

GENERAL PSYCHIATRY RESIDENCY TRAINING POLICIES AND PROCEDURES

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Section 1: Psychiatry On-Call Duties and Responsibilities

- PGY-1 residents do their calls in psychiatry at the KCH CPEP throughout their internship year. For the first 2-3 months when they start, they are on 1:1 direct supervisory call with the Attending Physician in Charge or senior resident until they have completed a minimum of three supervisory calls (2 long and 1 short call) and are deemed to be able to work more independently under indirect supervision with direct supervision immediately available. The ability to progress from direct supervision to indirect supervision will be documented and noted in the resident's file.
- PGY -1 residents are responsible for completing psychiatric evaluations (child as well as adult), documentation, orders as prescribed by Physician in Charge (PIC) or the assigned supervising attending for all patients assigned to their care
- and also attending sign-out meetings.
- Toward the last 3-4 months of the PGY1 year, the residents will begin supervisory call on the Consultation and Liaison (CL) service. They will be on direct supervisory call with the consultation service attending and a senior resident until they have satisfactorily completed a minimum of three calls and are deemed able to work more independently under indirect supervision, with direct supervision immediately available.
- PGY2 and PGY3 residents will cover CL and CPEP. Residents on call in the CL service will be responsible for seeing consults (both new and follow-up cases), liaising with other medical services, and documentation. They will work under the indirect supervision of the CL attending, with direct supervision immediately available. Their duties will also include CPEP call coverage as needed.
- PGY3 and PGY4 level residents are able to do call as supervising senior residents for both C&L and CPEP calls with junior residents.

Section 2: Psychiatry On-Call Policies and Procedures

On call frequency:

1. PGY I:

- a. Up to a 10 times a month as per ACGME guidelines. **Note:** Per GME policy a resident may not have more than 10 calls in one month.
- b. Residents rotating to Ambulatory Medicine (Behavioral Health Primary Health Clinic (BHPHC), Pediatrics (Peds OPD), STAR Clinic, or Neurology Clinic have same amount of calls as those rotating in Psychiatry.
- c. Residents rotating through Neurology Stroke or Inpatient Internal Medicine (IM) rotation do calls according to the policy of the Departments of Internal Medicine and Neurology.
- a. Residents take a minimum of 3 (2 long and 1 short) directly supervised CL calls during the second half of the year while on Psychiatry call.

1. PGY II and III:

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- a. Up to a 10 times a month as per ACGME guidelines. **Note:** Per GME policy a resident may not have more than 10 calls in one month. This will be considered a violation
- 2. PGY IV:**
- a. PGY IV residents can be assigned supervision calls in the first quarter of each academic year but will not be placed on regular call schedule .
3. The on-call schedule will be emailed to residents and KCHC leadership for each quarter and a live call sheet will be available for residents and attendings/leadership at KCHC to keep track of call swaps and sign out to the appropriate resident. The resident is required to ensure that a proper handoff has been made to the incoming resident.
 4. All residents **MUST** have one day off every 14 working days as per GME policy.
 5. According to New York State law, after working between 1-23h59min a resident **MUST** have at least eight (8) hours off duty. ACGME recommends ten (10) hours and our program honors the 10h off duty recommendation. After working for 24h the resident **MUST** have 14h off duties.
 6. Residents who transferred from a different residency program will need to have their call tally revised and determined by the program director before being promoted to the next post graduate year.

On call working hours and policies:

CPEP:

- a. Saturday and Sunday day shift: 8am to 8pm covered by two residents. covered by 2 residents
- b. Saturday night shift: 8 pm to 8 am the next day covered by one resident.
- c. Holidays: Weekend schedule
- d. Overnight calls in CPEP includes 8 working hours and a protected 4 hour rest period, if overnight. The on call resident is required to attend the 8 AM morning report at the end of their shift.
- e. Residents on all shifts are to remain on campus at all times.

Kings County Consult Call

The resident should arrive before call starts to receive sign out and is required to stay until the end of the shift to deliver sign out to the next resident/attending on service. For all consult services the attending should see the patient with the resident during the shift. STAT consults should be seen within 60 minutes of the consult coming in and routine consults within 24 hours. In order to adequately finish consults during the shift, routine consults that come in <1 hour from end of shift (<2 hours for child consults) may be signed out to the next shift. If a resident reaches their cap on a shift, they are **NOT** excused from call and must remain on site until the end of shift. If a resident is excused from call early by the attending, they **MUST** give a verbal in-person sign out to the attending. Residents covering C&L calls must remain on campus at all times.

Weekend Consult Call

On weekends and holidays a PGY 2 or 3 resident will take call at Kings County CL service from 8AM-8PM.

In order to ensure that residents are able to appropriately work and learn in their role as student physicians there is a cap on the number of new consults seen while on

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duty. **The cap for NEW consults is six during the 12 hour shift, not including follow-ups.** Child consults count for two consults due to the nature of child work. In addition, in order to help balance the flux of incoming consults, if back to back consults come in (with less than one hour in between), every 3rd consult should be picked up by an attending for initial evaluation, documentation and plan execution. The cap of 6 does not change and should a 4th consult come in, it would be assigned to the resident.

Overnight Consult Call (C/L Overnight and Research Call)

Saturday and Sunday nights, as well as overnight during long weekends, a PGY 2, 3 resident will be on call from 8PM-8AM the following morning. The resident will cover STAT consults on the medical emergency room (S1) and on the inpatient medical/surgical units at KCHC . **The cap for NEW consults is six during the 12 hour shift, not including follow-ups.** The PGY II resident in Research Month covers all Sunday KCHC CL night shifts. If the resident goes on vacation during the research month, they will be granted reprieve from the Sunday night CL call for one of the adjacent weekends (no backup will be available for the service in this scenario) but the resident would be responsible for ensuring availability for the other weekend.

Weekday Consult Call

Monday – Thursday weekdays from 5-10PM a PGY 2 or 3 resident will cover the KCHC CL service . In order to ensure that residents are able to appropriately work and learn in their role as student physicians there is a cap on the number of new consults seen while on duty. **The cap for NEW consults is three during the 5 hour shift, not including follow-ups.** Residents on weekday call should see STAT consults and routine consults which will time out overnight. The resident may see other routine consults if the attending on call agrees to supervise, but are not responsible for these to be completed during their shift.

Supervision Calls

PGY III and IV residents are expected to be supervising the PGY I residents during their initial CPEP and CL calls. The on call responsibilities of the supervising resident in this situation includes direct clinical supervision and navigating other issues like EMR/legal documentation. They are not expected to provide any independent clinical coverage for the service during the shift.

Consult Resident being pulled into CPEP

If the consult service is not busy and CPEP is overwhelmed, the consult resident may be asked to take CPEP cases. These CPEP cases count toward the cap of patients seen that shift (1 for adult cases, 2 for child/adolescent). The educational objective and responsibility of the consult resident is to consult service. Should a consult come in during a CPEP evaluation, the resident is to alert both CL and CPEP attendings and decide if the evaluation can be completed but the priority is to attend to the STAT consult within 60 minutes of initiation.

