# Table of Contents

I. Introduction/Explanation of the Manual 3

II. Department Mission Statement 3

III. Program Mission Statement 3

IV. RRC Program Definition 4

Section 1- Student Services 4

1. A. University Pagers 4
2. B. E-Mail and Internet Access 4
3. C. Campus Mail and US Mail 4
4. D. HIPAA Training 4

Section 2- Benefits 5-10

1. A. Stipends 5
2. B. Tuition and Fees 5
3. C. Leave Policies 5-8
4. D. Policy on Effect of Leave for Satisfying Completion of Program 8
5. E. Medical Coverage: HealthPartners Fellows and Fellows Health Plan 8
6. F. Dental Coverage: Delta Dental 8
7. G. Life Insurance: Minnesota Life 9
8. H. Long and Short Term Disability Coverage: Guardian Life Insurance Company 9
9. I. Flexible Spending Accounts 9
10. J. Professional Liability Coverage 9
11. K. Insurance Coverage Changes 9
12. L. Meal Tickets/Food Services 9
13. M. Laundry Services 9
14. N. Worker’s Compensation Program Specific Policies and Procedures 9
15. O. Parking 9
16. P. Resident Assistance Program 10

Section 3- Institution Responsibilities 10

Section 4- Disciplinary and Grievance Procedures 11

4. A. Grievance Procedure and Due Process 11

Section 5- General Policies and Procedures 12-37

Educational Program Objectives University of Minnesota

1. A. Program Goals and Objectives 14-30
2. B. ACGME Competencies 30
3. C. Duty Hours 30-32
4. D. On Call Schedules 32
5. E. On Call Rooms 32
6. F. Support Services 32
7. G. Laboratory/Pathology/Radiology Services 32
8. H. Medical Records 32
9. I. Security and Safety 32-33
10. J. Moonlighting 33
11. K. Supervision 33-34
12. L. Monitoring of Fellow Well-Being 34
13. M. Fatigue and Work Conditions 34
14. N. Graded Responsibility 34
15. O. ACLS/BLS/PALS Certification Requirements 34
16. P. University of Minnesota Medical Center Hospital Dress Code Policy 34
17. Q. Step 3 Requirement 35
i. Introduction/Explanation of the Manual
This Psychosomatic Medicine Program and Procedure Manual (PPPM) is referenced in your Residency/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.

Institution Responsibilities

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 goal of our fellowship training program is to impart the knowledge, skills and attitudes required of an addiction psychiatrist to sensitively meet the needs of our patients and the various disciplines we serve. Effective psychiatric practice requires a thorough grounding in both knowledge and clinical skills. Fellows are encouraged to critically examine contemporary assumptions about the causes of behavior, as well as methods of diagnosis and treatment. The University of Minnesota offers an opportunity to study with a knowledgeable faculty dedicated to excellence in clinical psychiatry, education, and research.

As teachers, our faculty members are committed to a training program which directly links psychiatry to medicine yet emphasizes the unique features of psychiatry. Our fellowship program stresses integration of the genetic, experiential, and ecological factors relevant to all disorders. This orientation is one in which established theories and empirical studies are presented and critically reexamined in the light of new data and ideas. Throughout the training program, our central aim is to impart the knowledge, skills, and attitudes through the care and study of patients while under the close supervision of faculty.
iv. RRC Program Definition
Psychosomatic medicine is the discipline encompassing the study and practice of psychiatric disorders in patients with medical, surgical, obstetrical, and neurological conditions, particularly for patients with complex and/or chronic conditions. Physicians specializing in psychosomatic medicine have expertise in the diagnosis and treatment of psychiatric disorders in complex medically ill patients. The practice of psychosomatic medicine requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life, patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a physical condition, and patients with a psychiatric disorder that is the direct consequence of a primary medical condition.

Please refer to the Institution Policy Manual located on the GME website at:
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
Upon entering the Fellowship Program, pagers are obtained from the Coordinator after the appropriate paper work is completed. All pagers must be returned to the Fellowship Coordinator’s Office when the training period has been completed.

1.B E-Mail and Internet Access
Fellows should expect to use both a VA and University email address. The VA email address is automatically set up for the fellow, but e-mail addresses at the University are not activated until initiation of the account with a password. This is completed at www.umn.edu/validate. It is expected that fellows will check their VA and University e-mail account daily during the workweek.

1.C 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.

1.D VA Credentialing
Prior to starting at the VA, the fellow will receive an application package from the program coordinator of five items that need to be filled out and signed. In addition, future fellows will need to be fingerprinted at the VA and register in the Talent Management System (TMS) to complete a few online courses prior to starting. All items and fingerprints should be completed a month prior to the fellow’s start date and verified as being complete in the fellow’s RMS checklist.
SECTION 2 - BENEFITS

2.A Stipends
Effective July 1, 2016, for Fellows in the Department of Psychiatry, stipends are as noted below. Paychecks are biweekly. Pay statements are available on-line through the Employee/Staff self-serve website (http://www.hrss.umn.edu/).

<table>
<thead>
<tr>
<th>PGY Year</th>
<th>BASE STIPEND</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>$59,967</td>
</tr>
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</table>

2.B Tuition and Fees
University of Minnesota Tuition and fees are waived.

2.C Leave Policies
According to Fellow Review Committee Requirements, 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 length of the Psychosomatic Medicine training program is 12 months.

*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 Program Director/Coordinator as early as possible to allow flexibility in planning. In order to ensure ABPN eligibility, the program director will determine if sufficient time has been spent in a given rotation in order to sufficiently meet an ABPN requirement. Leave time may not be used to reduce the length of training.

<table>
<thead>
<tr>
<th>Leave Allowances</th>
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</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>F1</td>
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http://hub.med.umn.edu/resident-fellow-administration/leave-absence

Requests for vacation should be submitted at least 30 days in advance to the Program Director and Coordinator. Vacation requests submitted inside of 30 days may not be approved.

Vacation leave is earned each year in the amounts shown above 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. No vacation is normally granted during the first or last week of the academic year. Vacation requests should be submitted at least 30 days in advance. Vacation requests submitted inside of 30 days may be denied.

- No more than two (2) consecutive weeks of vacation will be granted unless approved by Fellowship Director.
• No more than five (5) days of vacation will be granted away from a required rotation that lasts in its entirety one month.
• When more than 5 days of vacation are planned on a specific service the fellow is encouraged to consult with the attending as far in advance as possible.
• The Program Director may deny/revoke vacation or conference requests if extenuating circumstances occur which would significantly impact psychiatric care.

Vacation must be approved by the 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 unless 30 days (non UMP) or 60 days (UMP) notice is not given, 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 Program Coordinator.

(2) Bereavement Leave
A fellow (trainee) shall be granted, upon request to the program director, up to 5 days off to attend the funeral of an immediate family member. Sick or vacation leave must be used. Immediate family include partners, children, stepchildren, parents, parents of spouse, and the stepparents, grandparents, guardian, grandchildren, brothers, sisters, or wards of the trainee.

(3) Parental Leave
In accordance with University of Minnesota Human Resources policies, maternity leave shall be granted upon request up to 4-6 weeks, depending on the nature of the birth. Compensation is provided through short-term disability benefits. Paternity leave shall be granted upon request up to fourteen (14) consecutive days. Adoption leave shall be granted upon request up is fourteen (14) consecutive days. Sick and vacation days may be used consecutively and concurrently with parental leave, compensated at the usual stipend rate. Any time away from training used to extend parental leave must be approved by the program director, will be unpaid, and residency training will be extended according to the ‘time away from training’ policy. In the case that two or more parental leaves are requested over the course residency training, all additional parental leave periods will extend residency training commensurate with the amount of time away from training during subsequent occurrences. Due to the significant administrative toll associated with parental leave plan revisions, subsequent changes must be due to notable circumstances and must be discussed and approved by the program director.

