedure Manual
4. Fellows will write thorough, accurate and well reasoned forensic reports with conclusions that are clearly supported by clinical data.

5. Fellows will testify in court when needed and develop skills required to translate psychiatric knowledge to a legal audience.

Goal:
1. Fellows will demonstrate a commitment to carrying out professional responsibilities, and adherence to ethics principles and sensitivity to vulnerable populations.

Objectives:
1. Fellows will demonstrate the ability to work effectively with multi-disciplinary colleagues during team competency evaluations
2. Fellows will maintain appropriate boundaries with evaluatees and retaining attorneys.
3. Fellows will maintain good work habits including a professional appearance, punctuality and a timely response to emails/pagers/telephone calls.

Goal:
1. Fellows will demonstrate an ability to appraise their performance of forensic evaluations, acquire new scientific and legal data and continuously improve their practice based on this evidence.

Objectives:
1. Fellows will attend supervision regularly and utilize feedback to improve practice.
2. Fellows will demonstrate engagement in the learning process by reviewing educational materials and preparing for presentations in advance.

Goals:
1. Fellows must understand the need needs of the legal system for psychiatric opinions in civil and criminal cases.

Objectives:
1. Fellows will become familiar with the types of forensic psychiatric evaluations commonly requested by courts, as well as the possible outcomes that result based on psychiatric opinions.
2. Fellows will develop familiarity with secure treatment settings
3. Fellows will develop familiarity with the system of jail diversion and alternatives to incarceration for individuals with mental illness and/or substance abuse related problems.

State Operated Forensic Services
St. Peter Regional treatment Center

Patient Care
Goal: Residents must be able to provide appropriate, effective and compassionate clinical care in forensic treatment settings
Objectives:
1. Residents will assume responsibility for patient care, follow up and decision making under appropriate supervision.
2. Residents will develop and exercise sound clinical judgment in synthesizing and integrating clinical data into patient care

Medical Knowledge
Goal: Residents must become knowledgeable regarding psychiatric evaluations in legal settings and legal regulation of psychiatric practice.
Objectives:
1. Residents will acquire a working knowledge of legal standards relevant to healthcare in forensic hospitals including management of insanity acquittees, involuntary medication procedures, risk assessment and restoration to competence.

Interpersonal and Communication Skills
Goal: Residents will develop interpersonal and communication skills with patients, collateral informants, health professionals and court personnel that result in effective exchange of information both orally and in written reports.
Objectives:
1. Residents will establish a working relationship with patients and demonstrate sensitivity to patients’ needs.
2. Residents will establish a working relationship with clinical staff in treatment teams at St. Peter Regional Treatment Center and communicate regularly with the treatment teams.
3. Residents will gather sufficient information to generate differential diagnosis and a clinical formulation.
4. Residents will complete chart notes that are timely, accurate and succinct.

Professionalism
Goal: Residents will demonstrate a commitment to carrying out professional responsibilities, and adherence to ethics principles and sensitivity to vulnerable populations.
Objectives:
1. Residents will demonstrate the ability to work effectively with multi-disciplinary colleagues and support staff on the unit.
2. Residents will maintain appropriate boundaries with patients and staff at St. Peter Regional Treatment
3. Residents will maintain good work habits including a professional appearance, punctuality and a timely response to emails/pagers/telephone calls.

Practice Based Learning
Goal: Residents will demonstrate an ability to appraise their clinical performance, acquire new scientific and legal data and continuously improve their practice based on this evidence.
Objectives:
1. Residents will attend supervision regularly and utilize feedback to improve practice.
2. Residents will demonstrate engagement in the learning process by reviewing educational materials as directed by their supervisors.

Systems Based Practice
Goal: Residents must understand the system of care for psychiatric patients in forensic psychiatric settings.
Objectives:
1. Residents will become familiar with the oversight of individuals committed to St. Peter Regional Treatment Center by the Security Review Board (SRB).
2. Residents will develop an appreciation of the unique challenges involved in providing care in forensic psychiatric settings such as security concerns and dual agency conflicts.

UMMC
Goal:
1. Fellows will be able perform thorough, objective and accurate forensic evaluations

Objectives:
1. Fellows will assume responsibility for cases and be actively involved in decision making
2. Fellows will develop and exercise sound clinical judgment in synthesizing and integrating clinical data into forensic opinions

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ANY OTHER SITES list here.