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- f. Residents rotating at off-campus clinical sites must inform the Psychiatrist-in-charge if they will be detained and cannot make it to call by 5pm
- g. Residents on short calls should complete direct patient care by 10 pm in order to fulfill the required 10 hour rest before returning to work at 8 am the next day.
- h. In order for the residents to finish their work and leave the hospital campus on time, the resident on call should not start any new evaluation 1 hour before the call ends for adult patient and 1.5 hours for pediatric patients. For example, if the call ends at 10 pm, then the resident shall stop seeing new patient after 9 pm for adult patient, and 8:30 pm for pediatric patient. The new consultation received 1 or 1.5 hour within the call ending time should be signed off to the next shift resident or attending psychiatrist on call.
- i. In the event of an overnight shift where there is a 4 hour break, should the break be taken between 4am to 8am, the resident is still responsible to see patients up until their 4am break.
- j. Resident on C&L call should log their encounters for sign-out purpose.
 - ☉ Prior to starting their C&L shift, resident should look for e-mailed signout from previous shift.
 - ☉ Once resident's shift has ended, they are to add any new consults and updates to the sign out sheet and e-mail to corresponding recipients and incoming resident, along with in-person sign out.
- a. **Saturday and Sunday 8AM (KCHC):** Residents on call overnight sign out to KCHC CL on-call for the day time at CPEP and hand the pager to the on-call resident.
- b. **Saturday and Sunday 8PM (KCHC):** Resident takes the pager and receives signout from the daytime on-call resident at CPEP.
 - ☉ **Monday morning:** the Sunday night call CL resident will go to KCHC CPEP at 8 am to sign out to KCHC day team. Sign out rules:
There should be official verbal and paper sign-outs (hand off policy).
 - a. All CL residents should describe in detail consults seen during their shift and previous sign outs from earlier days.
 - b. Pager need to be handed in person the resident/attending who is supposed to be carrying it next. The pager can't be left at the nursing station or the clinic.
- t. Residents on short calls should sign out to the on call attending psychiatrist. Residents on long calls should sign out to the next shift residents. Residents on Sunday night calls should sign out to the C& L day team at 8 am.
- u. When leaving on-call duty after working hours, residents are encouraged to call security service at 718-270-2626. The shuttle service will pick resident up if leaving or coming into campus via subway station or when going between KBJ and KCHC.
- v. For C/L consults, in order to ensure that residents are able to appropriately work and learn in their role as student physicians there is now a CAP on the number of new consults seen while on duty. The cap for NEW consults is six, not including follow-ups. Child consults count for two consults due to the nature of child work. In addition, in order to help balance the flux of incoming consults, if back to back consults come in (with less than one hour in between), every 3rd consult should be picked up by an attending for initial evaluation, documentation and plan execution. The cap of 6 does not change and should a 4th consult come in, it would be assigned to the resident.

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Requests for time off and changes to the call schedule:

- Residents are given up to 5 requests per academic year with regards to the call schedule. This includes requests for the weekends before or after a full week of vacation days. Previously approved vacations will be given at least one weekend off, either immediately prior to or immediately following the designated week of days. There is no guarantee a request will be honored.
- On call requests need to be addressed to sunvpsychcall@gmail.com as a new email with a clear heading reading: “Call Request and Vacation”.
- Residents will be responsible for sending an email to the above address reminding the chiefs by the 5th day of the month or any other date specified by the chiefs, prior to when they are on vacation.
- All requests for the call schedule must be emailed to the chief residents as per deadlines set during each quarter. Late requests will not be considered, and it will be up to the resident to switch with another resident if he wishes to make any changes.
- All changes to the on-calls schedule must be approved by the chief resident on-call.
- All requests for switches in the call schedule must be individually confirmed by the residents making the switch via email to the chief residents.
- Switches will be considered official once the chief resident verifies the viability of the switch and confirms the switch in writing via email.
- Once the first version of the call schedules is sent, residents have five (5) business days to report any issues, mistakes, oversights that need to be corrected. The residents are required to check the second and final version and report any issues within three working days. After this period the resident is responsible for the assigned call.
- The call tally will be released with the second corrected version of the call schedules. Residents have three (3) business days to bring up any issues with the call tally. After the three day period, no corrections will be made.

On-Call Backup Schedule and Missed Calls:

- If a resident cannot do their assigned call, it is the responsibility of that resident to find another resident who is willing to take the call and then notify the chief resident on-call about this.
- The back-up resident will only be contacted by the chief resident on-call after the original resident fails to find a switch.
- Any switch not utilizing the back-up resident will be considered a one to one switch and no additional calls will have to be made up.
- If the backup schedule is utilized for the missed call, then the resident who triggers the back-up coverage will be required to complete 1 make-up call and 2 additional calls, for a total of 3 calls. This will be implemented by the chief residents. Should there be a recurring pattern, an investigation will be initiated and the Residency Training Office and Chairman will be notified. These additional calls will not be counted toward that resident’s call tally.
- If a resident gets activated for a backup call, he or she will do 1 less call in the future.
- The backup schedule is for resident coverage only and will be emailed to the residents with the final call schedule.
- Residents on backup are expected to be available by pager/phone for the entire duration of the call that they are on backup for.
- If a person on back-up is called and fails to respond, he/she will have to do an additional call in the future which will be decided by the RTO on a case by case basis.
- Missed calls during a prolonged sick leave will be handled by the Residency Training Office on a case by case basis.

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Psychiatry Calls During Ambulatory Medicine Rotations (e.g. STAR):

- PGY1 residents doing their BHPHC, STAR Clinic, Pediatrics OPD, Neurology Clinic months will have on-call commitments in Psychiatry. These residents will also be on the back-up schedule.

No Post-Call Policy

- As of July 2010, this residency program had adopted a No Post-Call policy to ensure continuity care of the patients, except in case of an emergency.
- All week day calls are short calls.
- All Sunday night C&L calls will be covered by PGY IIs rotating in Research Month with no clinical duties on the Monday following the call.

CPEP On-Call Supervision:

Supervision by Psychiatrist in charge

At all times, residents on call in the CPEP are under supervision of the psychiatrist-in-charge (PIC) or another attending assigned by PIC at all times. The PIC must be available by cell phone/pager/telephone extension at all times. All new cases seen in the CPEP are to be reviewed with the Psychiatrist-in-charge who is to discuss the case with the resident and co-sign all evaluations, physical assessments, notes, legal papers and orders written by the resident.

Incoming PGY1 are under individual supervision for three (3) calls or more, if needed. During this initial period of supervised calls, residents will be assessed to determine their ability to do calls without direct 1 on 1 supervision. Determination of residents' ability to do calls without this type of supervision will be done based on supervisors evaluation using standardized evaluation forms. Residents may require additional supervision beyond first 3 calls until the evaluations demonstrate that resident is able to function independently while on call. There must be a minimum of 3 direct/indirect forms filled out per PGY-1 resident and signed by Attending/PGY4/PGY3. In addition to this, evaluations must be submitted on each of their supervised calls.

Consult & Liaison (C & L)-Call supervision

1. All new cases seen on the C&L service must be evaluated by the attending covering the C&L service of that particular hospital site.
2. As per current KCHC policy, residents may only do capacity assessments under direct attending supervision, with attending present in the room. The resident may still write the note with an attending co-signature.
3. The attending is to be contacted concerning all follow-ups. The attending **must** be available via pager/cell phone/telephone extensions at all times.
4. Residents should request the attending to evaluate the patient in person immediately after they finished interviewing the patient. The attending psychiatrist is required to evaluate the patient in person within 30 min after receiving the call from the on call resident. The resident may start composing the consultation report while waiting for the attending psychiatrist to evaluate the patient. However, no management recommendation, except emergency management for agitation, should be made to the primary care team before the attending psychiatrist evaluates the patient in person. Discussion by phone is inadequate

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and unacceptable. Any violation in this policy should be reported to chief resident on call immediately.

5. The upcoming PGY2s are required to start supervised C&L calls before June. They should have at least 3 supervised calls before starting individual C&L calls. When on supervised calls, the senior resident is responsible for on-call responsibilities. The senior resident/attending shall evaluate the competency of the junior resident. If the upcoming PGY2 is determined not ready for individual calls after 3 supervised calls, the resident can continue on supervised C&L calls. However, the extra supervised C&L calls will not count toward the supervisee's call tally.

SUNY Evening Training Service (SETS) supervision

1. In addition to the ambulatory training at KCHC, residents carry and treat patients in the SUNY Evening Training Service (SETS).
2. It operates from 5pm to 7pm Monday through Thursday. This clinic is for long term psychotherapy, with or without medication management. All PGY 2, PGY 3 and PGY 4 residents are assigned to at least one of four evenings (Mon-Thur) and each carries two patients. Onsite supervisors include a mix of attending psychiatrists and PhD psychologists who sit in with residents during initial consultations and then meet weekly during the day with each of their assigned residents individually or in group. Supervision formats can include process notes and audio or DVD recording of live session. MD Back-Up Medical coverage is available during all weeknights, from 5 PM to 7 PM.
3. PGY-2 residents start the SETS four (4) months before starting PGY3. All residents are required to keep timely, updated records of each patient session and have their supervisor co-sign each note. In addition, a psychodynamic formulation must be completed within a few months after each new patient intake. Thereafter, a psychodynamic formulation must be completed on each of the residents SETS patients.