(4) Medical Leave
The resident must give notice, in writing, of intent to use medical leave to their program director at least four (4) weeks in advance, except under unusual circumstances. A trainee shall be granted, upon request to the program director, a leave of absence for their serious illness/injury that requires an absence of greater than 14 days. The trainee may qualify for Short Term and Long Term Disability benefits. The University of Minnesota UReturn Office will serve as an intermediary for all medical and disability related issues to protect the privacy of the resident. Time away from training not covered by sick or vacation leave will extend residency training in accordance with the ‘time away from training policy’.

(5) Family Medical Leave Act (FMLA)
Residents and fellows (trainees) are eligible for the Family Medical Leave Act (FMLA) protections after serving 12 months in the program. Trainees must check with their department/program to determine if they qualify. FMLA Leave shall not exceed 12 weeks in any 12-month period. The 12-
month period is based on an academic year (07/01-06/30). The trainee may qualify for Short Term and Long Term Disability benefits.

(6) Holidays
When on VA and University (UMMC) based services, the holiday schedule at that site will govern.

(7) Witness Duty
Upon request to the program director, leave is provided to fellows (trainees) who are subpoenaed to testify before a court or legislative committee concerning the University, the federal or state government. No pay loss is incurred.

(8) Jury Duty
Upon request to the program director, leave is provided to fellows who are called to serve on a jury. No pay loss is incurred. The training program and the trainee may write a letter to the court asking that the appointment for jury duty be deferred based on hardship to the trainee and the program. The decision for deferment is made by the court.

(9) Military Leave
Military leave shall be granted upon request up to fifteen (15) workdays per academic year.

(10) Personal Leave of Absence
Emergency leave or other personal leave of absences may be authorized by arrangement with the program director, should it be in the best interest of the University, the Program, and the resident/fellow. An emergency or personal leave of absence will extend residency training in accordance with the ‘time away from training’ policy.

(11) Professional and Conference Leave
All trainees accrue 5 workdays of Conference Leave per year, no rollover. Request should be submitted to the Fellowship director ASAP or no less than 30 days. One fellow shall be designated to cover clinical issues. Title of conference, location and scheduled hours will be requested. If less than 30 days’ notice the service attending must approve. 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 prep courses unless authorized by the program director.

Conference leave can be used for up to 3 days for study preparation for board exams.

(12) Sick Leave
Sick leave shall be granted upon request for up to 15 workdays per year. Sick leave is not cumulative. The minimum unit of sick leave is half-day increments.

(13) Unscheduled Leave

UN SCHEDULED LEAVE POLICY

Please email <jay.stephenson@va.gov> ASAP if you are unable to attend non-call related program assignments during normal weekday work hours. The program coordinator’s office will contact
whomever the fellow indicates in their e-mail. If you prefer to notify off-site contacts, indicate in the e-mail that you have already notified them.

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
- How to best reach you
- Persons you want specifically contacted

This procedure is NOT for issues involving emergencies. These need to be managed in context by consulting peers, the chief or designated faculty on call.

2.D Policy on Effect of Leave for Satisfying Completion of Program

ACGME guidelines require 12 months of fellowship training in geriatric psychiatry. In addition, they stipulate that specific periods of time be spent engaged in defined clinical activities. The duration of training can be extended to complete program requirements missed because of leave or failure for academic reasons. In practice, continuous leave for 12 weeks or less related to maternity leave or serious personnel illness (not due to academic failure) has not extended the training period provided that all requirements are met. Continuous leave for more than 12 weeks would ordinarily extend the training period.

2.E Medical Coverage: HealthPartners Fellows and Fellows Health Plan

HealthPartners provides the health plan network and claims administration services for University of Minnesota Medical School residents and fellows. HealthPartners gives members access to 650,000 healthcare providers and 6,500 hospitals across the United States. You will have a choice of two plans, Basic or Basic Plus. All trainees are required to enroll in one of the two plans for at least single coverage, or provide documentation of other comparable health benefit coverage. Medical School fellows who enroll in the University-sponsored HealthPartners plan (and enrolled dependents) are automatically eligible for Continuation of coverage through COBRA at the end of their fellowship. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).

2.F Dental Coverage: Delta Dental

Delta Dental of MN provides dental network and claims administration services for University of Minnesota Medical School residents and fellows. Delta Dental members have access to both PPO and Premier providers. Medical School fellows who enroll in the University-sponsored Delta Dental plan (and enrolled dependents) are automatically eligible for continuation of care through COBRA at the end of their residency or fellowship. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).
2.G Life Insurance: *Minnesota Life*
Medical School residents and fellows are automatically enrolled in a $50,000 standard life Minnesota Life insurance policy. Enrollment is no cost to Medical School fellows (the cost is covered by your department). In addition to the standard plan, trainees have the option to purchase voluntary life insurance for themselves or their dependents at low group rates through Minnesota Life. Medical School fellows are automatically eligible for continuation of life insurance coverage through COBRA at the end of their fellowship. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).

2.H Long and Short Term Disability Coverage: *Guardian Life Insurance Company*
Medical School residents and fellows are automatically enrolled in a long and short term disability insurance policy. Enrollment is no cost to Medical School fellows (the cost is covered by your department). Guardian offers Medical School fellows up to $10,000 per month of individual coverage. In addition, Guardian offers a Student Loan Payoff benefit effective if you become disabled while you are a fellow. Guardian also offers a unique Guaranteed Standard Issue Plan option. Trainees have the options to purchase long term disability coverage that continues upon completion of your residency/fellowship regardless of any pre-existing medical conditions—25-30 percent of residents and fellows would not otherwise qualify for this type of coverage due to pre-existing medical conditions. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).

2.I Flexible Spending Accounts
Medical School residents and fellows are eligible to participate in two types of Flexible Spending Accounts (FSAs), the U of M Health Care Reimbursement Account and the Dependent Care Reimbursement Account. Both programs allow you to pay for related expenses using pre-tax dollars. This benefit is administered by the Office of Student Health Benefits (http://www.shb.umn.edu/).

2.J Professional Liability Coverage
Professional liability insurance is provided by the Regents of the University of Minnesota. The insurance carrier is RUMINO Limited. Coverage limits are $1,000,000 each claim/$3,000,000 each occurrence and form of insurance is claims made. “Tail” coverage is automatically provided. The policy number is RUM-1005-11. Coverage is in effect only while acting within the scope of your duties as a trainee. Claims arising out of extracurricular professional activities (i.e. internal or external moonlighting) are not covered. Coverage is not provided during unpaid leaves of absence.

2.K Insurance Coverage Changes
The Office of Student Health Benefits manages resident and fellow benefits including insurance coverage changes and pre-tax benefits (http://www.shb.umn.edu/).

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

2.M Laundry Services
Laundry Service is not provided for fellows.

2.N Worker’s Compensation Program Specific Policies and Procedures
Worker’s Compensation is available through the department. See the program coordinator for assistance.

2.O Parking
Fellows can park in the VA’s overflow lot after obtaining a sticker from VA police.
2.P Resident Assistance Program
The Metro Minnesota Council on Graduate Medical Education has contracted with an agency called the Sand Creek Group to provide the Resident Assistance Program (RAP). It is an employee assistance program designed specifically for residents and fellows. Sand Creek's counselors have particular expertise in dealing with the unique needs of individuals in their training programs. By contacting this program, fellows will receive help in addressing issues of concern and find options for achieving resolution. RAP is for trainees and family members, faculty, attending physicians, department heads and supervisors who need help in dealing with fellow-related concerns.

Sand Creek
610 North Main Street, Suite 200
Stillwater, MN 55082
Phone: 651-430-3383 or 1-800-632-7643
Website: http://www.gme.umn.edu/residents/rap/

SECTION 3 - Institution Responsibilities
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 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 two program level ranks of the fellowship program as well as chief fellow as appropriate.
- 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 fellow 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-resident conflicts.
    - Fellow-Chief fellow conflicts.
    - Fellow-fellow conflicts.
    - Fellow-faculty conflicts.
  - Chief fellow-faculty conflicts.

(4) Potential Parties to the Process:
- Principals in the complaint.
  - Mentors, as advisors and advocates.
  - Grievance committee.
- Department head and/or a designee.

