Yale Department of Psychiatry

Psychosomatic Medicine

Fellowship Handbook

2016-2017
SECTION I: EDUCATIONAL PHILOSOPHY AND GOALS ................................................................. 5
  FELLOWSHIP CORE PHILOSOPHY ....................................................................................... 7
  FELLOWSHIP CORE VALUES .............................................................................................. 7
  FELLOWSHIP OVERVIEW OF GOALS AND OBJECTIVES ................................................... 8
  GOALS AND OBJECTIVES FOR ELECTIVES ....................................................................... 15

SECTION II: ROTATION AND FACILITY .................................................................................. 23
  DESIGN OF PROGRAM AND ROTATION SCHEDULE ............................................................. 25
  FACILITY .................................................................................................................................. 25
    Yale New Haven Hospital ........................................................................................................ 25
  Program Requirements .............................................................................................................. 26
  SCHEDULED SEMINARS AND CONFERENCES ..................................................................... 32

SECTION III: PROGRAM ADMINISTRATION/TRAINING COMMITTEES .................................. 37
  FELLOWSHIP TRAINING COMMITTEE ................................................................................. 39
  THE GRADUATE EDUCATION COMMITTEE .......................................................................... 39

SECTION IV: EVALUATION, CASE LOG, EVALUATION METHODS ....................................... 41
  EVALUATION OF FELLOWS PERFORMANCE ....................................................................... 43
  SPECIAL STATUS ..................................................................................................................... 44
  CASE LOGS ............................................................................................................................... 45

SECTION V: VACATION AND OTHER POLICIES ................................................................... 47
  LEAVE AND VACATION POLICIES ....................................................................................... 49
    Vacation Policy ....................................................................................................................... 49
    Sick Leave Policy .................................................................................................................... 49
    Maternity Disability Leave Policy ......................................................................................... 49
    Parenthood Leave .................................................................................................................. 49
  OTHER POLICIES ..................................................................................................................... 50
    Duty Hours ............................................................................................................................... 50
    Email & Computers ............................................................................................................... 52
    Grievance Policy and Procedure ......................................................................................... 52
    Involvement of Fellows in Multidisciplinary Care .................................................................. 52
    Malpractice Insurance .......................................................................................................... 53
    Medical License Policy .......................................................................................................... 53
    Moonlighting Policy ................................................................................................................ 53
    Professional and Standards of Appearance ......................................................................... 54
    Sexual Harassment ................................................................................................................ 55
    Supervision of Fellows .......................................................................................................... 55
    Teaching Medical Students ................................................................................................... 56

PAYROLL, INSURANCE AND BENEFITS ................................................................................ 57
  Dental Benefits ......................................................................................................................... 57
  Disability Insurance ................................................................................................................. 57
  Employee Service Center ....................................................................................................... 57
  Life Insurance .......................................................................................................................... 57
  Medical Benefits ....................................................................................................................... 57
  Payroll ..................................................................................................................................... 57
  Stipend .................................................................................................................................... 58

OTHER ADMINISTRATIVE INFORMATION ............................................................................ 58
  Background Check .................................................................................................................. 58
  Contact Information ............................................................................................................... 58
  Holidays .................................................................................................................................. 58
  Parking .................................................................................................................................... 58
  Proof of Citizenship (I-9 Form) ............................................................................................... 58
All information provided in this manual is up to date as of 7/1/2016. Certain policies and information regarding benefits is subject to change; definitive information is available from the Employee Service Center and the Department of Psychiatry administrative offices.
Section I: Educational Philosophy and Goals
Yale Fellowship in Psychosomatic Medicine: Core Philosophy

Direct clinical experience with sophisticated supervision is the primary forum for learning to care for patients in the Yale fellowship program. Adequate training involves knowledge and skill acquisition in direct patient care, often as a member of a multidisciplinary team. In the process of training it is anticipated that each psychiatric fellow will acquire specialized clinical skills strongly grounded in a theoretical knowledge base, while learning to work effectively with allied mental health professionals. The advancement of qualities central to professional identity development, including a strong sense of patient responsibility, integrity, empathy and respect for patients, is emphasized.