Section 3: On Call Safety Issues

Section 3: ON-CALL SAFETY ISSUES:

CPEP:

1. Resident must ask the triaging nurse about the patient's past history of violence and current level of agitation, in order to anticipate any potential current risk of violence.
2. Resident must inform a nursing staff/ BHA (Behavioral Health Associate) before seeing every patient.
3. Residents must ask for a BHA (Behavioral Health Assistant) to accompany them while interviewing patient if the anticipated potential current risk of violence is high. Residents can refuse to see potentially violent patients if such assistance is not provided.
4. Office's door must not be locked while interviewing a patient, and BHA/nursing staff should be aware of which office the resident is using if outside of the main CPEP.
5. While interviewing, if patient's level of agitation escalates, interviewing session must be terminated and help must be sought immediately to ensure resident's own safety.
6. If in doubt, Physician-in-change must be consulted regarding any safety issues.

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Consultation & Liaison Call:

1. Resident must inform on call attending about location of the patient, when attending any calls from the floors/ER.
2. Resident should ask for a nursing assistance while attending calls from floor/ER, if the anticipated potential violence risk is high.
3. Resident can refuse to see potentially violent patient if such assistance is not provided and the consulting physician and on call attending should be informed.

Hospital police assistance:

1. When approaching a patient in the CPEP holding areas, residents should always first inform nurse/BHA if they intend to remove a patient from that area to a consultation or exam room.
2. If a resident deems additional assistance is necessary, they should ask the hospital police to escort them and the patient to their destination and to remain with them until the conclusion of the consultation or examination.

Safety while commuting to and from hospital:

1. Residents are encouraged to ask for a hospital shuttle at 718-270-2626 (Hospital Police) to get to/from Winthrop station or garages. Hospital shuttle can pick resident up from KCHC (R, D, B building entrances) and DMC (Clarkson and Lenox Avenue entrances) and KBJ (Winthrop Ave. and Schenectady Ave. entrances).
2. After hours, it is not advised to walk to the subway station. For safety, avoid using unlicensed car services aka “gypsy” cabs. While taking a cab, resident should inform any colleague or family member about the intention of taking same and its details to ensure safety.

Section 4: Vacation/Sick Leave Policy for the Department of Psychiatry

All leave must be used during the respective academic year. One cannot carry over any unused leave time to the next academic year.

SICK LEAVE:

All residents must notify all of the following persons each morning that they are off service due to illness:

- Chief resident for their assigned year must be notified by email
- Attending, team leader or unit chief where the resident is on rotation (contacting only a fellow resident, medical students, clerical or nursing staff is not acceptable)
- Residency Training Office (Juliet.Arthur@downstate.edu) must be notified by email
- If sick leave falls on a didactic day, residents are required to email the respective chief resident for their class, chief resident for didactics, all the lecturers on schedule for the day and Residency Training Office.
- Failure to email or notify in an appropriate and timely manner may result in the resident having to spend vacation days in lieu of sick leave or escalation to labor relations due to unexcused work absence.
- Residents are allowed a maximum of **12 days** of annual sick leave.
- If a resident is out sick for 3 consecutive days, the resident is required to bring in written documentation from their physician outlining the nature of their illness.

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- Each absence beyond 5 days/year will be examined closely and the physician treating the resident's illness may be contacted for further information.
- Sick leave taken abutting other time away (Vacation, Educational Leave, etc) requires written documentation dated during those days from a physician outlining the nature of their illness. Failure to do so may result in escalation to labor relations due to unexcused work absence.

To ensure that residents satisfactorily complete the time and service requirements of each rotation, if it is deemed that a resident has missed a portion of their required responsibilities they will be asked to repeat the rotation or a portion thereof. This policy is enacted to ensure that residents satisfy ACGME training requirements for promotion and graduation.

Please refer to policy on missed calls or call switches in the section on On-Call Responsibilities for policy regarding the same.

VACATIONS:

Each resident is given 20 working days of paid vacation annually.

No Resident may take more than 10 consecutive working days as scheduled vacation without specific approval from the residency training office, their chief resident and the chief of service they are taking time away from.

Vacation requests must be submitted on time away request forms and be approved by the Residency Training Office, the chief resident on the service from which vacation time is requested and the attending/service chief of that service by July 31st of the academic year . These forms **MUST** be submitted in writing to the Residency Training Office. Failure to take the above steps may result in vacation requests being denied.

All residents must submit their vacation requests for the entire academic year by July 31st.

All changes in vacation requests must be approved by the Residency Training Office and the chief residents at least 30 days prior to the time of vacation, otherwise changes may not be honored.

Time away request forms are located in the Residency Training Office and with the chief residents. Residents must fill out the EXACT working days of vacation. This does not include additional days (i.e. the weekend pre- or post vacation). Any requested changes within 30 days must be approved directly by the Training Office, and cannot be only be approved by Chief Residents and Chief of Service.

NO vacation time will be granted during the last two weeks of June, the month of July and during PRITE/Columbia Psychotherapy exam dates unless pre-assigned or prior approval has been obtained from the Residency Training Office.

No resident may take off a 4-day week returning only for Thursday didactics. All requests of this nature will be denied.

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PGY1:

- PGY1 residents must take their vacation in 5 day week long blocks except under unusual circumstances with the approval of the training office.
- PGY1 residents may not take a week that starts in one month and ends in the next.
- If a resident's vacation coincides with an existing holiday, the extra day granted must be a Monday or Friday preceding/after the week so the resident is still gone for one solid block,
- A resident may not take off the first week of a rotation without specific approval from the residency training office, the chief resident and the chief of service
- No vacation will be allowed on Inpatient Medicine, Pediatrics or Neurology rotations
- Vacation will be granted during the following rotations
 - One week during the two months of R4 West Inpatient Psychiatry
 - One week during the two months of Coney Island Inpatient Psychiatry
 - One week during either the month of Partial Hospitalization Program or Addiction Psychiatry
 - If the resident is assigned to Outpatient Pediatrics, then one week during Behavioral Health Program Outpatient Medicine
 - If the resident is assigned to STAR Clinic, then one week during STAR Clinic

PGY2:

- PGY2 residents must take their vacation in 5 day Monday-Friday week long blocks except under unusual circumstances with the approval of the training office.
- If a resident's vacation coincides with an existing holiday, the extra day granted must be a Monday or Friday preceding/after the week so the resident is still gone for one solid block,
- A resident may not take off the first week of a rotation without specific approval from the residency training office, the chief resident and the chief of service
- No vacation will be allowed during Geriatric Psychiatry, CL SUNY, CPEP rotation and 2 months of IP child Psychiatry rotations
- One-week vacation will be granted during the following rotations
 - Kingsboro
 - Forensic Psychiatry
 - KCH Consultation Liaison Psychiatry
 - Research
 - Addiction
 - KBJ Hospital
- Exceptions to the above rules will require specific approval from the residency training office, the chief resident and the chief of service

PGY3&4

- The Training Office reserves the right to deny any vacation dates that consistently fall on a Monday or Friday. Residents are not allowed to take off one day of the week more than two weeks in a row. (e.g. A resident cannot take Fridays off for more than two weeks in a row)
- No vacation will be granted from the VA (PTSD Clinic, Chapel Street, etc.) during the month of July.
- As highlighted above, requests for interview and changes for interviews must be requested in the format of any vacation changes. Sudden changes needed for interviews must be approved directly by the Training Office, chief resident and direct supervisor, and may require proof of interview from the institution.

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FLOATING HOLIDAYS

- If a resident is assigned to NON CALL work on a departmental holiday, they receive a makeup vacation day, referred to as a “floating holiday”.
- This applies to work done during medicine and neurology rotations as well as psychiatry rotations
- Residents must submit a vacation request indicating they are taking a floating holiday as they would with any other vacation request. This vacation request must be approved in writing by the residency training office, their chief resident and the chief of service from which they are taking time away.
- Requests must be submitted at least 7 days prior to the time of the floating holiday or they may be denied.
- **All** eligible Holidays are as follows: Independence Day, Labor Day, Columbus Day, Election Day, Veterans Day, Thanksgiving, Christmas Day, New Year’s Day, Lincoln's Birthday, Presidents Day, Martin Luther King Jr. Day, Memorial Day

EMERGENCY/BEREAVEMENT LEAVE

Each resident may be allowed up to 3 days annually for emergency/berereavement purposes. Residents must notify services, service chiefs, the chief residents, and the Residency Training Office if using this leave.