(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

Educational Program Objectives
University of Minnesota Medical School

Graduates of the University of Minnesota Medical School should be able to:

These objectives are written to reflect the qualities and competencies expected of our graduates. Each objective specifies the expected competency level to be attained by our students, the outcome measures used to evaluate attainment of the objective, and the essential qualities and competencies of a physician (as defined by the six ACGME Essential Competencies) addressed by the objective. The Accreditation Council for Graduate Medical Education (ACGME) has formulated essential competencies felt to be necessary for physicians practicing in the current health care climate. They are:

**Patient Care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

**Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care

**Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care

**Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals

**Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population

**Systems-Based Practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal patient care

The objectives for the undergraduate curriculum can be grouped as follows:

- Objectives 1-3: Knowledge and skills addressed principally in the first two (preclinical) curricular years;
- Objectives 4-9: Knowledge and skills addressed principally in the second two (clinical) curricular years;
- Objectives 10-13: Knowledge, attitudes, and skills addressed throughout the curriculum.

The objectives, which relate to the ACGME essential competencies, are designed to be modified for use also by the graduate (GME) programs at the University of Minnesota Medical School. Residency programs can modify the competency level stated in the objectives and the outcome measures to reflect their own programs, while maintaining the overall integration of basic learning objectives across undergraduate and graduate medical education.

One of the primary outcome measures for the objectives is **clinical rotation performance**. To expand on this; clinical rotation performance is assessed by attending physicians and residents using a Web-based global rating form, evaluating the following knowledge, competencies, skills, and attitudes:

- Medical knowledge and the ability to apply knowledge in clinical situations
- Competency in patient care including communication and relationships with patients/families
- Skills in data gathering from the history, physical examination, clinical and academic sources, and diagnostic tests

Program Policy & Procedure Manual
Assessment and prioritization of problems
Management of problems, including knowledge of patient data and progress
Appropriate decision making
Communication in written and oral reports
Professionalism, including: patient care and management in teams (work habits), independent learning, personal characteristics, and commitment to medicine
Specific procedural skills (see report outlining Competencies Required for Graduation)

Ratified by Education Council 2/18/03

The primary outcome measure in evaluating the student is clinical rotation performance. Clinical rotation performance is assessed by attending physicians and fellows using a global rating form, evaluating the following knowledge, competencies, skills, and attitudes:
Medical knowledge and the ability to apply knowledge in clinical situations
Competency in patient care including communication and relationships with patients/families
Skills in data gathering from the history, physical examination, clinical and academic sources, and diagnostic test.
Assessment and prioritization of problems
Management of problems, including knowledge of patient data and progress
Appropriate decision making
Communication in written and oral reports
Professionalism, including: patient care and management in teams (work habits), independent learning, personal characteristics, and commitment to medicine
Specific procedural skills

5.A Goals and Objectives

The University of Minnesota Department of Psychiatry sponsors a one year ACGME accredited Psychosomatic Medicine fellowship at the Minneapolis VAMC. This training program will provide the fellows with experiences in which they will learn to treat psychiatric disorders in patients with medical, surgical, obstetrical and neurological conditions, particularly for patients with complex and/or chronic conditions. The fellow will also develop the skills to diagnosis and treat psychiatric disorders in complex medically ill patients. The practice of psychosomatic medicine requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life; patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a physical condition; and patients with a psychiatric disorder that is the direct consequence of a primary medical condition.

Listed below are the goals for the training program. Each goal is referenced to the relevant ACGME core competencies. (PC: patient care, MK: medical knowledge, Prof: professionalism, SBP: systems-based practice, CS: communication skills, PBLI: practice based learning and improvement).

Program Goals: The overall goals of this training program are:

- Develop a thorough knowledge of abnormal behaviors and psychiatric illnesses that occur among medical, neurological, obstetrics-gynecology, and surgical patients (MK, PC, SBP).
- Develop a thorough knowledge of the biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases (MK, PC, PBLI).
- Develop the ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients (PC, MK, PBLI, SBP).
- Develop an understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the
interactions of psychotropic medications with other medications on the central nervous system (PC, MK, PBLI).

- Develop an ability to provide effective psychiatric consultation in medical and surgical settings (PC, MK, Prof, SBP, CS).
- Develop the facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals (SBP, Prof, CS, MK).
- Effectively supervise medical students and residents performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness (MK, PC, Prof, CS, PBLI).
- Participate in the development of new knowledge, the evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry (MK, PBLI, Prof).

Clinical Rotations: Fellows spend the majority of their time at the Minneapolis VAMC with some time spent at UMMC, CUHCC and Women's Clinic XXX. Listed below are the learning objectives for each rotation in the training program. Each objective is referenced to the relevant ACGME core competencies. (PC: patient care, MK: medical knowledge, Prof: professionalism, SBP: systems-based practice, CS: communication skills, PBLI: practice based learning and improvement).

Inpatient Psychiatry Consult/Liaison Service (VAMC): This is the core rotation of the psychosomatic medicine fellowship, and as such is allowed 0.6 full time equivalents (FTE) throughout the year of specialty training. Fellows are supervised by Drs. Apple and Rundell, but will assume progressive responsibility for independent work as their training progresses. Ultimately, fellows will function as multidisciplinary team leaders, coordinating the efforts of primary physicians, psychologists, social workers, and nurses to optimize the psychiatric care of patients with complex medical illnesses. Fellows will also supervise and teach third and fourth year medical students, general psychiatry residents, and residents from other training programs such as Physical Medicine and Rehabilitation.

The inpatient psychiatry C/L service receives about 1000 requests for psychiatric consultation a year; about 20% of these are for delirium. The other 80% include depression, anxiety, capacity, psychosis, dementia, substance use disorders, traumatic brain injury and polytrauma. Fellows are expected to see at least 8 new and follow-up consultation patients each week.

Rotation Objectives:

Months 1-3: In months 1-3 of fellowship training, fellows are expected to master the following:

- Identification and diagnosing of major psychiatric complications of medical illnesses (MK, PC, PBLI)
- Effective treatment of psychiatric complications of medical illnesses using appropriate pharmacologic and psychotherapeutic methods (MK, PC, PBLI, CS)
- Identification of psychiatric complications of medical treatments, especially medications, new medical and surgical procedures, and experimental therapies (PC, MK, PBLI)
- Appropriately manage psychiatric complications of medical treatments, especially medications, new medical and surgical procedures, and experimental therapies (PC, MK)

Months 4-6: In addition to the above, the fellow is expected to master the following:

- Identify typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses (MK, PC).
- Manage typical and atypical presentations of psychiatric disorders that are due to medical, neurological, and surgical illnesses (MK, PC, PBLI)
- Evaluate and manage delirium, dementia, and secondary (“organic”) psychiatric disorders (PC, MK).
- Understand the community systems of care for patient use after hospital discharge (PC, SBP)

Months 7-9: In addition to the above, the fellow is expected master the following:
• Assessment of patient capacity to provide informed consent for medical and surgical procedures in the presence of cognitive impairment (MK, PC, Prof).
• Understand the indications for, and use of psychotropic medications in specific medical, neurological and surgical conditions (PC, MK, PBLI).
• Understand and recognize interactions between psychotropic medications and the full-range of medications used for a variety of medical and surgical condition (MK, PC, PBLI).
• Effectively supervise medical students and residents performing psychiatric consultations (PC, PBLI, CS).

MONTHS 10-12: In addition to the above the fellow is expected to master:

• Collaboration with other physicians, and other members of the multidisciplinary treatment team. (P, SBP)
• Teaching other physicians and other members of the multidisciplinary team how to recognize and respond to various psychiatric disorders. (MK, P, SBP, CS)
• Effectively communicate assessment and treatment plans to referring clinicians. (MK, P, CS)
• Lead an integrated psychosocial health care team in the medical setting. (P, SDP, CS)
• Ability to teach other physicians and healthcare team members about how to recognize and respond to various psychiatric disorders. (MK, P, CS)
• Organizational and administrative skills needed to run a consultation-liaison/psychosomatic medicine service (PC, SBP, Prof, CS).
• Teach medical and surgical colleagues about psychiatric complications of physical illness (MK, CS, PBLI).