The Yale University School of Medicine is a private, non-profit institution located in New Haven, Connecticut. It has a national reputation for excellence in clinical care, teaching and research. The Department of Psychiatry is a unique, multi-faceted, multi-facility department. It has a long tradition of service to patients and teaching undergraduate medical students, physician assistant students, psychiatric fellows and psychology fellows. The Department also has a strong commitment to clinical and basic research. The Psychosomatic Medicine Fellowship is a component of the Residency Program within the Department of Psychiatry and is organized around the guidelines specified in the Directory of Graduate Medical Education Programs prepared under the Auspices of the Accreditation Council for Graduate Medical Education (ACGME) of the American Medical Association.

Fellowship Program Core Values

Medical Knowledge – Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of the knowledge to patient care.

Patient Care – Fellows must be able to provide patient care that is compassionate, appropriate, evidence based, and effective for the treatment of health problems and the promotion of health.

Interpersonal Communication Skills – Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and multidisciplinary health professionals.

Professionalism – Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Practice Based Learning and Improvement – Fellows must demonstrate the ability to investigate and evaluate their care of patients, appraise and assimilate scientific evidence and continuously improve patient care based on constant self-evaluation and life-long learning.

Systems Based Practice – Fellows must understand the system of care, how it functions and how to advocate for their patients receiving the best available care.

Innovation and Self Development – Fellows must be active in improving their practice and contribute to the development and dissemination of new knowledge.
GOALS AND OBJECTIVES

Overall program and Main Rotation (Psychiatric Consultation Service) Goals

MEDICAL AND PSYCHIATRIC KNOWLEDGE

1. **Fund of Knowledge.** Goal: Psychosomatic Medicine Fellows will have extensive knowledge of the scientific schools of thought pertinent to psychiatric care of the medically ill population, including biological, psychological, socio-cultural perspectives of regarding illness and disability in late life.

OBJECTIVES:
1. Fellows will have proficient knowledge about the nature and extent of psychiatric morbidity in medical illness and its treatments, and the epidemiology of psychiatric illness and its treatment in medical disease.
2. Fellows will have proficient knowledge about the impact of comorbid psychiatric disorders on the course of medical illness.
3. Fellows will be able to define the psychological and psychiatric effects of new medical and surgical therapies, and to identify medical and neurological conditions and medications that may contribute to a presenting psychiatric disorder in a medically ill person.
4. Fellows will be knowledgeable regarding the way in which patients respond to medical illness.
5. Fellows will have detailed understanding of the nature of the relationship of doctor and patient, and the nature of the relationship of the medical system and patient, and the factors which may influence these relationships.
6. Fellows will be able to formulate the medical workup for patient presentations, including analysis of laboratory and neuroimaging studies.
7. Fellows will have advanced knowledge of the appropriate treatment interventions for co-existing psychiatric disorders in the medically ill.
8. Fellows will be able to define the criteria for choice of psychotherapeutic interventions.
9. Fellows will be able to list the potential socio-economic and cultural stressors and strengths that are present in late life.
10. Fellows will be able to construct and state a bio-psycho-social formulation for a given patient presentation.
11. Fellows will develop a high level of expertise in understanding the special psychological and physiological effects of particular illnesses, and the special considerations in psychiatric treatment with patients with such illnesses, including cardiac, pulmonary, neurological, gastrointestinal, genitourinary, dermatological, surgical, obstetric/gynecological, infectious, and endocrinological illness.

PATIENT CARE

2. **Patient Management.** Goal: Psychosomatic Medicine Fellows will demonstrate outstanding patient care skills.

OBJECTIVES:
1. Fellows will effectively gather and identify pertinent clinical data from the patient and collateral sources of information, and demonstrate the ability to integrate clinical data with medical knowledge.
2. Fellows will demonstrate the ability to state a complete differential diagnosis utilizing the DSM multi-axial format, and provide a comprehensive clinical formulation.
3. Fellows will monitor and prioritize patient’s problems including psychiatric, psychosocial, medication, social and medical issues, and the status of patient care interventions including lab
results, medication doses, responses and side-effects, psychological interventions, and social interventions.

