

Psychiatry Residency Manual (1)

GOALS OF THE RESIDENCY TRAINING PROGRAM

Our program is designed to provide an educational experience of such nature as to enable its graduates to exert a well developed clinical judgment with a solid theoretical background, etiologies and treatment options of the common medical, neurological and psychiatric disorders. Emphasis is made to develop the capacity for continuous personal and professional auto evaluation in our residents, with a profound knowledge of their own limitations and strengths, and commitment to continuing medical education and professional development.

OVERVIEW OF THE PROGRAM

Following the guidelines established by the Accreditation Council for Graduate Medical Education, the residency is organized in a four-year-postgraduate training experience. A three-year-program is also available for residents entering the program at the PGY II level as well as special track for the integrated Child/Adolescent Psychiatry Training.

Besides the assigned rotations and didactic activities, residents participate in different outside seminars and activities, including, but not limited to: Annual In-Training Examination program, meetings and activities of the American Association of Psychiatry Residency Training Program Directors; American Association of Psychiatry Departments; American Psychiatric Association Annual Convention, American Academy of Child Psychiatrists Annual Convention, activities of the Puerto Rico Medical Association and the Puerto Rico Psychiatric Association, in addition to other important professional forums and seminars at both local and national levels.

Participation in the Resident Matching Program was started for the Academic Year 2000-2001.

The following is a description of the didactic program for each level during the training period. A special adaptation of this program is provided for the three-year-program, (residents entering the program at the PGY II level).

FIRST POSTGRADUATE YEAR

The first postgraduate year in Psychiatry fulfills the criteria of a Categorical Internship in the directory of residency training programs. It consists of the following learning experiences:

A. Primer:

During the first month of training, all PGY I and new PGY II residents participate in a theoretical overview of Psychiatry, as well as in a gradual supervised exposure to psychiatric patients, emergency calls and consultations, in the **UPR-Hospital and/or other affiliated Institutions**. Role modeling in psychiatric clinical skills is provided both by faculty and senior residents.

B. Internship:

At our Residency Program this activity consists of a four-month-rotation in Internal Medicine and/or Pediatrics in an accredited program. The following hospitals are available for this rotation:

1. UPR University Hospital in Carolina (Former Dr. Federico Trilla University Hospital)
2. University Pediatric Hospital
3. University Hospital (Adults)

While in this rotation, the psychiatry residents participate fully in the department's activities where assigned. He/she is expected to acquire those basic medical skills most relevant to psychiatric practice; including, but not limited to, being able to diagnose common medical and surgical disorders, undertaking initial clinical and laboratory studies, formulating appropriate initial treatment plans, and making appropriate referrals to other medical specialists. Every effort is made to approach the residents during this period, and assist them in becoming specially conversant in the interaction and coexistence of physical and mental symptoms and conditions, and all issues related to the interface between psychiatry and other medical specialties.

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C. Clinical Neurology:

This experience consists of a two-months-rotation at the Neurology Service of the UDH, under the auspices of the University of Puerto Rico Neurology Residency Program. Residents share all the academic and clinical responsibilities with PGY I residents in Neurology.

D. Psychiatric Acute Care Rotation:

Residents are assigned to the Emergency Room Services and Psychiatric Acute Care Services of the UPR-Hospital (Dr. Federico Trilla) and/or other affiliated Institutions. Close supervision is given to provide learning skills in the management of the acutely disturbed psychiatric patient. The number of patients to be assigned to each resident will vary according to the actual real needs of the service; however, always within a range that provides ample time for the mastering of the needed skills, along with adequate variety of clinical situations under appropriate supervision. This rotation may also be done at other affiliated institutions in Puerto Rico.

E. Emergency Service:

Residents rotate on night-call duty at UPR-Hospital, (Dr. Federico Trilla University Hospital) and/or other affiliated Institutions. This assignment brings the opportunity to gain experience in the management of psychiatric emergencies and ward calls.

To supplement this experience, PGY I residents are assigned, as part of the Acute Psychiatry Inpatient Rotation at the UPR-Hospital and/or other affiliated Institutions. Here they function as part of an interdisciplinary team, which offers intensive crisis intervention to patients coming to the hospital Emergency Service.

This experience is on continuous re-evaluation taking in consideration the affiliated Institutions and following the RRC & accreditation requirements.

F. Seminars:

Formal didactic seminars in basic psychiatric knowledge and assessment of the mentally ill patient are offered during this year. These are: The Psychiatric Interview, Psychopharmacology, Human Development, Substance Use Disorders, Introduction to Psychotherapy and Ethic Seminars. These activities run during the Academic Day which is a **protected** time for didactic activities. All

residents recombine at this place for the didactic activities. Journal Clubs, Grand Rounds and other activities are scheduled on regular basis on the Academic Day (Wednesday 12:30 - 2:00 PM).