**Psychosomatic Medicine Outpatient Clinic (VAMC PCMHI):** The dual goals of the psychosomatic medicine outpatient clinic at the VA are for fellows to (1) provide continuity of care for patients initially seen on the inpatient consult service, and (2) learn and provide non-pharmacologic interventions including cognitive therapy, interpersonal psychotherapy, and short-term supportive psychotherapy to patients suffering the effects of complex medical disorders or their treatments. Fellows spend ½ day per week seeing appropriate patients with a variety of psychiatric disorders including somatoform disorders and chronic pain. Patients are recruited from the women’s health clinic, mental health intake, and behavioral health service. Fellows are expected to see at least four patients each week in this clinic and are supervised by Dr. Megan Press.

**Rotation Objectives:**

**MONTHS 1-3:** In months 1-3 of fellowship training, fellows are expected to master the following:

• Perform initial assessment of referred patients with suspected co-existing psychiatric disorders (PC, MK, CS).
• Perform initial assessment of referred patients with chronic pain (PC, MK, CS).
• Create and sustain therapeutic relationships with patients from a spectrum of ethnic, cultural, gender, socioeconomic, and educational backgrounds (PC, CS, Prof).
• Diagnose psychiatric syndromes associated with medical and surgical conditions (e.g., cancer or other illnesses) and their treatment (MK, PC).
• Work effectively as a member of the ambulatory setting managing patient calls, requests, and required documentation in a timely and professional manner (PC, SBP, Prof).

**MONTHS 4-6:** In addition to the above fellows are expected to master the following:

• Develop effective treatment plans for psychiatric syndromes associated with medical and surgical conditions (e.g., cancer or other illnesses) and their treatment.
• Provide non-pharmacologic interventions, including cognitive therapy, interpersonal psychotherapy, and short-term supportive therapy in patients suffering the effects of complex medical disorders or their treatments.
• Evaluate somatoform disorders and chronic pain in ambulatory patients.
• Communicate effectively with referring clinicians on a timely basis.
• Understand the epidemiology of psychiatric illnesses and its treatment in medical disease.
• Identify methods of reducing inappropriate use of health care services by patients with somatoform disorders (PC, MK, SBP).

Months 7-9: In addition to the above fellows are expected to master the following:

• Effectively manage somatoform disorders in ambulatory patients through multiple methods including pharmacologic treatments, psychotherapy and behavioral modification (PC, MK, CS, SBP).
• Work effectively with consulting and referring providers to develop management plans that provide appropriate care to patients with somatoform disorders while containing excessive use of health care services (PC, MK, SBP, CS).
• Provide effective education to residents, medical students, other health professionals and health care staff on effectively caring for patients with somatoform disorders (PC, MK, SBP, Prof).
Months 10-12: In addition to the above fellows are expected to master the following:

- Effectively manage a caseload of new and continuing patients in an ambulatory setting (PC, SBP).
- Lead multidisciplinary team in the care of complex patients with somatoform disorders and/or chronic pain (PC, SBP, CS).
- Understand, develop, implement and assess reasonable goals for care of these complex patients (PC, PBLI, SBP).
- Lead system-wide efforts in provider education, care process mapping, and development of standardized care plans to help referring providers and other physicians caring for patients with chronic pain and somatoform disorders (PC, SBP, CS).

Women's Clinic (Psychotherapy and Healing): In this rotation, fellows see patients for psychosomatic medicine consultation and management of such issues as peri and post-partum psychiatric disorders and women's health issues. This .1 FTE (one half day/week for 4 months) clinical experience is supervised by Dr. Brianna Murugesan. Fellows are expected to see at least three patients each week in this clinic.

- Perform initial assessment of referred patients with suspected psychiatric disorders (PC, MK, CS).
- Create and sustain therapeutic relationships with patients from a spectrum of ethnic, cultural, gender, socioeconomic, and educational backgrounds (PC, CS, Prof).
- Diagnose psychiatric syndromes associated with OB-GYN conditions (e.g., cancer, infertility) and their treatment (MK, PC).
- Work effectively as a member of the ambulatory setting managing patient calls, requests, and required documentation in a timely and professional manner (PC, SBP, Prof).
- Demonstrate competence in diagnosing post-partum depression and other psychiatric disorders occurring in childbearing women. (MK, PC)
- Demonstrate knowledge of indications for, and use of psychotropic medications in specific medical, obstetric, and surgical conditions. (PC, MK, PBL)
- Demonstrate the ability to communicate effectively with patients, their families, and other health professionals in the care setting of XXXX. (PC, P, CS)
- Assists patients and referring providers in accessing appropriate care and other support services. (PC, C, SPB)

Child Psychiatry inpatient consultation (UMMC): In this rotation, fellows see children and adolescents who are hospitalized on pediatric medical units to provide psychiatric consultation. Fellows help manage a variety of psychiatric issues such as suicidal ideation, chronic pain, depression, behavioral and developmental disorders. This .1 FTE (one half day/week for 4 months) clinical experience is supervised by Dr Rabidra Tambyraja. Fellows are expected to see at least two patients each week during this rotation.

Goals and Objectives for Child Psychiatry Consultation-Liaison Rotation:

- Develop a thorough knowledge of abnormal behaviors and psychiatric illnesses that occur among children and adolescents in a medical setting including suicide risk assessment (MK, PC, SBP).
- Develop a thorough knowledge of the biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases in children and adolescents (MK, PC, PBLI).
- Develop the ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill children and adolescents (PC, MK, PBLI, SBP).
- Develop an understanding of pharmacology, including the psychopharmacology of medically ill children and adolescents, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system (PC, MK, PBLI).
- Develop an ability to provide effective psychiatric consultation to children and adolescents in medical and surgical settings (PC, MK, Prof, SBP, CS).
• Develop the facilitative skills necessary to enhance the care of psychiatric disturbances among physically ill children/adolescents through cooperative interaction with other physicians and allied health professionals (SBP, Prof, CS, MK).

• Develop the facilitative skills necessary to provide appropriate outpatient follow up of medically ill children/adolescents with psychiatric co-morbidities (SBP, Prof, CS, MK).

• Participate in the development of new knowledge, the evaluation of research findings, and the continuing acquisition of new knowledge, through the development of inquiry (MK, PBLI, Prof).

Traumatic Brain Injury and Spinal Cord Injury/Disease clinic:

Traumatic Brain Injury/Spinal cord injury:  The Minneapolis VAMC has a very active traumatic brain injury and spinal cord injury/disease treatment program. To take advantage of this specialized and renowned service, fellows spend ½ day/week during the year working with faculty in the Traumatic Brain Injury unit. Fellows are supervised by Dr. Jan Apple and attend team meetings with the rehabilitation team when indicated.

Goals and Objectives:

• Develop a thorough knowledge of psychiatric complications of brain injury (MK, PC, SBP).

• Develop a thorough knowledge of psychiatric co-morbidities associated with spinal cord injuries and diseases (MK, PC, SBP).

• Develop a thorough knowledge of the biological, psychological and social factors that influence the development, course and outcome of brain and spinal cord injuries and diseases (MK, PC, PBLI).

• Develop the ability to diagnose and treat psychiatric disturbances that occur among patients with brain injury and spinal cord injury/disease, including the administration of psychotropic medications (PC, MK, PBLI, SBP).

• Develop an understanding of pharmacology, including the psychopharmacology of patients with brain injuries, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system (PC, MK, PBLI).

• Develop an ability to provide effective psychiatric outpatient consultation to Physical Medicine and Rehabilitation physicians allied health professionals (PC, MK, Prof, SBP, CS).

Participate in the development of new knowledge, the evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry and didactics (MK, PBLI, Prof).

Community-University Health Care Center Outpatient Consult-Liaison Psychiatry Rotation

Rotation Description:
This six-month rotation introduces the psychosomatic medicine fellow to the Community University Health Care Center and the role of the consultant psychiatrist within a multidisciplinary clinic. Fellows work closely with the attending physicians one half day per week to see patients. The clinic includes internal med, family practice, pediatrics, obstetrics and gynecology, dental and mental health care.