4. Fellows will demonstrate the ability to decide which psychotherapeutic modality will be most useful for a particular patient.

5. Fellows will demonstrate proficient ability in the use of specific techniques of brief, cognitive-behavioral, interpersonal, psychodynamic, or supportive therapies in their work with individual patients with medical illness.

6. Fellows will have advanced knowledge regarding the indications for and the use of psychotropics in the medically ill, the interactions of psychotropics with the full range of medications used in patient care, and demonstrate proficiency in the search for drug-drug interactions.

7. Fellows will have a well-developed understanding of the special psychosocial issues encountered in the medically ill or hospitalized patient, and be able to work effectively in time-limited psychotherapy with these issues.

8. Fellows will be skillful in the assessment of the psychiatric complications of medical illness and of medical treatments such as medications, surgery, transplantation and emerging therapies, and be familiar with the typical and atypical presentations of psychiatric disorders secondary to medical and surgical illness.

9. Fellows will have a well-developed understanding of the special psychosocial issues encountered in the medically ill or hospitalized patient, and be able to work effectively in time-limited psychotherapy with these issues.

10. Fellows will have advanced knowledge regarding the indications for and the use of psychotropics in the medically ill, the interactions of psychotropics with the full range of medications used in patient care, and demonstrate proficiency in the search for drug-drug interactions.

11. Fellows will have a well-developed understanding of the special psychosocial issues encountered in the medically ill or hospitalized patient, and be able to work effectively in time-limited psychotherapy with these issues.

12. Fellows will be familiar with current standards for the capacity to give informed consent for procedures in the presence of cognitive impairment, and able to evaluate patient capacity in a skillful and efficient manner.

13. Fellows will be knowledgeable regarding socio-economic and cost-containment issues in modern medical care.

14. Fellows will be knowledgeable regarding ethical and medical-legal issues in medical practice.

15. Fellows will be able to sign out ongoing cases effectively, able to prioritize data to be passed on, to communicate such data succinctly, and anticipate issues which may arise in active cases.

3. Clinical Judgment. Goal: Fellows will be able to integrate clinical information and develop appropriate treatment plans, prioritizing problems and balancing risks, benefits, and individual patient values.

OBJECTIVES:
1. Fellows will demonstrate the ability to reason effectively in ambiguous clinical situations.
2. Fellows will demonstrate the ability to effectively prioritize patient problems.
3. Fellows will demonstrate the ability to recognize and take initiative in solving patient problems, and mobilizing appropriate resources.
4. Fellows will perform a risk benefit analysis on all patient interventions.

4. Somatic Therapies. Goal: Fellows will demonstrate appropriate use of somatic therapies, including psychopharmacological agents and other modalities such as ECT, in the context of medical illness.

OBJECTIVES:
1. Fellows will appreciate the interactions of psychopharmacological therapies with other medications used in treatment of medical illness.
2. Fellows will be able to list the indications and side effects for somatic treatments like ECT and for psychotropic medications with special attention to dose and side effects in the medically ill.
3. Fellows will be able to conduct a risk/benefit analysis of somatic and psychopharmacological treatment for a patient presentation.

INTERPERSONAL COMMUNICATION

5. Relationships with Patients. Goal: Fellows will be skillful in forming effective and professional relationships with patients.

OBJECTIVES
1. Fellows will be respectful and compassionate toward patients, families, and be able to establish effective therapeutic relationships with patients and family members, including complex and challenging patients.
2. Fellows will be skillful in observing professional boundaries with patients.
3. Fellows will understand that different individuals and cultures may have different values and health beliefs, and will understand how such beliefs and values may affect interaction with the health care system.

6. Interviewing and Diagnostic Skills. Goal: Psychosomatic Medicine Fellows will have effective interpersonal communication skills.