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G. Morning Report and/or Service Rounds:

The affiliated Institutions carry on service rounds in which the residents gain didactic experience and supervision in direct patient care and clinical interventions.

H. Individual Supervision

Individual supervision in Psychiatry is provided to the Resident during the Acute Psychiatry Rotation. In addition a “Mentor” is assigned to the resident throughout the first two years for the discussion of both personal and professional issues, and monitoring of the patient’s log.

Goals of the First Postgraduate Year:

At the end of this first year of training, the resident is expected to have acquired adequate knowledge of the etiology, diagnosis and treatment options for all major medical and neurological disorders. He/she must be able to:

1. Conduct a complete physical examination (including neurological); be able to use laboratory tests in the diagnosis of major conditions, and maintain adequate material records herein.
2. Know when to refer a patient to other medical specialists.
3. Carry out an interview – including mental status examination, differential diagnoses and treatment plan for all the current DSM disorders, with special emphasis in the management of psychiatric emergencies.
4. Use psychopharmacological agents effectively in an acute inpatient situation and provide supportive psychotherapy with awareness of dynamic issues.
5. Recognize counter transference problems and personal idiosyncrasies as they influence interactions with patients, and be able to deal with them constructively.

SECOND POSTGRADUATE YEAR

During this training level, the resident is provided with additional experience with patients hospitalized in general and specialized psychiatric wards.

The following clinical and didactic experiences have been developed for this PGY level:

A. Inpatient Rotation:

The UPR Hospital (Dr. Federico Trilla Hospital) is the UPR academic institution. It is an open-ward setting for patients from all socioeconomic and sociocultural groups. In this setting the team approach prevails. The resident has ample opportunity to work and interact with members of related mental health professions, such as psychiatric nurses, psychologists, social workers and occupational and recreational therapists, among others. Individual supervision is given by the psychiatrists in charge of the ward. The resident also participates in didactic activities that enhance his/her clinical skills, knowledge and professional attitudes.

There are other affiliated psychiatric hospitals operating in Puerto Rico where a similar inpatient experience may be offered to the residents. Here the residents are exposed to patients of different socio-cultural background, both sexes and adolescents. Arrangements are made to provide all residents with this diversity of clinical settings.

During these rotations, the residents are assigned a number of patients which will vary according to the real and actual needs of the service, but which will provide ample time for the mastering of needed diagnostic techniques and diverse psychotherapeutic interventions.

B. Seminars:

Formal seminars are conducted also during the second year of training under the proctorship of faculty members knowledgeable in specific areas of psychiatry on the Academic Day. Among these seminars are: Family/Couple Therapy, Psychopathology, Brief Psychotherapy, Psychodynamic Psychotherapy, Cognitive Therapy and Neurobiology. The residents also participate with their peers

and Faculty members in Journal Clubs, Grand Rounds and Case Presentations during this year.

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C. Research:

The Resident starts Research related activities at this post-graduate year which culminates in the preparation of an article submitted for publication in a recognize scientific journal.

D. Emergency Service and Morning Rounds:

Night duties are considered an integral part in the formation of a physician. They are educationally justified, provide a special source of valuable experiences, and place the house officer in a position of responsibility with the maximum application of his professional knowledge, judgment and dexterities. PGY I-II residents are assigned to this activity, according to the real needs of the service and the **participating facilities** at any given time following the RRC-ACGME requirements. In addition to the Staff Supervisor, supervision of junior residents is given paramount importance at this level of training.

In the event that such experience might become available in additional settings, the Curriculum Committee will then determine certain modifications in the night duty roster, as per the Program's needs, and will determine the number of residents scheduled to participate in these educational activities following the ACGME and RRC requirements.

Goals for the Second Postgraduate Year:

During the second year the resident is expected to acquire knowledge of the major trends in contemporary psychiatry and all major psychiatric theories. He/she must also be able to:

1. Adequately diagnose all current Diagnostic Statistical Manual disorders and delineate an individualized treatment plan for each patient.
2. Use of all the major treatment theories and skills available in psychiatry in different patients with different diagnosis categories.
3. Acquire basic Research knowledge that will allow him/her to get involve in the planification of a research proposal and eventually publication of a paper related to this research project.

Seminars are also scheduled to be offered during this year including: Research Seminar II & III, Family/Couple Therapy, Group Therapy, Religion/Spirituality, Psychodynamic Psychotherapy, Psychological Assessment, Geriatric and Individual Psychotherapeutic modalities.

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THIRD POSTGRADUATE YEAR

Child & Adolescent Psychiatry, Consultation/Liaison Psychiatry and the mastering of Psychotherapy skills are the hallmarks of the third year of training.