This rotation provides a unique opportunity for psychosomatic medicine fellows to experience issues related to working in immigrant and refugee populations, as well as the complex system arrangements required for proving those with serious mental illness in a community-based psychiatric care center. Becoming familiar with each community and its local resources, including primary care providers and available mental health services is also prioritized. The fellow provides consultation to and collaborates with physicians from other specialties within the clinic.
Goal:
The psychosomatic medicine fellow will become competent in the provision of community-based consultative psychiatric services in community mental health clinic settings and experience working with and providing direct care to immigrant and refugee populations.

<table>
<thead>
<tr>
<th>Fellows Will:</th>
<th>Competencies Addressed</th>
<th>Clinical Teaching Methods</th>
<th>Didactic Experience</th>
<th>How Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance knowledge of cultural systems and mental health issues commonly encountered in consultative community psychiatry</td>
<td>PBL, PC, SBP</td>
<td>CS, DM</td>
<td></td>
<td>DO, FB</td>
</tr>
<tr>
<td>Enhance knowledge of the broader systems issues that enhance or impede the provision of community behavioral health services</td>
<td>PROF, ICS, SBP, PBL</td>
<td>CS, DM</td>
<td></td>
<td>DO, FB</td>
</tr>
<tr>
<td>Enhance knowledge of the unique aspects of mental health care delivery to immigrants and refugees, and adaptations helpful to success;</td>
<td>MK, PBL, SBP, PC</td>
<td>CS, DM</td>
<td></td>
<td>DO, FB</td>
</tr>
<tr>
<td>Enhance knowledge of Minnesota’s public mental health and unique community needs;</td>
<td>PBL, SBP</td>
<td>CS, DM</td>
<td></td>
<td>DO, FB</td>
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<tr>
<td>Enhance knowledge and skills of data gathering, case formulation and intervention as a consultant in medical settings.</td>
<td>PC, MK, ICS, SBP, PBL</td>
<td>CS, DM</td>
<td></td>
<td>DO, FB</td>
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<tr>
<td>Enhance their time management skills in an outpatient setting with added issues of language barriers, need for interpreters, and cultural differences.</td>
<td>PC, ICS, SBP</td>
<td>CS, DM</td>
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<td>DO, FB</td>
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EDUCATIONAL OBJECTIVES:
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<tr>
<th>Competencies Addressed</th>
<th>Clinical Teaching Methods</th>
<th>Didactic Experience</th>
<th>How Assessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assisted primary medical teams to care for complex patients effectively and with compassion, empathy, respect, sensitivity, responsibility and professionalism.</td>
<td>PC, SBP, ICS, PROF</td>
<td>MT, DM, CS</td>
<td>DO, FB</td>
</tr>
<tr>
<td>The ability to successfully assume the role of a psychiatric consultant to other physicians in a community-based primary care setting; to communicate promptly, clearly, and to formulate a useful, goal-directed, problem-oriented treatment plan and to utilize community resources</td>
<td>PC, MK, PBL, ICS, PROF, SBP</td>
<td>DM, CS, MT</td>
<td>DO, FB</td>
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<tr>
<td>The ability to function as teachers of the principles and practice of psychosomatic medicine to other health-care workers and provide leadership by modeling interviewing skills and professional demeanor toward patients</td>
<td>PROF, SBP, ICS</td>
<td>DM, CS, MT</td>
<td>DO, FB</td>
</tr>
<tr>
<td>The ability to safely and effectively provide direct psychiatric care to patients in a community setting</td>
<td>PBL, SBP, ICS, PROF, MK</td>
<td>CS, DM</td>
<td>DO, FB</td>
</tr>
<tr>
<td>The ability to take into account the interplay of social, cultural, psychological, spiritual and biological factors affecting patients and patient management</td>
<td>PC, MK, PBL</td>
<td>CC, DM, MT</td>
<td>DO, FB</td>
</tr>
<tr>
<td>The ability to diagnose, evaluate and treat the psychiatric manifestations of medical illnesses, manage psychiatric disorders presenting with somatic symptoms, and work therapeutically with patients with psychosomatic or stress-</td>
<td>PC, MK, PBL</td>
<td>MT, DM</td>
<td>DO, FB</td>
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</table>
related illnesses or patients suffering from psychological consequences of illness, injury, and/or immigration and refugee status.

| The awareness and the facility to appraise existing scientific evidence, future research possibilities and empirically based practice patterns of consultation-liaison psychiatry and abilities to evaluate and improve their own patient care. |
| The knowledge and skills necessary to perform sound assessments of cognitive ability and decisional capacity in medically ill patients and to identify, and address ethical issues involved in patient care according to established ethical principles and with sensitivity to culturally diverse populations and their values. |

**Addiction Recovery Rotation (VAMC):** Fellows are allowed 0.1 FTE (one half day/week) for two months for this specialty rotation. Fellows are supervised by Dr. Eric Larson. Fellows participate in a drop in screening program of the Addiction Recovery Service. Fellows join the drop in screeners as they discuss the patients and determine triage. Fellows assess patients who have been triaged and perform an addiction screening on at least one patient per week.

**Goals and objectives:**
- Fellows will:
  - Provide a comprehensive Psychiatric evaluation of all patients including suicide risk assessment (MK, PC, PBL)
  - Assess appropriateness/need for addiction treatment (MK, PC)
  - Determine the most appropriate referral/location for addiction treatment (MK, SBP)
  - Engage patients in addiction recovery through motivational interviewing (MK, PC, CS)
  - Address co-morbid psychiatric disorders and need for psychotropic medications (MK, PC)
  - Collaborate and communicate with a multidisciplinary addiction recovery team (IC, Prof, SBP)
  - Assess appropriateness/need for medications to enhance sobriety (MK, PC)
  - Participate in the development of new knowledge, the evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry and didactics (MK, PBL, Prof)

**GEROPSYCHIATRY OUTPATIENT CLINIC (VAMC):**
Rotation Description

Fellows have a 2 month rotation for ½ day/week on the outpatient geropsychiatry team, supervised by geropsychiatry faculty.

The fellows perform new and follow up patient evaluations, formulate and implement treatment plans and present new cases at weekly geropsychiatry team meetings. They receive at least one hour of individual supervision per week on patients they have seen, including evaluation and management of cases and informal didactic material on psychotherapy and psychopharmacology.

Objectives

Outpatient clinic/Patient Care

The fellow is expected to:

1. Provide initial consultation and ongoing care to ambulatory veterans >65 with a wide variety of neuropsychiatric and comorbid diagnoses.
2. Develop expertise in ambulatory management of psychiatric and other health concerns experienced by veterans with varying degrees of comorbid illness, frailty, cognitive impairment, psychological distress and socio-cultural issues.
3. Actively seek collateral information from families, caregivers, and other health professionals.
4. Interact effectively and respectfully with patients and caregiver/families.
5. Obtain a comprehensive psychiatric history and mental status exam within an appropriate time frame.
7. Develop a comprehensive evaluation plan that includes adjunctive testing, as appropriate.
8. Document in the integrated medical record the comprehensive results of the evaluation.
9. Assess and manage psychiatric emergencies in geriatric patients, including indications for hospitalization.
10. Make appropriate decisions about multimodal therapies, including pharmacotherapy, psychotherapy, ECT, social and environmental interventions.
11. Demonstrate the ability to solicit and integrate treatment recommendations from the multidisciplinary mental health team and others.
12. Develop and implement bio-psycho-social treatment plans using patient information and preferences, current scientific information and clinical judgment.
13. Communicate effectively with patients and caregiver/families regarding treatment options, the treatment plan and education on diagnosis, natural history and prognosis of specific neuropsychiatric disorders.
14. Recognize caregiver burden and make appropriate referrals for caregiver/families.
15. Use social interventions that benefit patient and caregiver/family.
16. Manage pertinent ethical and legal issues.
17. Initiate and flexibly guide treatment, with ongoing monitoring of changes in mental and physical health status and medical regimens.
18. Promote to patients and their families: primary and secondary prevention, including use of OTC medications and alcohol, sleep hygiene, driving, exercise, firearms etc.

