

UNIVERSITY OF PUERTO RICO  
Medical Sciences Campus  
School of Medicine  
Department of Psychiatry

CHILD AND ADOLESCENT PSYCHIATRY PROGRAM

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Training Program

General Information

CHILD AND ADOLESCENT PSYCHIATRY PROGRAM

# General Information

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University Pediatric Hospital  
Third Floor

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## **GOALS AND OBJECTIVES**

### **I. EDUCATIONAL GOALS**

The goal of the UPR Child and Adolescent Psychiatry Residency Program is to produce competent, ethical psychiatrists, who will deliver skilled, comprehensive psychiatric care to children and adolescents.

During the two-year training program the resident will acquire:

- ❖ Comprehensive knowledge of normal and abnormal development and psychopathology in children and adolescents.
- ❖ Thorough understanding of the biological, psychological, social, economic, ethnic, cultural and environmental factors that significantly influence normal and pathological development in infants, children, adolescents and their families.
- ❖ Finely hand skills in interviewing, history taking, psychiatric examination, integration of findings from physical and psychological examinations, diagnoses, case formulation and treatment planning.
- ❖ Finely developed interpersonal and communication skills with patients, families, other professionals and other members of treatment teams.
- ❖ Through knowledge of treatment modalities.
- ❖ Experience and skill in designing and implementing high quality, cost-effective treatments.
- ❖ Basic knowledge of research methods and experience in appraising and using scientific evidence in the evaluation and improvement of patient care.
- ❖ Leadership and patient advocacy skills.
- ❖ Skills in consultation in various professional and community settings.
- ❖ Commitment to ethical principles of psychiatric practice.
- ❖ Appreciation of the social context of care including understanding systems of care, social, legal aspects and governmental policies affecting patient care and psychiatric practice.

## **II. SPECIFIC OBJECTIVES**

### **A. KNOWLEDGE**

1. Identify basic principles of infant, child and adolescent development, including normal biological, psychological, cognitive, behavioral and social development processes.
2. Acquire in depth understanding of child and adolescent psychopathology including neurobiology, epidemiology, diagnostic criteria, differential diagnosis, course, prognosis and prevention.
3. Master concepts related to assessment procedures including history taking and clinical examination.
4. Integrate cultural, spiritual, psychological and sociological aspects into a case formulation.
5. Understand basic concepts of psychological and neuropsychological testing including appropriate indication, interpretation of results, and application to case formulation.
6. Acquire comprehensive knowledge of the multiple psychotherapeutic approaches available for treatment including psychopharmacology, psychodynamic psychotherapy, cognitive-behavioral, group, family, brief, supportive therapies and crisis intervention.
7. Appraise and apply knowledge of the study designs and statistical methods to the appraisal of clinical studies and evaluation of scientific evidence.
8. Apply knowledge of the components of systems of care and of resources in the community to patient care.
9. Be cognizant of social and legal aspects as well as governmental policies affecting patient care.
10. Attain full knowledge of the ethical principles pertaining to our field.

### **B. SKILLS**

1. Develop empathic listening and approach to patients.
  2. Become highly competent in psychiatric interviewing and evaluation of children, adolescents and their families.
  3. Elicit signs and symptoms during the course of evaluation leading to an appropriate diagnosis.
  4. Request appropriate psychological, pediatric, neurological and other necessary diagnostic evaluations as well as competently interpret and integrate findings into patient care.
  5. Develop and implement comprehensive treatment plans in collaboration with disciplines.
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6. Conduct specific therapeutic interventions tailored to the individual patient and family needs.
7. Develop leadership and advocacy skills.
8. Develop skills in the ethical analysis of dilemmas in the practice of our discipline.
9. Demonstrate initiative and interest in appraising and assimilating new scientific evidence to provide optimal care.