OBJECTIVES:
1. Fellows will perform evaluation interviews that provide a complete database for diagnostic evaluations, and demonstrate the ability to integrate clinical data into comprehensive differential diagnoses.
2. Fellows will demonstrate the ability to establish rapport and be active listeners, attuned to dynamic issues and process of the interview, in addition to the overt content of the interview.
3. Fellows will demonstrate the ability to involve patients and families in treatment planning, and to discuss and communicate the treatment plan to patients.
4. Fellows will be expert in communicating and discussing information in difficult circumstances, such as end of life care, where special sensitivity and patience will be required.

7. Case Presentation, Formulation and Treatment Plan. Goal: Fellows will be skillful and efficient in summarizing clinical data, producing formulations of cases, and in presenting formulations and appropriate treatment plans.

OBJECTIVES:
1. Fellows will demonstrate the ability to perform a concise, organized, and thorough case presentation using a recognized logical approach.
2. Fellows will be able to provide a case formulation integrating medical and psychiatric data.
3. Fellows will be able to present a treatment plan, in both biological and psychological domains, indicating knowledge of local resources and including the patient in the decision process.

8. Documentation. Goal: Fellows will provide timely and appropriate documentation in the medical record.

OBJECTIVES:
1. Fellows will document information in the patient’s record in a complete, well-organized, legible, concise and timely manner.
PROFESSIONALISM

9. Relationships with Colleagues. Goal: Psychosomatic Medicine Fellows will develop a strong sense of professional responsibility for patients, families, and other health care professionals.

OBJECTIVES:
1. Fellows will adhere to high professional ethical standards for themselves and for others.
2. Fellows will be skillful in working as a consultant with other members of the health care team, able to assert leadership and expertise while remaining sensitive to the existence of a diversity of opinion among care givers.
3. Fellows will demonstrate the ability to communicate effectively with primary care providers, medical specialists, and other professionals caring for the patient.
4. Fellows will use authority effectively when assigned a leadership role on interdisciplinary health care teams.
5. Fellows will be able to advocate effectively for the mental health care needs of their patients, and to ensure that their recommendations as consultants are integrated appropriately into the overall care plan for their patients.

10: Professional Boundaries. Goal: Psychosomatic Medicine Fellows will maintain professional boundaries with patients.

OBJECTIVES:
1. Fellows will pay attention to maintaining professional relationships and providing patient centered care, and will be skillful in managing boundary issues in the doctor-patient relationship.
2. Fellows will be skillful in forming alliances with patients, even where the consultant is entering the case at the request of the medical team rather than the patient.


OBJECTIVES:
1. Fellows will demonstrate efficient and organized use of time, will be reliable and responsible in completing tasks, and will be prompt and punctual for assignments and meetings.

PRACTICE-BASED LEARNING AND IMPROVEMENT

12. Supervision. Goal: Psychosomatic Fellows will have a positive attitude toward improving their knowledge and practice of psychiatry, particularly with regard to using feedback from colleagues and supervisors.

OBJECTIVES:
1. Fellows will have a positive and constructive attitude in bringing issues to supervisors, asking for feedback, and making constructive changes in response to supervision.
2. Fellows will pay attention to gaps in their knowledge or practice of Psychosomatic Medicine and make an effort to remedy this through self-directed learning as well as by bringing issues to supervision.

13. Effort and Initiative to Learn. Goal: Psychosomatic Medicine Fellows will have the skills to evaluate competently their practice and improve it.
OBJECTIVES:
1. Fellows will be able to develop effective strategies for reading and self-study to remain informed about new research and knowledge in their field on a life-long basis.
2. Fellows will demonstrate the ability to utilize the scientific literature, including the ability to perform effective literature searches utilizing computerized information technology.
3. Fellows will demonstrate the ability to evaluate the research design and statistical results of scientific literature, and to review critically published literature.
4. Fellows will be able to use information from literature searches to improve their own patient care.

SYSTEMS-BASED PRACTICE

14: Interaction with System of Care. Goal: Psychosomatic Medicine Fellows will have the skills and knowledge to interact competently with the entire system of care.