Outpatient clinic/Medical Knowledge

1. Demonstrate knowledge of neuropsychiatric disorders beginning in or continuing into late life.
2. Demonstrate knowledge of medical illnesses presenting with psychiatric symptoms.
3. Know the diagnostic criteria for psychiatric disorders seen in an outpatient geropsychiatry clinic.
4. Understand successful and maladaptive responses to stressors and role changes common in the elderly.
5. Know the appropriate use of psychotherapies as applied to the elderly.
6. Attend regularly scheduled supervision with faculty.
7. Read assigned journal articles, textbook chapters, present in journal club at least one time.

**Outpatient clinic/Interpersonal skills and communication**

1. Establish and maintain therapeutic alliances with patients, caregivers and families.
2. Apply principles of ethical relationships to interactions in the clinic.
3. Understand interpersonal/family dynamics and apply psychotherapy techniques to each encounter with patients and families.
4. Provide useful feedback and educate families, caregivers and providers from multiple disciplines.
5. Maintain a professional, collaborative and therapeutic attitude while working with patients from all cultural backgrounds and socioeconomic strata.
6. Collaborate and work effectively with the immediate and “virtual” treatment team (referring providers, day activity programs, social workers etc).

**Outpatient clinic/Practice Based Learning**

1. Know how to research evidence-based approaches to outpatient evaluation and treatment, including electronic media, journals and textbooks.
2. Know how to access evidence-based medical literature and critically evaluate medical literature as it applies to the psychiatric diagnosis and management of geriatric patient seen in the outpatient setting.
3. Demonstrate an attitude of open-mindedness to incorporating information in the treatment plan from family, caregivers and primary care and other mental health professionals.
4. Show willingness to identify gaps in his/her own knowledge base and professional skills and seek to remedy these gaps through means including, but not limited to, independent reading, attending didactics, seminars and conferences, and group and individual supervision.

**Outpatient clinic/Professionalism**

1. Integrate in case discussions knowledge of legal and ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, capacity to make informed consent decisions, competence, guardianship, advance directives, and elder abuse.
2. Accurately document assessment, mental status exam, informed consent for medications and treatment plan.
3. Effectively document collateral discussions with professionals involved in the patient’s care.
4. Maintain an attitude of professionalism and respect for patients and colleagues.
5. Maintain an attitude of cultural sensitivity in providing psychiatric outpatient care.
6. Respond to patient communications and other health professionals in a timely manner, using medical records for appropriate documentation, coordinating care with other team members and providing coverage if they are not available.
7. Demonstrate the ability to work progressively more independently.
Outpatient clinic/Systems Based Practice

1. Demonstrate knowledge of systems including family systems, hospital systems and community systems of care.
2. Work effectively as part of a therapeutic network addressing the patients’ needs.
3. Obtain pertinent clinical data from a variety of sources, including medical and/or mental health providers, family members, long-term care and community social agencies.
4. Communicate appropriate clinical information to other medical or mental health providers, families, long-term care and community social agencies.
5. Make appropriate referrals for neuropsychological, psychological, OT/PT evaluation, driving evaluation, speech and language evaluation, home safety evaluation or other evaluations as clinically indicated.
6. Collaborate effectively with patients, families, other medical and mental health providers and appropriate community agencies, while providing outpatient psychiatric care.
7. Advocate for quality patient care and assist patients and their families in dealing with system complexities, such as limitation of healthcare resources, policy and legal aspects of late-life psychiatric illness.
8. Understand how to assess the quality of patient care and to improve the system delivering care.

During the rotation, the fellow assumes a primary role in providing direct care to the patients and adjunctive care to their families with supervision from Dr. Czapiewski.

Clinical Research: Psychosomatic medicine fellows will have one half day each week throughout the year to pursue clinical research under the mentorship of a staff psychiatrist. At a minimum, fellows will present their research findings at Psychiatry Grand Rounds sponsored by the VA. Ideally, fellows will be published first authors in a peer reviewed journal, and present at least a poster at a conference.

Research Experience Objectives:

Months 1-6:
- Demonstrate a thorough understanding of clinical research methodology and study designs (MK, PBLI).
- Demonstrate an understanding of major statistical methods used in psychosomatic research (MK, PBLI)
- Appropriately apply that knowledge in evaluation of medical literature (PC, PBLI, MK).
- Apply ethical principles while participating in ethics committee consults (Prof, SBP).
- Demonstrate an attitude of ethical practice in all clinical and research activities throughout the fellowship (Prof, PC).
- Identify a research mentor and an area of investigation (PBLI, Prof).
- Develop skills in formulating an appropriate research question (PBLI).
- Understand the process of chart review and retrospective clinical data collection (PBLI, MK).

Months 7-12: In addition to the above fellows are expected to:
- Demonstrate knowledge of methods of clinical psychosomatic research. (MK, PBLI)
- Conduct a psychosomatic medicine research project. (MK, PBLI)
Progressive Responsibility for Patient Management

While fellows are gradually given more responsibility as they progress through the program, at all times final responsibility for the case rests with the faculty. All reports must carry an attending name and electronic signature, which signifies that the attending has verified the findings and assessment. The Program Director ensures, directs and documents adequate supervision of fellows at all times. Fellows are supervised by teaching staff in such a way that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.

Fellows evaluate the patient and present each case to the attending physician throughout the year of their fellowship. As they progress, fellows are given more responsibility. In the ambulatory setting, they continue to check out all patients with the attending, but give a full presentation only of problem cases as their competency increases.

<table>
<thead>
<tr>
<th>Function/activity</th>
<th>Level of responsibility/independence by proficiency level</th>
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<tbody>
<tr>
<td></td>
<td>Beginning</td>
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<td></td>
<td>Developing</td>
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<td></td>
<td>Proficient</td>
</tr>
<tr>
<td>Clinical data collection</td>
<td>independent, with staff suppletionation</td>
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<td></td>
<td>independent, with staff confirmation</td>
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<tr>
<td></td>
<td>independent, with selective staff confirmation</td>
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<tr>
<td>Formulation of clinical assessments/plans</td>
<td>jointly with staff</td>
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<tr>
<td></td>
<td>independent, with staff confirmation</td>
</tr>
<tr>
<td></td>
<td>independent, with selective staff confirmation</td>
</tr>
<tr>
<td>Communication of recommendations to 1 teams/ ref  MDs</td>
<td>after discussion with staff</td>
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<td></td>
<td>preliminary, independent; final, after discussion with</td>
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<tr>
<td></td>
<td>staff</td>
</tr>
<tr>
<td>Case conference preparation</td>
<td>jointly with staff</td>
</tr>
<tr>
<td></td>
<td>independent, with staff confirmation</td>
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<tr>
<td></td>
<td>independent, with selective staff confirmation</td>
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<tr>
<td>Supervision of students/ residents</td>
<td>jointly with staff</td>
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<td></td>
<td>independent, with staff review</td>
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<tr>
<td></td>
<td>independent, with selective staff review</td>
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<tr>
<td>Research</td>
<td>directed background reading, tutored skill development</td>
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<tr>
<td></td>
<td>execution of existing projects with staff oversight</td>
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<tr>
<td></td>
<td>analysis and presentation of results, new project</td>
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<tr>
<td></td>
<td>development, independent conduct of research with selective</td>
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<td></td>
<td>staff review</td>
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</table>

Evaluation of Fellow Performance on Clinical Rotations: Formative evaluation of fellow performance will be provided by the supervising staff psychiatrist at each encounter. Although this may be only verbal feedback, supervising staff are encouraged to make notes of supervision and evaluation for inclusion in the fellows’ file. The psychosomatic medicine training director will provide official formative evaluation at least once during the first six months of the fellowship (semi-annual evaluation).

The semi-annual evaluation will address fellow performance in the categories of:

- Patient care
- Medical knowledge
- Practice based learning
- Interpersonal and communication skills
- Professionalism
- Systems based practice

26
Program Policy & Procedure Manual
The training director will make use of direct supervision, comments of other supervising faculty and staff, reports from patients, and/or results of cognitive examinations (quizzes) in assessing the fellows’ competence.