Time away request forms are located in the Residency Training Office and with the chief residents. Residents must fill out the EXACT working days of leave. These forms must be filled out within 30 days after the resident returns. Please refer to policy on missed calls or call switches in the section on On-Call Responsibilities for policy regarding the same.

EDUCATIONAL LEAVE

Each resident will be given up to 4 days annually if prior approval is granted by residency training office. These days can be used for licensing exams, **fellowship interviews**, conferences or research seminars. A request form must be filled out 30 days prior to taking educational leave. **Proof of educational activity is required and must be submitted to the Residency Training Office upon return from leave or time taken off will be transferred from resident’s unused vacation time.**

MATERNITY LEAVE

Female residents are allowed 4 weeks of paid maternity leave for any uncomplicated pregnancy. These 4 weeks can also be combined with a maximum of 2 weeks’ vacation leave if a resident wishes additional time off postnatal. If one should use 2 weeks of their vacation time added to their 4 weeks of maternity leave, they will still have an additional 2 weeks of vacation to utilize during the remainder of that academic year.

The Family and Medical Leave Act (FMLA) guarantees to eligible employees a total of 12 weeks of unpaid leave during a 12-month period for one or more of the following reasons:

- The birth and care of the newborn child of the employee;
- Placement with the employee of a son or daughter for adoption or foster care; or
- To care for an immediate family member (spouse, child, or parent) with a serious health condition.

Any leave during residency will impact on one’s ability to finish their residency during the specified 48 months of training indicated by the ABPN. It most certainly will impact on the ability to transfer to any fellowship after the PGY3 year of training.

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Time away from residency for leaves of absences will result in remaining longer in residency in order to make up missed time during the post training period.

All maternity leave requests **must** be pre-approved by the Residency Training Office and a request form for this leave needs to be filled out and approved prior to maternity leave. The resident must make up all service requirements and on-call duties for time taken off.

PATERNITY LEAVE

Each male resident will be given up to 3 working days of paid paternity leave annually. A request form must be filled out and submitted to Residency Training Office for such leave.

TOTAL DAYS OFF SERVICE, MISSED EDUCATION

Residents who, for any reason (including vacation, sick leave, and any other time off) accumulate **45** or more working days off service and training during an academic year of training will be considered as not having fulfilled the minimum attendance requirements for promotion/graduation. The resident will only be promoted/graduated pending a review by the Residency Training Office.

Section 5: Promotions and Graduation Re-eval w/ milestone criteria

Residents will be required to satisfy all of following criteria in order to be promoted or graduated:

- A. Satisfactory completion of clinical work in each clinical rotation as evaluated by the service chief/supervisor and reviewed by the Residency Training Office.
- B. Satisfactory performance on all areas of the 6 core competencies: Patient Care (PC), Medical Knowledge (MK), Professionalism (P), Interpersonal and Communication Skills (ICS), Practice Based Learning (PBL) and System Based Practice (SBP).
- C. Satisfactory academic performance as evaluated by the training director(s) in the following:
 1. A minimum **50 percentile score** on the Psychiatry Residents In-Training Examination (PRITE) on both Psychiatry and/or Neurology sections for the same PGY level nationwide. Failure to achieve this will result in educational assignments that will be determined by the training office.
 2. Acceptable performance on clinical skills during the assessment across academic year, including the annual departmental CSVs.
 3. Acceptable performance in course work (attendance, preparation and participation)
- D. Successful completion of program privilege procedure requirements.
- E. **Successful completion of USMLE step 3 by the end of PGY 1 year.**
- F. Residents who, for any reason, accumulate **45** or more days off service and training during any academic year of training will be considered as not having fulfilled the minimum attendance requirements for promotion/graduation. The resident will only be promoted/graduated pending a review by the Residency Training Office.

The above will be evaluated semi-annually by the training office and in promotions' meeting.

Core competency Goals and Objectives are distributed to each resident upon entering residency and at the start of each rotation and at the beginning of the academic year. → Add Milestone info here

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Unsatisfactory performance in the above could result in the following, on a case-by-case basis:

1. Remedial assignment
2. Repeat of academic course/service assignment
3. Probation
4. Repeat of academic year (PGY)
5. Dismissal

Any disagreements regarding the above outcomes may be handled through the department and hospital wide DUE PROCESS procedures, described in Appendix A and B.

PROBLEM RESOLUTION

In case of any problems, residents should follow the following chain of due process. First contact their chief residents to review the problem and seek a solution. The Chief Residents may bring refractory contentious issues to the attention of the Training Director(s). If there are any interdisciplinary problems, the Training Director(s) will seek the advice of the Chair of the Department as well as the Educational Committee for their solutions. Residents circumventing the above chain will be creating conflicts and delays in the resolution of problems. The department adheres to the hospital's "DUE PROCESS" procedures.

PRITE (Psychiatry Residents in Training Exam) and (ADCSA) Annual Departmental Clinical Skills Assessment (CSAs)

Residents must take the PRITE offered by the American College of Psychiatrists, in all years of training. It is also taken by post-residency trainees and practitioners at participating training programs. The primary objective of the PRITE is to make comparisons with peers in specific areas of knowledge.

In addition, all residents take annual ADCSA. The examination consists of a live patient interview. Residents receive a pass or fail grade. The purpose of the exam is to assess the clinical competency of the resident and is also a preparation for assessing interviewing skills, techniques and presentation which is a requirement for graduation from general residency training. Results of the examination are shared with the resident by the examiners after the exam and also by the program director(s) during the semi-annual evaluation and remedial actions are suggested, if necessary. It is expected that the resident will obtain at least a conditional grade during the PGY-1 year and will progress to a pass grade in subsequent years. Should a resident score below average on any of the major categories of the formal CSA, they will be asked to perform an additional CSA with the RTO. Pending results of this, determination of whether further action (remediation) needs to be taken.

CLINICAL SKILLS ASSESSMENT (CSA)

Completion of CSV's are required by every resident on each of their clinical services throughout their residency training. A pass is required and will be counted as part of a resident's overall evaluation on their clinical rotations.

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

- Physician-patient relationship
- Psychiatric interview, including mental status examination
- Case presentation

All three competency components are to be assessed in the context of patient evaluation that is conducted in the presence of an ABPN-certified psychiatrist. Three evaluations with three different patients are required.

DRESS CODE

Proper business/professional attire is expected. This refers to all time on campus – including Thursday didactics and non-clinical services like research month.

1. Business attire is always acceptable.
2. Jeans, shorts, and tee shirts with or without logos are unacceptable.
1. Clothing that is revealing or inappropriate in the workplace is unacceptable.
2. Good grooming and neatness is required at all times.

EXTRACURRICULAR WHILE IN RESIDENCY

Any extracurricular activities related to training must be pre-approved by Residency Training Office, and is conditional upon:

1. Not interfering with residency requirements.
2. Being in good academic and professional standing within the program.

Section 6: Due Process Policy

Residency Training Program

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1. On each assigned clinical rotation, the resident receives an evaluation by the supervisor. The supervisor or the service chief discusses the evaluation with the resident. The electronic evaluation system is operational.
2. The Education and Policy Committee (EPC) meets at least 20 times a year to review resident evaluations and any problems that have been identified with a resident's performance.
3. The EPC meets at least semi annually to review all resident files and make recommendations regarding resident improvement, progress, renewal of contract and promotion. Residents who are promoted to the next level of training have Promotion forms placed in their file at time of advancement.