**C. ATTITUDES**

1. Resident will consistently demonstrate:
    - a. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.
    - b. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.
    - c. Availability and commitment to patient care.
    - d. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.
    - e. Constructive responses to criticism by being reflective and introspective about recommendations.
    - f. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.
    - g. Flexibility and ability to change points of view or behavioral patterns when needed.
    - h. Creativity and innovation to testing new ideas, hypothesis and/or techniques.
  2. Commitment to ethical principles of practice.
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## **EDUCATIONAL GOALS AND OBJECTIVES PER ACADEMIC YEAR**

### **FIRST YEAR**

#### **I. GENERAL GOALS**

The general goal of the first year residency program is to provide the resident with the basic tools of clinical practice. The program focuses on providing a thorough understanding of development and of childhood psychopathology, major therapeutic modalities, knowledge of neurology and neurodevelopment. It also provides ambulatory care experiences with a wide range of levels of severity so as to permit the development and refinement of skills in developmentally appropriate interviewing, differential diagnosis, treatment planning and implementation.

#### **II. SPECIFIC OBJECTIVES**

##### **A. KNOWLEDGE**

1. Describe physical, emotional, cognitive, social and moral development from infancy through adolescence.
2. Understand major theoretical approaches to development and psychopathology.
3. Apply knowledge of normal and abnormal development to the clinical evaluation of children and adolescents.
4. Apply knowledge of most important psychopathological theories (including dynamic, behavioral, cognitive, attachment and family theories) to the evaluation and treatment of children and adolescents.
5. Understand pharmacokinetics, pharmacodynamics, indications and therapeutic actions of psychotropic medications.
6. Acquire basic knowledge of pediatric neurology and developmental pediatrics.

##### **B. SKILLS**

1. Conduct comprehensive, developmentally appropriate psychiatric interviews of children and their families.
  2. Elicit signs and symptoms during the course of a psychiatric interview in order to develop a comprehensive diagnosis.
  3. Request, interpret, and integrate appropriately diagnostic evaluations including psychological, pediatric, neurological evaluations.
  4. Develop and integrate appropriately diagnostic evaluations including psychological, pediatric, neurological evaluations.
  5. Develop skills in crisis intervention.
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6. Develop skills in communication and collaboration with other disciplines.
7. Develop skills in working within managed care including skills in patient advocacy.
8. Develop skills in communicating with the community at large, including other institutions and the general community.

### **C. ATTITUDES**

1. Resident will consistently demonstrate:
    - a. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.
    - b. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.
    - c. Availability and commitment to patient care.
    - d. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.
    - e. Constructive responses to criticism by being reflective and introspective about recommendations.
    - f. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.
    - g. Flexibility and ability to change points of view or behavioral patterns when needed.
    - h. Creativity and innovation to testing new ideas, hypothesis and/or techniques.
  
  3. Commitment to ethical principles of practice.
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## **EDUCATIONAL GOALS AND OBJECTIVES PER ACADEMIC YEAR**

### **SECOND YEAR**

#### **I. GENERAL GOALS**

The second year aims to refine and further develop skills in assessment, and interventions, expanding and deepening knowledge and skills in therapeutic modalities. It provides for the development of skill in management of more severely ill children and adolescents, such as those requiring inpatient treatment. In addition it focuses on the development of consultation skills in the school, medical and forensic settings. In addition, residents offer long term care to children and adolescents with complicated disorders or in need of long-term therapy.

#### **II. SPECIFIC OBJECTIVES**

##### **A. KNOWLEDGE**

1. Further refine and develop knowledge of development and psychopathology in childhood and adolescence.
  2. Further refine knowledge about differential diagnosis in special situations.
  3. Integrate knowledge about evaluation and therapeutic interventions in inpatient settings.
  4. Continue to gain expertise in major treatment modalities and gain knowledge of additional therapeutic modalities.
  5. Learn about specific mental health needs and psychiatric disorders in children with special needs.
  6. Understand the presentation, evaluation, and management of mental health problems and psychiatric disorders in non- mental health settings, including the school, courts and general medical settings.
  7. Understand basic principles in the consultation process.
  8. Gain knowledge of the school setting as a natural setting for children.
  9. Learn about social and governmental systems, their particularities in Puerto Rico and their impact on children and adolescents.
  10. Integrate knowledge about cultural, spiritual/ religious and sociological influences in the evaluation, treatment and consultation interventions with children.
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## **B. SKILLS**

1. Further develop expertise in psychopharmacologic management particularly in children with severe conditions and comorbidity, both psychiatric and general medical.
2. Further refine psychotherapeutic skills.
3. Modify assessment techniques to fit the needs of children in particular situations or particular needs.
4. Develop skills in consultation, including communication, and its particularities in different settings and with different consultees.
5. Further develop skills in multidisciplinary work.
6. Further develop skills to intervene and integrate different systems involved in the care of children and adolescents.