The Residents are also expected to write a proposal for research project, and start working in it. This activity is carefully supervised by the Research Committee.

During this year, the Resident will have the opportunity to follow patients from different sociocultural backgrounds and variety of psychopathology at the outpatient setting and is expected to engage in long-term-care of both psychotic and non-psychotic patients and to use a variety of treatment approaches (individual, family and group) and techniques.

Activities programmed for this level of training include:

A. Child & Adolescent Psychiatry:

During the Child Psychiatry Rotation, the Resident acquires skills in the diagnosis and treatment of children and adolescents. The Pediatric University Hospital is the facility where the main Child and Adolescent Residency Program didactic/clinical experiences take place. The Resident is assigned to this service.

Assessment focuses on human development as a life-long process, with emphasis on the child's perspective. Each General Psychiatry resident is assigned a number of patients for both short and long term interventions. Adequate supervision is given by the teaching and clinical staff for each individual patient in continuous care.

Skills on history taking, clinical interview of the child and adolescent patients and development of treatment planning using a broad variety of resources are strongly emphasized.

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The Residents shall develop the ability to organize historical data and integrate with accurate observation, and to be able to present a complete differential diagnosis and establish an appropriate treatment plan. During this rotation, the Child & Adolescent Psychiatry Program will provide didactic activities geared to the special needs on this area of Psychiatry.

B. Consultation/Liaison Psychiatry:

This experience can be conducted at the UPR Hospital and/or other affiliated clinical settings, for a minimum of 2 months (maximum of six-month period, 20 hours per week). It provides an educational experience in Consultation/Liaison Psychiatry and the psychiatric disorders of the medically ill. Residents shall acquire awareness and knowledge of the multifactorial etiology of illness, and the important interactions between biological and psychosocial factors in the production of bodily malfunction and psychological sequelae of physical illness. They should also recognize, discuss and treat clinical syndromes that can arise from organic disturbances of brain function.

The service provides the Residents the opportunity to participate in didactic activities designed to cover the most important topics of this special practice in Psychiatry. House officers have the responsibility to answer consultations requested by other departments of the hospital where the C/L is given.

Night duties on an on-call basis are a complement of the entire educational experience. Supervision is provided by the attending staff in charge of this service.

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C. Outpatient Rotation:

PGY III and PGY IV Residents rotate through the outpatient Service at the Department of Psychiatry and/or other department clinical settings, for a period of two years (PGY III on part-time basis). PGY IV level provides time for full time basis, thus allowing for the final mastering of the psychotherapeutic process in the senior resident.

The Outpatient Clinic of the Department of Psychiatry was fully organized in 1981. At present it is under the direct supervision of a Board Certified faculty member. In this service, the resident is responsible for the direct psychiatric care of an assigned number of patients and the final mastering of the different psychotherapeutic skills. Each resident has at least three clinical supervisors for the on-going presentation and discussion of all of his/her patients. Use of audiovisual equipment is strongly recommended as a supervisory tool as well as the Residents participation in an ongoing in-vivo continuous case supervised by a Board Certified Faculty member. They also participated in the didactic 'Mock-Board' activity (PGY IV) and/or OSCE (PGY III).

Another important type of experience provided in this rotation is the acquisition of administrative skills needed to run a private practice. Every effort is made to provide a "private practice atmosphere". The resident has the responsibility to participate in the billing process for these services to the patient. He/she will be exposed to the realities inherent to the billing process with third party payers (public, private sources). He/she will learn about the role of secretarial personnel in the administration of a private medical setting.

D. Seminars and other Didactic Activities

In addition to the formal didactic activities offered at the different clinical services, the Department provides seminars to PGY III residents. These seminars include: Research III, ECT, HIV, Managed Care Seminars, Continuous Case Conference and Board Conference. Activities run throughout the year in the Academic Day, (Grand Rounds, Case Presentation and Journal Clubs). All PGY III residents participate actively in these activities under the direct supervision of faculty members. Special didactic activities on

specific areas of interest are scheduled every two or three months. Distinguished local and continental lectures are invited to offer conferences on different areas of interest in psychiatry.

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E. Research:

The Research Committee offers structured activities so as to enable to PGY III residents to complete an original research in an area of their choice, as per proposal prepared. Specific time is allowed for the completion of this task. (Date Due to completion of all requirements is August of last year of training). This Residency Research Project is a requisite for graduation. Findings must be suitably written for publication and submitted for publication at a recognized medical journal. (Evidence of this submittance shall be forwarded to the Department). An oral presentation of this research project is also required before graduation date. This project begins at the PGY I level of training.