OBJECTIVES:
1. Fellows will demonstrate ability to access resources within and outside the local system of care, ensuring comprehensive care is provided to the patient.
2. Fellows will use authority effectively in interacting with other health professionals, families, and other systems of care.
3. Fellows will be able to support and advise not only physicians but also nursing and allied staff in managing behavioral issues and conflicts with patients.
4. By the end of the rotation, fellows will be able to state major treatment resources within and outside the local system and criteria for accessing or being denied those services.
5. Fellows will be able to compare the psychiatric services provided by the major entitlements patients are able to access with special attention paid to Federal entitlement programs for the medically ill.
6. Fellows will be able to recognize the medico-legal issues involved in their interactions with the system of care.
7. Fellows will understand the complex system of the modern hospital and clinics, will be able to diagnose ways in which the system may fail to work effectively, and will be able to intervene to aid in the proper coordination of care.

15. Teaching. Goal: Psychosomatic Medicine Fellows will have outstanding teaching skills.

OBJECTIVES:
1. Fellows will demonstrate use of effective teaching techniques with other trainees such as medical students or residents, as well as physicians from other specialties and professionals from other disciplines.
2. Fellows will use authority constructively in their interactions with trainees and with other medical professionals.
3. Fellows will be able to use feedback in a constructive and positive fashion in a supervisory role with trainees.
4. Fellows will be skillful in teaching other physicians and professionals regarding the recognition and response to psychiatric disorders.

16. Leadership. Goal: Fellows will develop leadership skills in providing patient care and in administration of consultation services.
1. Fellows will demonstrate initiative and judgment in leading multidisciplinary integrated teams in clinical care, both in supervising trainees and in coordinating resources from different disciplines.
2. Fellows will demonstrate skill in the administration of clinical services, both in management of routine operations and in the development of new policies and procedures.
3. Fellows will participate effectively in quality improvement and patient safety improvements, and
develop the ability to serve as leaders in continuous improvement of the clinical system.
Goals and Objectives for Electives:

Academic Elective

Setting: YNHH

The Academic Elective of the Yale Advanced Residency Training Program shares many of the applicable major goals and specific objectives of the 6 areas of competency of the program, but has chief aims most related to the area of Practice-Based Learning And Improvement. Typical goals of the elective will be: understanding the evidence base in one or more areas of psychiatry; understanding the research process; participating in research studies; writing a case report, review paper or other work for publication; developing guidelines or policies for the services. The specific aims of the elective will be discussed and agreed upon by the fellow and mentor.

PRACTICE-BASED LEARNING AND IMPROVEMENT

OBJECTIVES:

1. Fellows will be familiar with the published literature related to one or more particular areas of psychiatry.
2. Fellows will have an advanced understanding of various research methods in the field.
3. Fellows will be able to reach published works critically and recognize the limits of current understanding.
4. Fellows will be familiar with the process whereby research studies are designed and protocols written.
5. Fellows will be familiar with the contemporary ethic and legal standards for research, and the process by which studies are approved by human studies committees.
6. Fellows will be familiar with the methods by which studies are implemented with clinical populations.
7. Fellows will be familiar with processes of data analysis and conclusion development.
8. Fellows will be familiar with preparation of written reports and their publication in suitable journals.
9. Fellows may develop particular expertise in the preparation of care reports or other types of publications which may be the focus of the particular elective.

Addiction Psychiatry Elective

Setting: YNHH APT Clinic

The Addiction Psychiatry Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific objectives of the 6 areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE
OBJECTIVES:

1. Fellows will be expert in current research in the epidemiology and management of addiction, and the epidemiology and management of primary and secondary psychiatric disorders in the addicted patient.
2. Fellows will be expert in the pharmacology of methadone and buprenorphine, and their use in addiction treatment, including interactions with other medications and medical illness.

PATIENT CARE

OBJECTIVES:

1. Fellows will develop expertise in the evaluation and treatment of substance use disorders in the outpatient setting, particularly in the complex addiction patient with multiple chemical dependencies and with comorbid psychiatric illness in the urban environment.
2. Fellows will gain experience in the initiation and management of patients on methadone and/or buprenorphine maintenance, including evaluation of drug-drug interactions in opiate maintenance therapies.

INTERPERSONAL COMMUNICATION

OBJECTIVES

1. Fellows will develop skills in working with the special patient population of addiction medicine.
2. Fellows will develop expertise in motivational interviewing techniques.