## **C. ATTITUDES**

1. Resident will consistently demonstrate:
  - a. Responsibility by being prompt and well prepared to scheduled clinical and didactic activities and complying with administrative rules.
  - b. Initiative in seeking new learning experiences, and keeping current with innovative literature and research.
  - c. Availability and commitment to patient care.
  - d. Professional demeanor, maintaining a neat appearance and composure under circumstances of stress.
  - e. Constructive responses to criticism by being reflective and introspective about recommendations.
  - f. Recognition of limitations, identification of weaknesses and strengths and capacity to seek help when appropriate.
  - g. Flexibility and ability to change points of view or behavioral patterns when needed.
  - h. Creativity and innovation to testing new ideas, hypothesis and/or techniques.
  - i. Commitment to ethical principles of practice.

- ❖ Objectives pertaining to ethics, community psychiatry, and research and evidence based practice are continuing throughout the two years and are described as overall objectives of the program.
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# Rotations Diagram

## CLINICAL ROTATIONS DIAGRAM CHILD AND ADOLESCENT PSYCHIATRY PROGRAM

### YEAR I

2 months	2 months	8 months
Neurology - San Juan City Hospital 30 %	Pediatric Neurodevelopment Clinics - University Pediatric Hospital 30%	Community 5%
		Outpatient Clinic 25%
Outpatient Clinic 55%		
Intensive Ambulatory Program 10%		
Crisis Intervention 5%		

### YEAR II

4 months	6 months	2 months
Inpatient Unit First Hospital Panamericano 90 %	School Consultation 10%	Community 10%
	Consultation & Liaison University Pediatric Hospital 30%	Forensics 30%
	Outpatient Clinic 45%	
	Intensive Ambulatory Program 10%	
Outpatient Clinic 10%	Crisis Intervention 5%	

## **SEMINARS**

1. Normal Development and Psychopathology
  2. Psychotherapeutic Modalities Seminar
  3. Special Topics Seminar
  4. Clinical Psychopharmacology Seminar
  5. Continuous Board Preparation Seminar
  6. Family Therapy Seminar
  7. Group Therapy Seminar
  8. Clinical Case Presentations
  9. Journal Club/ Research Basics for the Clinician
  10. Grand Rounds
  11. Mother Infant Observation Seminar
  12. Continuous Case/ Psychodynamic Psychotherapy
  13. Forensic Seminar
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## **RIGHTS AND RESPONSIBILITIES OF THE CHILD AND ADOLESCENT PSYCHIATRY RESIDENT**

### **I. VACATION AND AUTHORIZED LEAVES:**

#### **1. Annual leave:**

The School of Medicine contract provides for a regular annual leave for thirty calendar days. The timing of the regular leave will be determined by the needs of the training program, although all efforts will be made to accommodate for special needs of the residents. The Resident is expected to fill out the appropriate forms to request the days prior to the leave.

#### **2. Sick leave:**

The School of Medicine contracts provide for a 19 day yearly sick leave. A medical certificate is mandatory if the resident is to be absent for reasons of ill health for three or more days in a row.

#### **3. Maternity leave:**

The School of Medicine provides for an eight week maternity leave for pregnant residents. It is clearly specified in the contract that training interrupted during maternity and/or sick leave is to be completed by the resident before termination of the program, without pay.

#### **4. Authorized Administrative leave:**

It is our program's position that residents should participate in high quality educational activities offered in Puerto Rico and the United States. Administrative authorization from the Training Director is mandatory. The resident is required to make proper arrangements with the attending physician in charge of the service to which

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he/she is currently assigned. This is also the case with the other affiliated hospitals and services. It is understood that the resident will be responsible for clinical and didactic responsibilities during the administrative leave, although it is inferred that special arrangements with other residents for coverage is accepted.

The Division specially encourages assistance to the APA Annual Meeting, to the Puerto Rico Psychiatric Association Annual Convention, and the AACAP Annual Meeting. Every attempt is made to give the residents financial support to participate at least once in the AACAP Annual Meeting during their training. The amount of money to be granted for this activity will vary according to the financial situation of the department at any given time.