Goals for the Third Postgraduate Year:

At the end of the third year of training, the psychiatry resident is expected to function relatively at ease with the use of the mayor styles of therapeutic interventions (individual, family and group oriented) – insight oriented (short and long term), supportive, behavior, psychopharmacologic, among others; and to possess psychodynamic understanding of the psychotherapeutic relationship. In addition he/she must:

1. Have mastered the basic skills needed for the diagnosis and treatment of common psychiatric problems of childhood and adolescence.
2. Be conversant on the principles of the evaluation of children and their families.
3. Be able to construct a comprehensive formulation of the problems of a physically or psychosomatically ill patient referred for consultation and communicate it to the referring physician along with practical suggestions for management.
4. Be able to work harmoniously as a member of a mental or general health team in information gathering, treatment planning and implementation.
5. Be able to develop liaison relationship with physicians, nurses and social workers, who participate in the care of his/her patients.

It is expected that the resident participate in the education and treatment of a variety of patients (age, sex, diagnosis and treatment modalities) under supervision such as to meet the program criteria for graduation (See Outpatient Rotation Description).

FOURTH POSTGRADUATE YEAR

This experience facilitates the transition from the academic environment toward the professional expectations in the Puerto Rican society. It is designed to provide as much-individualized programming and flexibility as possible within the requirements of the program.

A. Teaching:

Residents at second, third and fourth levels of training are able to teach medical students during their residency years but the fourth level resident participates more in the activities. They could be assigned to the supervision of the clinical work of medical students at a clinical facility and to the direct offering of didactic exercises, including lectures on specific subjects. This experience is directly supervised by a senior faculty member.

Residents at the fourth level of training also participate during the PRIMER course given to new residents (PGY I and those residents entering at PGY II level) during the month of July. This activity is a requirement of the residency. PGY IV residents offer clinical sponsorship and role modeling.

B. Seminars:

Formal didactic experiences are also offered during this training level. These include the Continuous Case Conference and Board Conference. Residents also continue participating in the Department's Journal Club and Grand Round activities, and assisting to the special didactic activities organized several times during the year with invited lecturers from both the local and national level.

At this level, the primary seminars offered are Forensic Psychiatry, Transcultural Psychiatry and the Community Psychiatry Seminars. The Forensic Psychiatry Seminar enables the resident to acquire the skills needed to assume the evaluative role in a legal process, which is characterized by the fact that another person is the final decision-maker, as contrasted to the usual medical setting where the physician has the final word.

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On the other hand, the Community Psychiatry Seminar enables the resident to understand the cultural, demographic, epidemiological and dynamic factors in the systems at interplay within the community that prevent, promote and/or maintain mental illness. They are also provided with an understanding of the realities of the mental health systems in Puerto Rico including managed care systems.

C. Outpatient Rotation and Emergency Service

These clinical experiences at the fourth training level are a continuation of the previous years experiences. They are essential to the final result of our academic endeavor. (Please see description at the PGY III level). At this level other Ambulatory-Managed Care oriented experiences at Primary Care Centers may be added.

Goals of the Fourth Postgraduate Year:

At the end of the Psychiatry Residency, the young psychiatrist must master a depth of knowledge of great complexity, with a holistic approach to human illnesses and suffering. He/she must be able to:

1. Apply the biopsychosocial model to the diagnosis, treatment and prevention of mental illnesses.
2. Diagnose and manage any patient requesting his/her assistance, of all diagnostic categories according to the current standard nomenclature, and comply with the graduation requirements establish (See description of OPD Clinical experiences).
3. Develop a case formulation for each patient, taking into consideration the biological, social and emotional etiologic factors.
4. Render a high quality of care of each patient, according to an individualized treatment plan utilizing a wide armamentarium of different psychotherapeutic techniques. In the rare instance in which this is not feasible, he/she must be able to make an appropriate referral. All this within an attitude of high moral and ethical standards, demonstrating a consistent interest, tact and compassion for the patient and his/her endeavor. The resident will be able to remain objective, keeping a professional stance, yet not becoming either too distant or too involved.
5. Give legal testimony in issues such as mental competency, sanity and compensation for psychological or mental injury.

6. Possess the basic concepts of community and transcultural psychiatry with special focus in the specific problems/epidemiology of our community.
7. Be able to participate in the care of patients following the basic structure of the Health reform services system, currently in practice.

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8. Understand the basic principles and techniques of scientific research, have completed and submitted for publication an original research project and be able to apply this knowledge as a complement to his clinical work.
9. Communicate effectively his/her basic knowledge of psychiatry to medical and non-medical personnel, to present lectures and to supervise adequately the clinical work of others.
10. Above all, the graduate of our program is expected to possess a heightened awareness of the self as an instrument of change, so as to develop him/herself optimally, with the adequate recognition of his/her own limitations and resources.