SYSTEMS-BASED PRACTICE

OBJECTIVES:

1. Fellows will develop the skills to communicate and collaborate effectively with other professionals in the care of the substance abusing patient.

ECT Elective

Setting: YNHH Yale Psychiatric Hospital

The ECT Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific objectives of the 6 areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE

OBJECTIVES:

1. Fellows will be familiar with current research in the clinical use, efficacy and safety of ECT in clinical practice.

PATIENT CARE
OBJECTIVES:

1. Fellows will be able to assess and identify appropriate candidates for ECT from the psychiatric perspective.
2. Fellows will understand the medical aspects of ECT and be able to identify appropriate candidates from the medical perspective.
3. Fellows will be familiar with and observe the process of ECT, with typical patterns of improvement, and with typical adverse reactions.

SYSTEMS-BASED PRACTICE

OBJECTIVES:

1. Fellows will develop the skills to communicate effectively with ECT providers in referring patients, and the skills to communicate the results of the assessment for ECT to referring providers.

*Note: at least 2 months of experience in this elective are recommended for trainees wishing to understand the assessment for and process of ECT, and at least 6 months of experience are recommended for trainees wishing to pursue eventual qualification as ECT practitioners.*

Geriatric Psychiatry Elective

Setting: YNHH

The Geriatric Psychiatry Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific of the 6 areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE

OBJECTIVES:

1. Fellows will be familiar with current research in the diagnosis and treatment of dementia and age-related cognitive impairment.
2. Fellows will be familiar with current research in the use of psychopharmacological agents in the elderly.

PATIENT CARE

OBJECTIVES:

1. Fellows will be able to conduct a psychiatric evaluation of elderly patients, including assessment of psychiatric disorders as presenting in late life, assessment of functional capacity and ADL’s, assessment of social supports, assessment of the effects of prescribed medications on mental state, and assessment for mild cognitive impairment or dementia.
2. Fellows will be familiar with the therapeutic management of psychiatric disorders and dementia with particular attention to the medical issues involved in the use of psychotropic medications in the elderly.
3. Fellows will be familiar with the special practice situation of providing care in extended care facilities and other residential settings.

PRACTICE-BASED LEARNING AND IMPROVEMENT

OBJECTIVES:

1. Fellows will understand the role of research in establishing geriatric care guidelines, including the influence of industry sponsorship, and learn to assess the research literature critically.

SYSTEMS-BASED PRACTICE

OBJECTIVES:

1. Fellows will develop the skills to communicate effectively the results of their evaluations with the medical and nursing care providers for the patient, as well as ECF staff and any other relevant professionals.

Primary Care Psychiatry Elective

Setting: YNHH

The Primary Care Psychiatry Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific objectives of the 6 areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE

OBJECTIVES:

1. Fellows will be knowledgeable about current research about collaborative care in the outpatient medical setting, including research regarding the role of the consultant psychiatrist and the multidisciplinary team.

PATIENT CARE

OBJECTIVES:

1. Fellows will be familiar with the psychiatric issues common in the setting of the primary clinic, and be able to conduct a skillful psychiatric evaluation in the clinic environment, addressing specific referral questions.
2. Fellows will develop expertise in the use of medical and psychological therapy in the medically ill in the outpatient context.
3. Fellows will gain experience in the assessment and treatment of the spectrum of somatization disorders.
SYSTEMS-BASED PRACTICE

OBJECTIVES:

1. Fellows will develop the skills to communicate the results of their evaluation to referring physicians and providers, and develop skills to collaborate effectively with the primary care team.

HIV Psychiatry Elective

Setting: YNHH

The HIV Psychiatry Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific objectives of the 6 areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE

OBJECTIVES:

1. Fellows will be knowledgeable about the medical treatment of HIV disease and common complications; the psychiatric effect of such treatment; interaction of such treatment with psychiatric medications.
2. Fellows will be familiar with research in the diagnosis and management of HIV dementia.