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4. The EPC periodically reviews the evaluation process and makes recommendations to the Residency Training Office for ways to improve the quality of the evaluation and educational process. These discussions are documented in the minutes of the Committee meetings.
5. If the EPC recommends that support services be made available to a resident, written documentation that such services were recommended and made available to the resident will be placed in the resident's file.
6. If the EPC determines that a resident has not met the academic requirements of a component of the Residency Training Program, or has not achieved sufficient professional competence to advance to a higher level of training, the first action recommended by the committee will be a plan of remediation of the resident's deficiencies. The Training Director or ATD will meet with the resident, discuss the remediation and document this on a resident Remediation Form which becomes part of the resident's file. This resident will review and sign this document and receive a copy as official notification. The plan will be reviewed at specific times. If the Committee determines that the resident has a problem that cannot be corrected by remediation, or that adequate remediation has been tried and has not been successful, the Committee may recommend an adverse action such as non-renewal of contract, academic probation, restriction of the resident's clinical duties, or termination. The Committee may also decide to deny credit in part or in full for a clinical rotation or academic year of training.
7. A resident has the right to challenge an evaluation of academic performance in a required educational activity or an unfavorable academic status and may request a review of the evaluation or academic status. Requests to review or challenge an evaluation or academic status **should be submitted in writing** to the Training Director(s) who will meet with the resident in an attempt to resolve the resident's grievance. If this fails, the resident may formally appeal the decision of the Residency Training Director(s) with the Chair of the Department or his designee (e.g. Vice Chair of Clinical Services) who can in turn adjudicate the matter or convene a grievance committee to conduct a review and make its recommendations to him/her. The Grievance Committee will gather the information they deem necessary, meet with the resident and write a report of their findings and recommendation to the Chair. The Chair may reach a final decision which shall be submitted to the resident in writing.
8. If the grievance is not resolved to the resident's satisfaction through the procedures of the Department the resident may then address a petition to the **GME Committee** for a review of the case and the Department's decision through the GME due process procedures. The petition is considered by an Ad-Hoc Residents Grievance Subcommittee appointed by the GME committee, utilizing procedures that the Committee believes will provide the parties involved with an opportunity to present their sides of the issue to the Committee and allow the committee to gather the information it deems necessary to make its decision. Action taken on resident grievances by the Ad-Hoc Committee is reported to the GME Committee and action accepted by the GME Committee is final and not subject to further formal review within the University.
9. Any written records of the grievance procedure within the Department and the GME Committee, and all written communication to the resident become part of the resident's file and are open to review by the resident.

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10. Departmental Due Processes are independent of those set forth by the HHC Collective Bargaining Agreement and employee agreements between residents and other affiliated hospitals, and they do not deny residents any rights they may have under those agreements.

Section 7: Supervisors

The following are categories of supervisors:

PGY 1 – PGY 4

Clinical Rotation Supervisor/Educator – On every clinical service, residents evaluate their supervisors, clinical site and didactics accompanying these rotations. Additionally all residents are evaluated on their performance on these rotations and didactics by their clinical supervisors/educators. This is done through an electronic web-based application (New-innovations) and is done at the midpoint of a rotation as well as at the end of a rotation. All supervisors should review their evaluations with residents in person. All evaluations are reviewed by the residency training directors (RTD's) as they come in, and RTD's meet with each individual resident in the program in person, semi-annually, to review their performance during that six (6) months period. If there is an unsatisfactory evaluation on a resident at any time, RTD are notified immediately by resident's service/supervisor/educator, and meet directly with the resident to review their performance and determine what if any measures need to be undertaken for improvement.

PGY-1

Off Unit Supervisor - Helps residents deal with professional identity and adaptation issues. The supervisor has contact with the residents one hour every week. Supervisors are not responsible for submitting a FORMAL detailed evaluation on the trainees assigned to them however they must inform training office if there are any concerns over professional/ clinical or personal areas that may impact their functioning and impair their ability to provide adequate professional and clinical care in the workplace. A general semiannual and final evaluation will be submitted by the off unit supervisor attesting that they met with their assigned trainee over the assigned period and have no concerns of professional or other concerns that would impair their abilities to perform their professional duties

PGY-2

Outpatient Supportive Therapy Supervisor - The supervisor helps residents successfully negotiate the systemic issues inherent to the practice of psychotherapy on an inpatient setting. In addition they begin to explore issues dealing with outpatient psychotherapy. The emphasis in the supervision is to expose residents to the principles and practices of supportive psychotherapy. The supervision occurs at least one hour per week. PGY 2 Outpatient therapy is done on SUNY Evening Training Service (SETS). All supervisors are onsite. Each PGY 2 receives supervision on their supportive ambulatory patients either onsite or additionally, during the work week. All patients in SETS are the direct responsibility of the resident under the guidance of a supervisor.

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PGY-3

Group Supervisor - Will provide theoretical framework for treatment of patients in a group setting. Supervision will take place weekly or biweekly, depending on the frequency of the group, and as needed.

R-OPD Supervisors - On-site supervision will be conducted in the clinic of R-OPD. Supervisor will be responsible for final pharmacological and other psychosocial treatment decisions and signing the charts same day of the patients visits. Supervisors will also sit with residents during the intake and follow up sessions to provide direct supervision. Supervisors are responsible for evaluations completed semi-annually and annually.

VA: PTSD Outpatient Clinic/Chapel Street Outpatient Clinic/Telepsychiatry/ACT Team Supervisors - Responsible for evaluations completed semi annually and annually based on weekly observation and supervision. Supervisors will meet with residents for on-site supervision on a weekly basis.

PGY-3 and PGY-4

–SETS SUNY Evening Training Service (SETS) - This supervisor incorporates different modalities of psychotherapy for appropriate patients through the use of process notes, audiotapes and video recordings. When supervised by an M.D., the supervisor will review the general medical coverage for all psychotherapy patients that the resident is responsible for. When supervised by a PhD there will be an MD provided for medical backup. All supervisors are onsite. PGY 3's and 4's have an additional hour of supervision outside the SETS weekly, with their assigned supervisors. All patients in SETS are the direct responsibility of the resident under the guidance of supervisor.

OTHERS

Research Supervisor - Supervises residents at least weekly on initiating, conducting and publishing psychiatric research.

Elective Supervisor - Provides supervision at least weekly on the principles and practice of the specified elective.

Team Leadership Supervisor - Provides supervision at least weekly on administrative issues, clinical leadership issues and issues dealing with supervision of medical students and junior residents.

Administration Supervisor – Supervises chief residents on administrative issues dealing with residents, services, and training needs.

Each supervisor is expected to meet once a week (30-60 minutes) either individually or in a group with the resident(s) assigned to them.

To all residents: All residents MUST contact their supervisors within 1 week of notification of assigned supervisors to arrange for weekly meetings throughout the year.

To all supervisors: All supervisors must conduct a mid and final evaluation for each resident. For rotation over 6 weeks, both evaluations must be submitted to the Residency Training Office.

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For rotations under 6 weeks, the final evaluations must be submitted to the Residency Training Office, with indication that a mid-rotation evaluation was performed and discussed with the resident. All final evaluations must include remarks pertaining to the residents' acquisition of knowledge and clinical skills and their attitude and professional demeanor. All evaluations can be completed and submitted to the Residency Training Office through the online evaluation software.

For Outpatient Supervisors: The first evaluation will be a mid-year evaluation due by December 15th and a final evaluation by June 15th.

**Department of Psychiatry
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Section 8: Directory

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Section 9: Direct/Indirect Supervision (attached)

Section 10: Handoff Policy

Kings County (KCH) Consultation Liaison (CL) On-Call Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents to include a verbal and written component with completion and hand-off of On-Call consult sign out sheet for each shift.

WHERE: CPEP Behavioral Health Building. This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging. If a resident reaches their consult cap for the shift, they must remain on site to provide sign-out.

HOW: Use of a printed template, which must include patient names, diagnosis, MR Number, specific location, 1:1 status, disposition, and follow up requirements for every patient. In addition a verbal sign out must be done to allow for incoming resident to ask questions regarding cases.

Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-2 level or above) and from attending to attending at end and beginning of call, during weekends. During weekdays, hand-off is to be conducted in the above format both verbally and in written format between resident (PGY-2 level or above) and attending covering call.

KCH CPEP On-Call Handoff Policy

WHAT: Face to face exchange of patient information during CPEP huddle at end of shift.