**Multiple Rater Assessment of Fellow Performance:** The training program will gather data from other providers (psychotherapists, case workers) and ancillary staff on fellow performance and professionalism. This data will be reviewed by the program director and results presented in aggregate to the fellow during semi-annual reviews.

**Final Performance Evaluation:** A final summative evaluation of fellows’ competence will address:

- Knowledge of abnormal behavior and psychiatric illness that occur among medical, neurological, obstetrics-gynecology, and surgical patients
- Knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases
- Ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients
- Understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system
- Ability to provide consultation in medical and surgical settings
- Facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals
- Ability to effectively supervise medical students and residents performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness
- Participation in the development of new knowledge, evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry
- Knowledge of the organizational and administrative skills needed to finance, staff, and manage a psychosomatic medicine service.

**Duty Hours:** A full-time equivalent for psychosomatic medicine fellows is 50 hours per week. Psychosomatic medicine fellows will not have in-house call responsibilities, but may moonlight as the VA POD, as long as the moonlighting does not interfere with fellowship responsibilities and does not cause the fellow to have either more than 80 hours per week in the hospital or to be on duty more than 24 consecutive hours. The psychosomatic medicine training director must approve requests for moonlighting and will monitor duty hours for compliance with ACGME requirements.

**Required Conferences and Seminars:**

**Psychotherapy in Psychosomatic Medicine:** This seminar focuses on psychotherapy, including understanding how and why patients respond to illness, the nature and factors that influence the physician-patient relationship, and the application of Cognitive Therapy and Interpersonal Psychotherapy in the setting of psychosomatic medicine. Given that we have one fellow for this academic year, we will incorporate this material into the weekly supervision sessions. 100% attendance is required, with excused absences only for annual or sick leave. A staff physician will cover the clinical duties of the psychosomatic medicine fellow during scheduled seminar times.
Because this seminar complements individual psychotherapy supervision, formative and summative evaluation will be provided by the fellow’s psychotherapy supervisor. The cognitive therapy scale will be used for formative evaluation. Topics covered are:

1. The indications for cognitive therapy and interpersonal psychotherapy in psychosomatic medicine.
2. The theory and practice of cognitive therapy and interpersonal psychotherapy in psychosomatic medicine.
3. Transference and counter-transference in psychosomatic medicine.
4. Normal and pathological responses to illness.

Seminar Objectives:

1. Fellows will achieve and demonstrate competence in the theory and practice of cognitive therapy and interpersonal psychotherapy in treating patients with medical illness.
2. Fellows will achieve and demonstrate competence in using non-pharmacologic interventions with medically ill patients.
3. Fellows will achieve and demonstrate an attitude of confidence and competence in providing psychotherapy to medically ill patients.

Special Topics for Psychosomatic Medicine: This seminar includes topics on ethics, research, and administrative aspects of psychosomatic medicine. This seminar will be integrated with, and augmented by Dr. Thuras’ statistics seminar and individual supervision of research projects. Also, as part of this seminar, fellows will participate in Ethics Committee Consults.

The recommended textbook for this seminar is: *Elements of Clinical Research in Psychiatry*, by Mitchell, Crosby, Wonderlich, and Adson (2000). Additional readings in ethics, statistics, and administration will be provided.

The course will meet for one hour monthly for ten months. Attendance is required, with excused absences only for annual leave or sick leave. A staff physician will cover the clinical duties of the psychosomatic fellow during scheduled seminar times.

Topics that will be covered are:

1. Research methodology
2. Critical reading of research literature
3. Basic statistics for psychosomatic research
4. Administrative aspects of psychosomatic research and practice
5. Fundamentals of medical ethics

Psychiatric Morbidity in Mental Illness: This seminar focuses on the psychiatric and psychological aspects of primary medical conditions and on the psychiatric and psychological effects of medical and surgical treatments. The course is organized into a pathophysiologic systems-based structure.

Required textbooks for the seminar are:

1. Diagnostic and Statistical Manual 4th edition, TR
2. Textbook of Psychosomatic Medicine, edited by James Levenson
3. Additional readings from medical and surgical textbooks, along with pertinent recent articles in the medical literature will be assigned.

The course will meet for one hour weekly for eighteen weeks.

Topics that will be covered are:
1. Heart Disease
2. Lung Disease
3. Gastrointestinal disorders
4. Renal Disease
5. Endocrine and Metabolic Disorders
6. Hematology/Oncology, including Stem Cell Transplant
7. Rheumatology
8. Infectious Disease
9. Dermatology
10. Neurology and Neurosurgery
11. Obstetrics and Gynecology
12. Physical Medicine and Rehabilitation, including Traumatic Brain Injury
13. Pain
14. Orthopedics
15. Otolaryngology
16. Primary Care and Preventive Medicine
17. Pediatrics
18. Special Topics

Goals of the seminar are:

1. Medical Knowledge: Fellows will achieve and demonstrate competence in the evaluation, diagnosis, phenomenology, and treatment of psychiatric and psychological sequelae of medical and surgical conditions and treatments.
2. Skills: Fellows will achieve and demonstrate competence in presenting cases and leading discussion of the main teaching points for assigned topics.
3. Attitudes: Fellows will achieve and demonstrate an attitude of scientific inquisitiveness and eagerness to teach about psychiatric and psychological sequelae of medical and surgical conditions and treatments.

The format of the seminar is 1:1 teaching, but may also include fellows from geriatric psychiatry or addiction psychiatry. Prior to each session, a fellow will be assigned a topic from the above list. The appointed fellow will present a case illustrating the teaching points for the topic. All attendees are expected to have completed the readings for the week and actively participate in discussing the case. The seminar may be augmented by attendance of selected medical and surgical grand rounds.

5.B ACGME Competencies
The 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 six competencies are:
- Patient Care
- Medical Knowledge
- Practice Based Learning and Improvement
- Systems Based Practice
- Professionalism
- Interpersonal Skills and Communication

5.C Duty Hours
The 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, 2011] 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, effective July 1, 2011, the duty period for PGY1s must not exceed 16 hours in duration.
The duration of the workday on Psychiatry rotations at the University of Minnesota Medical Center will vary according to the year of training and service assignment. This is delineated by the Duty Hour Guidelines.

F1 & F2 work shift, continuous duty, cannot exceed 28 consecutive hours, the last 4 hours of which cannot involve patients admitted to the system in that interval
The start of a workday must be separated from the end of the previous required program duty period by 10 hours (with at least 14 hours free of duty after 24 hours of in-house duty)
The aggregate duration of workdays in a four week period cannot amount to more than 80 hours per week on average
Fellows are provided at least one day in seven free of patient care responsibilities, averaged over a four-week period.

The standard workday is 8am to 5pm. Fellows assigned to UMMC Department of Psychiatry services are expected to be on site first responders to those services. This can be extended by call assignments, individual supervision, clinical conferences or tasks related to patient care as long as duty hour regulations are not violated.

Patient contact in the Outpatient Clinic will be scheduled up to 5pm.

The cutoff for working up new admissions on the Inpatient Services at UMMC is 4:00pm (arrival of the patient on the unit or accessible in the Emergency Department, or behavioral Emergency Center). Fellows may remain beyond 5pm as long as it does not put them into a Duty Hour violation.

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 will document the reason for remaining to care for the individual patient in RMS. If a fellow stays beyond their scheduled duty, they must record the justification for the extended time in the “comments” box of their duty hour entry in RMS consistent with MMCGME/RMS software protocol. The program director will review all comments during the regular duty hour review process.

All fellows are required to use the Residency Management Suite [RMS] to update their assignments and hours in the duty hours module for all training related activities, including external moonlighting, in a timely manner. Compliance is considered a part of professional competence.

It is the policy of the Department of Psychiatry that if a fellow does not complete RMS by noon on the 5th working day of the month his or her UMMC Campus parking card will be turned off. The department will not reimburse parking charges incurred following suspension of a parking card. The parking card will not be turned on again until RMS is completed.