## II. Night Duties

On-call duties are assigned to residents during the two years of training as consultants to the resident in the general psychiatry program who stay in house at the UPR Hospital. Residents should be available to come to the hospital upon request, as cases may need further intervention or assistance. Plans are underway to expand our clinical workshops. This will provide the residents a greater diversity of clinical experiences, particularly in on-call duties.

## III. Attendance

1. Daily attendance to all clinical and didactic activities is mandatory.
  2. Every absence must be notified in advance to the attending physician in charge of the service or didactic activity. Absences will be deducted from either regular vacation or sick leave, according to the situation. Please refer to section I.
  3. Supervision:  
Careful supervision of clinical cases in every rotation is the main interest of our program. Each child and adolescent psychiatry resident will have at least two (2) individual supervisory hours a week for his/her outpatient cases during the two years of training. **ALL PATIENTS MUST BE SUPERVISED.** It is the resident's responsibility to submit patient's charts to his/her supervisor and to have the supervisor countersign all entries. It is the resident's responsibility to contact his/her supervisor at the beginning of each semester to set up appropriate arrangements (hour, day, etc.). The use of audio and video techniques is strongly recommended as excellent teaching tools for supervisory work.
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In addition, to the clinical supervisors, there is a faculty coordinator for each rotation. Supervision will be provided by these assigned coordinators. All didactic and clinical experiences are directly coordinated and supervised by a faculty member.

## **V. Patient Log**

To meet the requirements of the Accreditation Council, there must be a record maintained of specific patients treated by residents in a manner which does not identify patients, but which illustrates each resident's clinical experience in the program. Each resident will have major responsibility for the diagnosis and treatment of a reasonable number of an adequate variety of patients. Each resident will have supervised experience in the evaluation and treatment of patients of both sexes, all ages and from a variety of ethnic, social and economic backgrounds.

1. A special form including record number, demographic characteristics, diagnoses, treatment modalities used and the supervisors name should be used as a permanent record of all patients treated throughout the years of training.
  2. Plans for computer keeping of these records are underway.
  3. The purpose of this activity is to monitor that all residents come in contact with all psychiatric diagnoses and the use of different treatment modalities available in child psychiatry.
  4. The log will be reviewed periodically with the assigned supervisors and the Training Director and will be an important part of the evaluation process.
  5. The patient log forms will be kept in the Division office and a copy of the monthly log in the resident's record.
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## **VI. Medical Records**

Clinical records will include an adequate history, mental status examinations when indicated a treatment plan, regular, organized, progress notes, adequate justification for diagnostic and therapeutic procedures performed, and a discharge summary.

1. Each resident is responsible of the medical handling and timely completion of the medical records of all patients under his care.
2. Writing must be legible.
3. Under no circumstances shall records be removed from the clinical facilities where they belong.
4. All records must be countersigned by the supervisor.
5. Periodical review of the charts by the supervisor as well as by the rotation coordinator is essential for both educational and administrative purposes.

## **VII. Language**

Command of both English and Spanish languages, written and oral, is required.

## **VIII. Dress Code**

Dress should be appropriately suited to working with children of all ages and their families. When working with severely disturbed and/or agitated patients there are general precautions to be taken, such as not wearing, necklaces or ties that can be pulled off.

## **IX. Evaluation**

### **A. Written Evaluation**

Written evaluations of each resident's performance will be done every six months by the training director, based on input derived from individual supervisors, seminar and rotation coordinators. The resident's response to these evaluations will be kept as well in the trainee's file.

This evaluation will specifically state that there is no evidence

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of unethical, unprofessional behavior, or serious question of clinical competence. If there's such evidence, it will be comprehensively recorded, along with the resident's response.

## **B. Examinations**

### **1. PRITE**

A written competence examination will be given at least once every year.

### **2. Mock Oral Boards**

Mock oral board examinations will be given at least yearly following the procedures of the American Board of Psychiatry and Neurology Examinations in Child and Adolescent Psychiatry. These might include live interviews and videotapes.

## Other Policies and Procedures

### **A. Due Process:**

The School of Medicine's Department of Psychiatry's Due Process procedures will be followed. Please refer to attached copy of this policy.

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