WHERE: CPEP Behavioral Health Building, chart room. Incoming residents must arrive on time for shift and be present for entire huddle. Outgoing residents may leave, with attending approval, after sign-outs for their patients are completed. CPEP on-call residents must remain on site to provide sign-out at end of shift.

HOW: Hand-off is to be conducted both verbally and in written format via CPEP “whiteboard” printout from quadramed by residents (PGY1 level and above), attendings as well as support staff during beginning and end of shift huddles. During weekdays, hand-off is to be conducted verbally and in written format between resident (PGY-1 level or above) and the CPEP attending. Residents may not sign out to NPs, PAs or other support staff without also signing out to the CPEP attending.

KCH Inpatient R4 West (R4W) Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-1), R4W team leader and attending, including a written portion

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(template), verbal sign out and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, R4W team leader, and attending physician in an organized and comprehensive fashion including verbal and written hand off.

WHERE: R4 West R Building, residents' office. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient names, diagnoses, MR numbers, room number, 1:1 status, orders and disposition for all patients. As per above, incoming residents (PGY-1) receive information about patients from outgoing residents, R4W team leader, and attending physician in an organized and comprehensive fashion including verbal and written hand off.

Coney Island (CI) Inpatient Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-1), CI team leader and Attending, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, CI team leader, and attending physician in an organized and comprehensive fashion including verbal and written hand off.

WHERE: CIH, Inpatient Psychiatric Unit. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient names, diagnoses, MR numbers, room number, 1:1 status, orders and disposition for all patients. As per above, incoming residents (PGY-1) receive information about patients from outgoing residents, CI team leader, and attending physician in an organized and comprehensive fashion including verbal and written hand off.

Kingsbrook Jewish Medical Center (KJMC) Inpatient Minkin 5 (M5) Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-2), M5 team leader and attending, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents, M5 team leader, and attending

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physician in an organized and comprehensive fashion including verbal and written hand off.

WHERE: Minkin 5 Inpatient Unit at KJMC, 5th floor. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient names, diagnoses, MR numbers, room number, 1:1 status, orders and disposition for all patients.. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents, M5 team leader, and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

KCH Child and Adolescent Psychiatry Inpatient (R6W and R6E) Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-2), and attending physician, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents, and attending physician in a comprehensive fashion including verbal and written hand off.

WHERE: R 6 East R 6 West Units at R Building KCHC. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient names, diagnoses, MR numbers, room number, 1:1 status, orders and disposition for all patients. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents, and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

KCH Addiction Psychiatry Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-1), and attending physician, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-1) receive information about patients from the outgoing resident and attending physician in an organized and comprehensive fashion including verbal and written hand off.

WHERE: Residents rotate through several services including, Project Access, CD Tops, KCHC methadone clinic and inpatient detox unit. Sign-outs may occur at each of these

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locations individually or in a central location. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Outgoing residents must ensure adequate verbal and written sign-out (notes in quadrated or in paper charts where applicable) to attending physicians at each site for each patient they evaluate. Incoming residents must receive a verbal sign out from the attending physician as well as perform a comprehensive chart review for each patient they receive.

SUNY Downstate and KCH Consultation Liaison Rotation Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-2), and attendings, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off.

WHERE: CL Psychiatry Conference Room A Building 1st Floor KCH or CL Office at SUNY Downstate, 3rd floor Basic Science Building.

HOW: Use of a printed template, which allows for recording of patient names, diagnoses, MR number, specific location, 1:1 status, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off.

Kingsboro CL Rotation Handoff Policy

WHAT: Face to face exchange of patient information between outgoing and incoming residents (PGY-2), and attending, including a written portion (template), verbal sign out and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off.

WHERE: Kingsboro building 2, 3rd Floor. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient's names, diagnoses, MR number, specific location, 1:1 status, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about

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patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off.

KCH Outpatient (OPD) Handoff Policy

WHAT: Face to face exchange of patient information to including a sign off template, verbal sign out, opportunity for questions from incoming residents and individual sign off notes by outgoing residents. .

WHERE: This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Use of a printed template, which allows for recording of patient names, age, gender, diagnoses, MR numbers, frequency of treatment, phone number(s), next scheduled appointment, medications, risk level, treatment goals and high risk flags for all patients. Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-3 level or above) and from attending to attending. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

SUNY Evening Training Service (SETS) Handoff Policy

WHAT: Face to face exchange of patient information to including a verbal and written sign out, opportunity for questions from incoming residents and individual sign off notes by outgoing residents.

WHERE: This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

HOW: Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-3 level or above) and from attending to attending. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

Veterans Affairs (VA) PTSD Clinic Handoff Policy

Medicine, Neurology and Pediatrics Handoff Policy

Handoffs done on medicine, pediatrics and neurology rotations will occur in accordance to those departments' individual policies.

Section 11: Clinical Skills Assessment (attached)

Section 12: Moonlighting

PGY4+ residents in good standing are permitted moonlighting opportunities. PGY3 residents and below will not be allowed to moonlight.

Prior to moonlighting, the resident must receive approval from Residency Training Office director or their designee in a face to face meeting. Then the resident must submit a Moonlighting Request Form (available in the residency training office). GME must also approve this request once submitted by the RTO.

PGY4 Moonlighting requirements

- Unrestricted medical license in New York State and DEA number issued
- In good standing
 - Pass all prior rotations in PGY1-3 in all 6 core competencies
 - PRITE: Greater or equal to 50th percentile rank on both sections (neurology and psychiatry) of US general residents and/or completed remediation in all years.
 - Not on academic probation
- Submission of monthly written verification of all moonlighting activity
 - Exact days and hours spent moonlighting
 - Location where moonlighting will take place. Institution as well as address where clinical work will take place

Moonlighting must not interfere with clinical or academic duties of residency. Residents must not violate 80-hour work week with moonlighting hours.

Residents may not moonlight on weekdays. Only permitted Friday PM to Sunday PM.

Residents may moonlight within the institution (Downstate UHB) or in outside institutions. A resident will not be permitted to open a private practice.

Malpractice must be arranged by the moonlighter and/or the designated moonlighting facility.

Any violations, breaches or failure to adhere to the above policy will result in an automatic, non-negotiable suspension of these privileges for at least 6 months. As per Downstate GME policy, evidence of excessive fatigue will trigger a review of moonlighting privileges.

Section 13: Didactics

Attendance is required at all didactic lectures. A minimum of 70% attendance **in each course** is required.

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If a resident falls below 70% attendance on any course with 4 or more sessions they may be required to complete make-up material provided by the instructor. The residency training director also has the authority to assign work based on missed didactic lectures.

Attendance sheets must be printed out at the beginning of each didactic day, filled out and returned to the training office after 5PM that day. Lecturers will sign in for each resident present **with their signature** (not check marks, Xs, etc). They will also note if a resident is absent from the class. At the beginning of the academic year, one resident will be assigned each month to be responsible for submitting that attendance sheet. Two backup residents will also be assigned should that resident be absent.

If an attendance sheet is not turned in for that day ALL RESIDENTS in that PGY will be required to submit a summary of each lecture that day. Summary length and specifics will be decided by the residency training director or their designee.

APPENDIX A

GME DUE PROCESS POLICY

Purpose:

To establish a policy for all post-graduate medical programs of SUNY Downstate Medical Center for use in addressing all actions that can result in altering the intended career path of a resident or fellow. To provide residents and fellows with fair, reasonable and readily available policies and procedures for grievance and due process through a decision-making process while minimizing conflict of interest by adjudicating parties.

Scope:

This policy applies to all programs and house officers (residents and fellows) participating in graduate medical education programs sponsored by SUNY Downstate. This policy applies to actions taken as a result of academic deficiencies or misconduct.

Definitions:

Due Process: an individual's right to be adequately notified of any changes or proceedings involving him or her, and the opportunity to be meaningfully heard with respect to those proceedings.

House Staff or House Officer: refers to all interns, residents fellows enrolled in post-graduate medical training or research program or activity

GME Program: refers to a residency or fellowship educational program

Adverse Action: disciplinary actions taken against a resident which alter the intended career development or timeframe. Such actions include the following:

Dismissal: act of terminating a house officer participating in a GME program prior to successful completion of the course of training whether by early termination of a contract or by non-renewal of a contract.