PATIENT CARE

OBJECTIVES:

1. Fellows will be familiar with the psychiatric issues common in the different phases of HIV infection
2. Fellows will be able to conduct a psychiatric evaluation, with special expertise in the issues encountered in this special population.
3. Fellows will develop expertise in the use of medical and psychological therapy in the HIV patient.
4. Fellows will be skillful in working with the multidisciplinary team, and understand how to make appropriate referrals, supervise psychotherapeutic interventions, and work collaboratively.

SYSTEMS-BASED PRACTICE

OBJECTIVES:

1. Fellows will develop the skills to communicate the results of their evaluation to referring physicians and providers, and develop skills to communicate effectively with the infectious disease clinic and its multidisciplinary staff.

Transplantation Psychiatry Elective

Setting: YNHH
Transplantation Psychiatry Elective of the Yale Advanced Residency Training Program shares all of the major goals and specific objectives of the 12 areas of competency of the program, but has the following specific additional objectives:

**MEDICAL AND PSYCHIATRIC KNOWLEDGE**

**OBJECTIVES:**

1. Fellows will be familiar with current state of knowledge and practice in hepatic and renal transplant surgery, including evaluation of appropriate candidates and management of typical complications.
2. Fellows will be familiar with immunosuppressive therapy and other pharmacotherapy used in transplant medicine.

**PATIENT CARE**

**OBJECTIVES:**

1. Fellows will be able to conduct a psychiatric evaluation for candidates for organ transplantation, and assess and identify appropriate candidates for transplantation.
2. Fellows will be familiar with the psychiatric issues common in transplant patients, before and after surgery, and understand appropriate diagnosis and therapy.
3. Fellows will be familiar with common side effects of anti-rejection medications and their interactions with psychotropic medications.
4. Fellows will be familiar with psychopharmacological approaches in the patient with end stage liver and kidney disease.

**SYSTEMS-BASED PRACTICE**

**OBJECTIVES:**

1. Fellows will develop the skills to communicate effectively the results of their evaluations with other members of the transplant team, and to work effectively with the complex system of professionals involved in transplantation medicine.
2. Fellows will become familiar with the phases of the transplant process, and able to guide the patient through the process, as well as coordinating effectively with the transplant team.

**Specialty Clinic Elective**

Setting: to be determined

A Specialty Clinic Elective may be designed as part of the Yale Advance Residency Training Program share all of the major goals and specific objectives of the 6 areas of competency of the program, but the program director and trainee as well as any supervising faculty of the clinic will agree on specific additional goals and objectives:

**MEDICAL AND PSYCHIATRIC KNOWLEDGE**

**OBJECTIVES:** to be determined
PATIENT CARE

OBJECTIVES: specific objectives will be more fully detailed for the specialty area:

• Fellows will become familiar with the psychiatric relevant to the specialty clinic population.
• Fellows will be able to assess such specialty patients with particular expertise in the particular problems encountered in that population.
• Fellows will be familiar with therapeutic management options which may be affected by the medical factors related to that clinical population.

INTERPERSONAL COMMUNICATION

OBJECTIVES: to be determined

PROFESSIONALISM

OBJECTIVES: to be determined

PRACTICE-BASED LEARNING AND IMPROVEMENT

OBJECTIVES: to be determined

SYSTEMS-BASED PRACTICE

OBJECTIVES: specific objectives will be more fully detailed for the specialty area:

1. Fellows will understand the patterns of care in the relevant clinic/area of medicine, and develop the skills to communicate effectively the results of their evaluations to other professionals inside or outside the clinic.
Section II: Rotation and Facility
Design of Program

Fellows are expected to participate in 2 or more electives. The fellow and program faculty will review the interests and previous preparation of the trainee, and design a program appropriate for that individual. Primary Care and Transplant Electives are mandatory for all fellows.

The program for each trainee must include one or more electives including an opportunity to follow patients after hospital discharge and to provide both biological and psychological therapy, in order to provide adequate supervised experience in continuous care. Liaison opportunities (responsibilities for teaching and training professionals from other disciplines) are strongly encouraged.