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. Violations identified for a specific month require a written response to the GMEC explaining the violation and the measures to be taken to correct the area of non-compliance

Program Policy & Procedure Manual
(2) Annual ACGME Fellow Survey generates confidential reports from fellows regarding duty hour compliance. Violations identified by this process require a written response to the GMEC.

(3) RMS Duty Hour Violation Reports will be generated by the Program Coordinator for review by the Program Director. 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.D On Call Schedules
Fellows in the PGY3 and 4 years do not provide call coverage. Internal and external moonlighting must be approved by the Program Director and logged on RMS. Moonlighting commitments cannot lead to duty hour violations or interfere with training activities. The Program Director receives a comprehensive written report of all duty hour violations for each 4-week rotation period and determines the cause and solution for each violation.

5.E On Call Rooms
Psychosomatic Fellows do not provide call coverage so there is no on-call room for them.

5.F 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 Psychiatry Fellowship Coordinator

5.G 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.H Medical Records
Fellows will be trained in using CPRS at the VA and the Electronic Medical Record at UMMC for inpatient and outpatient activities. Medical records may be accessed 24 hours a day through the electronic medical record.

5.I Security and Safety
UMMC and the VA have in-house security staff. At the VA, each office should have a panic button and the option to dial 1-9-1-1 for emergency services. At UMMC, 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.

Psychiatry fellows undergo safety training as part of their orientation, including techniques to de-escalate anger and aggression. All 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 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 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.J 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. Accordingly, fellows will provide accurate information about such activities and will obtain approval from the program prior to engaging in moonlighting.

A 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. 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, PrairieCare – Edina, and PrairieCare – Maple Grove].

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 RMS. Home call has two RMS codes: (1) time when you could have been called, paged or consulted, irrespective of where you are (home, hotel) and (2) actual time spent in-house. Time in transit is not counted as time in-house.

All moonlighting activities count towards the 80 hour work week limit averaged over a four week period.

University malpractice insurance does not cover moonlighting activities. The moonlighting employer must provide malpractice insurance.

5.K Supervision
Clinical training must include adequate, regularly scheduled supervision which complies with ACGME regulations. Each Fellow must have at least two 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.

5.1 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, hospital and clinic staff and meets with fellows on a twice yearly basis. 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. M 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 chief fellow or the faculty member on-call. Additionally, the University of Minnesota Medical Center, Fairview provides reimbursement of taxi fare for fellows who require transportation due to issues related to fatigue following duty shifts.

5. N Graded Responsibility
The F1 year, for the most part, have on-site supervision available.

5. O ACLS/BLS/PALS Certification Requirements
If there is required institutional and hospital certification in BLS and ACLS it will be provided to fellows during orientation. Currently this is not required.

5. P 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.Q Step 3 Requirement
All trainees must pass the USMLE Step 3 or an equivalent licensing examination before entering the fellowship.

5.R 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 wellbeing 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.)
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.

5.5 Policy on Completion of Discharge Summaries

Timely completion of Hospital Discharge Summaries is a core competency objective of the general psychiatry residency program. Accordingly training in these activities will be provided and UMMC Health Information Management (HIM) and the fellowship program will monitor performance. Deficiencies will be viewed as academic, not administrative matters. Dictation of discharge summaries (unless noted) is a professional responsibility of fellow physicians.

UMMC Hospital Policy and Procedure states:
Discharge summaries must be completed within 24 hours of discharge. An abbreviated summary is acceptable for patients hospitalized less than 48 hours with problems of a minor or uncomplicated nature.

Fellows receive a weekly Deficiency List distributed by the program office and a Deficiency Letter twice monthly from HIM. Records not completed in 30 days are considered delinquent.

In general the weekly Deficiency List from HIM will assess timeliness of completion. Ordinarily disputes about the accuracy of the Deficiency List must be resolved with HIM by the fellow. If a Deficiency List indicates any summaries over 30 days old the fellow will be (under ordinary circumstances) considered out of compliance with this policy.

All discharge orders should either state that the summary has already been completed or indicate the name of the fellow (printed out) responsible for completing the discharge summary. Responsibility for the discharge summary devolves as follows.

If a team fellow has been responsible for the patient in the context of regular, weekday (non-holiday) attending rounds then that fellow is responsible for the discharge summary whenever the patient is discharged (weekday, holiday, weekend). If more than one fellow has seen the patient in this context it is the last fellow to have done so (even if this is a single encounter). As a matter of collegiality, a fellow who knows the patient best may volunteer to do the summary.

On weekends and holidays—if a patient has not been seen by a team attending as part of regular, weekday (non-holiday rounds) the discharge summary is the responsibility of the person who writes the discharge orders.
If a team attending sees a patient on regular, weekday (non-holiday rounds) and a team assigned fellow has never rounded on the patient-fellow(s) assigned to that team is (are) not on duty (vacation, illness, PRITE exam etc.) or there is no fellow assigned to that team (i.e. an uncovered service) the discharge summary is the responsibility of the last team attending to do regular, weekday (non holiday) rounds on that patient whenever that patient is discharged.

Consequences of delinquent (>30 days records) Discharge Summaries

<table>
<thead>
<tr>
<th>Status</th>
<th>Definition</th>
<th>Requirements</th>
<th>Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written Advisory</td>
<td>First occasion of record(s) over 30 days old.</td>
<td>*Meet with chief fellow to review knowledge and skills related to medical documentation.</td>
<td>*Advisory from Program Director would typically be written on dictation log demonstrating delinquent records.</td>
</tr>
<tr>
<td></td>
<td>This episode continues and moves forward through the various stages as long as any record is 30 days or over. The record that prompted an advisory must be completed and all other records must be non-delinquent to terminate this episode.</td>
<td>*Completion of delinquent record(s) within 3 weeks.</td>
<td>*No academic consequences</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>*Advisory does not go to academic file.</td>
</tr>
</tbody>
</table>
A fellow may receive up to three separate Written Advisories (each separated by a period of no delinquent records). After three written advisories consequences for an additional episode begin at the Official Warning stage.

### Written Warning
- Written Advisory status not resolved in 30 days.
  - *Meet with faculty designated by program director to determine source of deficiencies and devise a remediation plan.*
  - *Completion of delinquent record(s) within 3 weeks*
  - *Written warning from Program Director*
  - *No academic consequences*
  - *Warning does not go to academic file*
  - *Fellow continues all duty activities*

### Official Warning
- Failure to resolve Written Warning
  - Failure to resolve Written Warning
  - Or
  - If there have been three previously unresolved Written Advisories a further written advisory will become an Official Warning
  - *Meet with faculty designated by program director to review and revise remediation plan*
  - *Completion of delinquent record(s) within 3 weeks*
  - *Official warning from Program Director*
  - *Warning goes in the academic file and may need to be reported to Medical Boards seeking information for licensure (a negative incident)*
  - *Fellow continues all duty activities*

### Probationary Status
- Failure to resolve Official Warning
  - *Meet with program director*
  - *Completion of delinquent record(s) within 3 weeks*
  - *Official note of Probationary Status placed in academic file*
  - *Fellow may or may not be allowed to continue other duty activities*

### Failure of rotation
- Failure to resolve Probationary Status
  - *Meet with program director*
  - *Completion of delinquent record(s) within 3 weeks*
  - *Fellow fails the rotation(s) during which the deficiencies occurred and must repeat them, thereby extending the fellowship*
  - *Record of this in the academic file*
  - *Fellow may or may not be allowed to continue other duty activities*

### Dismissal
- Failure to resolve Failure of Rotation Status
  - *Due process for dismissal is implemented*
  - *Fellow is relieved of all duty assignments*

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**5.1 Outpatient Note Delinquency Policy**

Outpatient EMR notes are required to be ready for attending signature by the end of 7 calendar days for evaluations and by the end of 3 calendar days for other notes. Compliance is considered aspects of Professionalism and Patient Care. Noncompliance will typically be ascertained by UMP billing operation and reported to Program Director. Depending on circumstances, failure to remediate deficiencies can lead to a negative report to the academic file, withdrawal of approval for moonlighting activities, probation, and non-credit for rotation and/or dismissal.