Non-renewal: act of not reappointing a house officer to subsequent years of training prior to fulfillment of a complete course of training.

Non-promotion: act of not advancing a house officer to the next level of training according to the usual progression through a program

Extension of Training: act of extending the duration of time required by a house officer to complete a course of training generally resulting from repeating unsatisfactory rotation assignments or remediating poor performance or needing additional time to demonstrate achievement of required competence in one or more domains.

Probation: placement of a resident under close monitoring for specific performance concerns which if not successful resolved may result in other adverse actions including dismissal. This action is reportable to state licensing authorities and health care institutions.

Policy:

Academic Matters:

The SUNY Downstate GME Academic Performance Policy affords due process to residents/fellows who are subject to adverse actions or whose intended career

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development is altered by an academic decision of a program. See Academic Performance Policy for delineation of specific processes provided.

Misconduct Matters:

The SUNY Downstate Resident/Fellow GME Misconduct Policy affords due process to residents/fellows who are subject to adverse actions or dismissed from a GME program in a manner that alters their intended career development. See Resident/Fellow GME Misconduct Policy for delineation of specific processes provided.

Policy revised and updated on 5/13/2011. This Policy supersedes all prior, similar and/or related versions and revisions. Revisions approved by GMEC _____. Effective immediately upon approval.

**APPENDIX B
GME ACADEMIC PERFORMANCE DUE PROCESS POLICY**

Purpose:

To establish a policy and procedure for all post-graduate medical programs of SUNY Downstate Medical Center to use in addressing deficiencies in the academic performance, competence or progress of a resident or fellow enrolled in a graduate medical education program. To provide fair, reasonable and readily available policies and procedures when a resident/fellow is not meeting the academic expectations of a program or fails to progress.

Scope:

This policy applies to all programs and house officers (residents and fellows) participating in graduate medical education programs sponsored by SUNY Downstate. This policy applies to actions taken as a result of academic deficiencies that may involve the knowledge, skills, attitudes or the core clinical competencies of medical knowledge, patient care, systems-based practice, practice-based learning and improvement, communications and interpersonal skills and aspects of professionalism which are not addressed by the GME Misconduct Policy. This policy describes minimum expectations providing residents with an opportunity to be notified of deficiencies and an opportunity to cure those deficiencies.

Definitions:

Due Process: an individual's right to be adequately notified of any changes or proceedings involving him or her, and the opportunity to be meaningfully heard with respect to those proceedings.

House Staff or House Officer: refers to all interns, residents fellows enrolled in post-graduate medical training or research program or activity

GME Program: refers to a residency or fellowship educational program

Letter of Deficiency: A non-reportable warning issued to a resident/fellow when there are concerns that routine feedback is not effecting necessary improvement. Such a letter provides the house officer with formal notice and opportunity to cure any deficiencies. The Program Director can chose to alter a resident's assignments or have a resident repeat rotation(s) or make other adjustments in the resident's program in order to provide opportunity to cure the deficiency. It is an academic notification which is not reported to outside agencies and is not subject appeal or review. The letter should summarize deficiencies and may identify expectations for demonstrating improvement as well as the consequences of not successfully resolving the deficiencies. Copies of Letters of Deficiency, signed and dated by the Program Director, should be retained in the residents training record with copies to the GME Office. It is advisable to have the resident indicate receipt of Letters of Deficiency by signature as well or by witness or other documentation. These letters are sometimes also referred to as "Letter of Warning."

Monitored Performance: an academic function involving the heightened level of monitoring and assessment of house officer performance in the course of training program activities usually used to further assess for improvement in noted areas of

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deficiency often as a part of a program for remediation. This is not an adverse action, not reportable and not subject to appeal.

Adverse Action: disciplinary actions taken against a resident which alter the intended career development or timeframe. Such actions are reportable and allow a request for review and due process. Adverse actions include the following:

Dismissal: act of terminating a house officer participating in a GME program prior to successful completion of the course of training whether by early termination of a contract or by non-renewal of a contract.

Non-renewal: act of not reappointing a house officer to subsequent years of training prior to fulfillment of a complete course of training.

Non-promotion: act of not advancing a house officer to the next level of training according to the usual progression through a program

Extension of Training: act of extending the duration of time required by a house officer to complete a course of training generally resulting from repeating unsatisfactory rotation assignments or remediating poor performance or needing additional time to demonstrate achievement of required competence in one or more domains.

Probation: placement of a resident under close monitoring for specific performance concerns which if not successfully resolved can result in further adverse actions including dismissal. This action is reportable to state licensing authorities, employers and health care institutions.

Suspension: Withdrawal of privileges for participating in clinical, didactic or research activities associated with appointment to the training program or hospital staff. This action is taken if, in the judgment of the Program Director, Department Chairperson or institutional leadership (Associate Dean, Dean, Medical Director) a resident's or fellow's competence or behavior is such that patients may be endangered, the educational process disrupted or other peers, staff, faculty are subjected to an adverse and unacceptable work environment. Under such circumstances, suspension may be implemented immediately pending further investigation and determination of other appropriate action. Suspension may be with salary or salary may be withheld after consultation with the labor relations department of the employing facility.

Structured Feedback: Routine feedback regarding a trainee's performance or behavior and consistent with the educational program. Structured feedback can consist of verbal feedback, rotational and summative evaluations, spontaneous or "on-the-fly" formal evaluations, memos or letters to a resident's record or to the program director and shared with the resident, discussion and recommendations of a Program's Clinical Competence or Resident Performance or other similar committee.

Policy:

All programs must establish a process for evaluating residents consistent with sound andragogic practice, ACGME institutional, common program and specialty specific requirements, American Board of Medical Specialties specialty board specific requirements and those of any other agency or accrediting body. Assessment of house

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officer performance and competence is made based upon department, program and/or specialty-specific educational requirements and expectations.

All residents and fellows should be provided with routine structured feedback that is consistent with the educational program and its policies.

Each department should establish a committee of faculty who meet regularly, no less frequent than four times per year, to review the performance, competence and/or standing in the program and progress toward program completion for all enrolled residents. This committee which may be referred to as a Clinical Competence Committee (CCC) or Performance or Evaluation Review Committee or House Staff Affairs or Assessment Committee, for example, should provide recommendations to the Program Director regarding the status of residents in the program and their progress to advanced training levels and, ultimately, program completion. The Committee's discussions should be documented in meeting minutes. A Department can have one committee that reviews all residents and fellows in all programs in that Department. Alternatively, for Departments with multiple programs, residencies and fellowships, they may be separate and independent committees for each program. However, there must be no more than one committee with responsibility for assessing progress of all residents in a program and perspective on how all the program's residents are performing relative to one another and longitudinally in time.

Letter of Deficiency: When a resident or fellow has been identified as having deficiency, it is expected that he/she will receive routine structured feedback in order to identify and correct the issue. When the Program Director and/or CCC deems that routine feedback is not effecting necessary improvements, or if the Program Director and/or CCC determines that the deficiency is significant enough to warrant more than routine feedback, the Program Director and/or CCC may elect to issue a "Letter of Deficiency." This letter formally provides the House Officer with (a) notice of the deficiency and (b) an opportunity to cure the deficiency. "Letters of Deficiency" must be signed and dated by the Program Director and copied to the resident/fellow's record and to the GME Office. The "Letter of Deficiency" must indicate the possible outcomes of failure to fully resolve the concerns or developing deficiencies or performance problems in additional areas. The issuance of a "Letter of Deficiency" does not trigger a report to any outside agencies. The House Staff Officer should continue to receive structured feedback addressing issues consistent with the "Letter of Deficiency." The house officer may be subjected to a period of monitored performance to appropriately assess progress in resolving deficiencies. If the house officer satisfactorily resolves deficiencies noted in the "Letter of Deficiency," and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the house officer's intended career development.

Escalation: If the Program Director and/or CCC determine that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her performance to an expected and acceptable level, with consideration for what is fair and reasonable, the

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Program Director and/or CCC may elect to take further actions. Such actions may include but are not limited to any one or more of the following:

- a) Issuance of another, new “Letter of Deficiency.” (Non-reportable, not an adverse action)
- b) Placement on probation with establishment of adverse consequences for unsuccessfully meeting conditions of the probation
- c) Non-promotion to the next PGY or training level and continue in the program.
- d) Require repeat of training experience that in turn results in extension of required period of training
- e) Extension of contract which may involve extension of the defined training period (extension of training)
- f) Denial of credit for previously completed rotations/experiences
- g) Non-renewal in the training program
- h) Suspension from training pending further review or determination of other definitive action.
- i) Dismissal from the residency or fellowship program.

For all such actions, the resident must be notified verbally, when possible, and in writing. A copy of the notification signed and dated by the Program Director with documentation that it was received by the resident (resident signed acknowledgement or witnessed or other receipt verification) must be included in the resident’s record and copied to the GME Office. Notice of adverse action or any action which can interfere with the resident’s intended career development must inform the house officer of his/her right to review and appeal of such adverse action. The house officer should be provided with or referred to applicable policies and procedures regarding due process, review and appeal. Notifications of adverse action should be done in consultation with the GME Office.

Reportable Actions: The decision not to promote a house officer to the next PGY level, to extend training, to deny credit for a period of training, suspension, probation, and/or terminating a house officer’s participation in a residency or fellowship program are each considered “reportable actions.” Such actions must be disclosed to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a reportable action are permitted to request a review of the decision and seek to appeal that decision. Note that routine academic performance evaluations and assessments even when unsatisfactory are standard procedures in a training program and in and of themselves are not considered adverse actions, are not reportable actions and are not subject to appeal under this policy.

Request for Review and Appeal: A review and appeal of a Program’s decision to take a Reportable Action or any action interfering with the residents intended career development may be requested by the house officer. The request must be made in writing, addressed to the Associate Dean for GME, signed and dated, and submitted to the Director of Graduate Medical Education within 14 calendar days of the house officer learning of the Reportable Action. The request should clearly describe the reason for requesting the review and any basis upon which an appeal is being made. Upon receipt of a Request for Review and Appeal, the Associate Dean for GME will determine whether the matter is subject to review under this Policy. If so, the Associate Dean for

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GME will direct the Director of GME to appoint an ad hoc Review and Appeal Subcommittee of the GME Committee. This subcommittee will be composed of neutral reviewers from Departments other than the one in which the requesting house officer is appointed. The subcommittee will consist of at least two SUNY Downstate faculty members and one resident or fellow. Additional committee members may be assigned at the discretion of the Associate Dean for GME/DIO. The subcommittee may also include institutional GME Department leadership such as the Vice Dean for GME, Associate Dean for GME, the DIO or GME Office administrative officers. SUNY Counsel may serve in an advisory capacity.

The ad hoc Review and Appeal subcommittee will:

- a) Conduct confidential meeting(s) open only to committee members, GME Office and GMEC staff, and any participants invited by and approved by the Committee.
- b) Identify one faculty member who will serve as Chairperson of the subcommittee. The subcommittee Chairperson should be a participant on the SUNY Downstate GME Committee.
- c) Arrange for an individual to take notes and document a summary of minutes of meetings held.
- d) Committee meetings will be scheduled at the discretion of the committee Chair.
- e) Establish a process for the review. Such process will not be rigidly prescribed and is not conducted in the manner of a legal hearing process. No legal representation will be permitted. No opportunity for cross examination or questioning is offered.
- f) Review the resident/fellow complaint and request for review/appeal
- g) Provide the house officer requesting the review or appeal the opportunity to appear before the committee to make a statement and/or present evidence of relevance for rescinding the action under review. The committee may also require the house officer to respond to questions posed by the committee. As an academic review panel and not a legal hearing, when appearing before the committee, the house officer may be accompanied by an advocate who is not an attorney. Failure of an appealing house officer to appear as scheduled before the committee without just cause could result in a summary determination against the house officer.
- h) If applicable, review relevant records and documentation such as the house officer's file, program records, policies, meeting minutes, etc.
- i) Consider any extenuating circumstances
- j) The committee may meet with the Program Director or other program representative(s) and request presentation of evidence for upholding the proposed action.
- k) The committee may request statements from or interview other house officers, faculty, staff, administrators or members of the academic or health care team in order to gather additional information.
- l) The committee may consult with others, as appropriate, to assist in the decision making process.

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- m) Determine whether this Policy was followed, the house officer received notice and an opportunity to cure, and the decision to take the reportable action was reasonably made.
- n) The subcommittee Chairperson is responsible for preparing the committee's report summarizing findings and making recommendations to the Associate Dean for GME/DIO regarding the review and request for appeal of reportable actions.
- o) The subcommittee Chairperson or designee will report the outcome of the review and appeal process to the GME Committee.

Upon receipt of the Chairperson's report from the ad hoc Review and Appeal Subcommittee, the Associate Dean for GME shall review said findings and recommendations. The Associate Dean for GME/DIO finding the committee's review process to have followed procedure and be fair, reasonable and appropriate shall make notification to the resident of the Review and Appeal subcommittee's decision in writing with a copy to the Program Director, Department Chair, the employing institution, if applicable, and others as appropriate.

The decision resulting from this review is a final and binding decision. It is not subject to further formal review within the State University of New York Downstate Medical Center (Health Science Center at Brooklyn).

No Retaliation: Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or discourage anyone from participating in good faith in an initial inquiry or full inquiry conducted under this policy. A house staff officer who believes he/she may have been retaliated against in violation of this policy should immediately report it to his/her supervisor, the Director of GME, Associate Dean for GME, DIO or other any other supervisor.

Original policy completed on 5/13/2011. This Policy supersedes all prior, similar and/or related versions and revisions. Reviewed and approved by GMEC _____. Effective immediately upon approval.

APPENDIX C

- **Portfolio Requirements**
- **Time Away Form**
- **Milestones Evaluation**

Portfolio Requirements:

Minimum portfolio requirements – PGY-1

- Updated Curriculum Vitae
- Presentations done during medicine, pediatrics or neurology rotation
- Inpatient Psychiatry Case Conference
- APA membership (which is free for the first year)
- PRITE exam
- At least one additional entry (e.g. NAMI Walk, AFSP Walk, Film Forum, Brooklyn Free Clinic, presentation, publication, chairing or moderation, article review, administrative or academic committee etc.)
- Minimum 3 CSVs

Minimum portfolio requirements – PGY-2

- Updated Curriculum Vitae
- Journal Club presentation
- Biopsychosocial case formulation (Deidentified data)
- PRITE
- At least one additional entry (e.g. NAMI Walk, AFSP Walk, Film Forum, Brooklyn Free Clinic, presentation, publication, chairing or moderation, article review, administrative or academic committee etc.)
- Inpatient Psychiatry Case Conference
- CSV in each rotation and mock board exam
- Research entry
- Human Subjects Research course
- Animal Care and Use in Research course
- Article review

Minimum portfolio requirements –PGY-3

- Updated Curriculum Vitae
- Didactics and OPD Journal Club presentation
- Community psychiatry entry (ACT Team)
- Psychodynamic formulation (Deidentified data)
- PRITE
- At least one additional entry (e.g. NAMI Walk, AFSP Walk, Film Forum, Brooklyn Free Clinic, presentation, publication, chairing or moderation, article review, administrative or academic committee etc.)
- Minimum 3 CSVs (Mock boards are counted as CSV)

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Minimum portfolio requirements –PGY-4

- Updated Curriculum Vitae
- Didactics and OPD Journal Club presentation (with at least one biological psychiatry entry)
- Team leadership
- Teaching / supervisory (e.g. medical students or junior residents in CPEP)
- PRITE
- At least one additional entry (e.g. NAMI Walk, AFSP Walk, Film Forum, Brooklyn Free Clinic, presentation, publication, chairing or moderation, article review, administrative or academic committee etc.)
- Minimum 1 CSV (Mock boards are counted as CSV)
- **Before graduation:**
- Minimum of one submission – Scholarly work at a regional, national or international meeting (poster, workshop, publication, presentation, letter to editor and many more...)