Rotation Schedule
Yale New Haven Hospital (YNHH) – 80%
Didactics - 10%
Electives - 10%

Facility

Yale-New Haven Hospital (YNHH) is the main clinical facility for the fellowship. The Department of Psychiatry offers a one-year, ACGME-accredited fellowship in consultation liaison psychiatry, or psychosomatic medicine. The principal training site is the psychiatric consultation services at Yale New Haven Hospital. YNHH is a 700-adult bed tertiary care hospital. It is the primary teaching hospital for Yale University School of Medicine, with a full range of advanced specialized units.

The principal component of the fellowship is training in inpatient hospital consultation psychiatry at YNHH.

Fellows also complete elective rotations in a variety of other settings, including outpatient consultation in the primary care, HIV, transplantation, epilepsy, geriatric, women’s health, liaison with a hospital medical service, or conduct of academic work or research.

Fellows participate in regular didactic seminars covering areas of consultation psychiatry, and may attend a wide variety of didactic opportunities in the department or medical center, and receive regular supervision from attending staff. The psychiatric consultation service is an active training site of the Department of Psychiatry for Fellows in psychiatry and other fields, medical students and other trainees: fellows contribute importantly to the education mission of the services.

Fellows are expected to participate in scholarly work, which may include preparation of review papers or case reports, or participation in the design and conduct of research.
Our program is accredited by the ACGME for fellowship training in Psychosomatic Medicine, and graduates are eligible to sit for the board examination for qualification in this subspecialty.

**Yale New Haven Hospital (YNHH)**

**Component YNHH 1: Inpatient Consultation Service**

A. Psychiatric Consultation Service, YNHH, required, 12 months, 80% time.

B. The faculty consists of 4 full time attending psychiatrists and 3 part-time attending psychiatrists whose clinical specialty includes psychosomatic medicine, as well as 1-2 part-time clinical faculty who supervise/lecture 1 to 4 times per month.

C. Fellows will see patients for consultations in the hospital. Virtually all consultations are also seen by an attending psychiatrist. Consultations seen by the service are reviewed each morning on rounds, permitting team discussion of the fellows’ consultations and also permitting each trainee exposure to all consultations seen by the service. Fellows will also participate in education and supervision of more junior psychiatry fellows and medical students. The Psychiatric Consultation Service is well-integrated into the hospital. Fellows and other members of the consult service often are invited to participate in case conferences and rounds on other services in the hospital, allowing the fellows experience in the liaison and educational aspects of the consultant role.

D. The hospital is a large urban tertiary referral academic center, providing exposure to a diverse group of patients spanning all socioeconomic strata. Approximately 51% of patients seen are female. In a recent series of patients, 71% were non-Hispanic Caucasian, 19% black, 8% Hispanic and 2% other. Approximately 28% are in the age range <40, 44% 40 – 64, and 27% 65 or older. The chief consultant issues in a recent sampling were: 25% depression and anxiety; 22% delirium/dementia; 11% substance abuse; 11% suicide attempts; 11% suicidal ideation; 9% medical decision making; 5% possible psychogenic etiology of illness. The service sees about 2,000 initial consults per year. Treatment interventions include pharmacological therapy, individual and family psychotherapy, patient and family education, behavioral management planning with consulting service, and legal assessments regarding psychiatric commitment or conservatorship.

E. Fellows will perform approximately 120 initial consultations per 3 month block, and will provide follow up subsequent hospital visits at required for their patients. Fellows will assist in seeing consultations and supervision of more junior trainees.

F. All patients seen by the service are reviewed in daily rounds. At least 1 staff attending psychiatrist is present on the service throughout the week and involved in review and supervision of initial and follow up clinical care. As noted, all consultations are to be seen by staff attending psychiatrists. Fellows rotating on the service at YNHH will participate in specific clinical and didactic supervision with 1 staff attending for 1 hour per week. This supervision will discuss clinical cases seen by the team that week, as well as the educational and administrative function of the fellows for the service.

G. One or 2 general psychiatry PGY-II fellows, 1 to 3 medical students, and occasionally fellows from other services also participate in providing consultations.

H. During the course of the year fellows will assume increasing responsibility in patient management.

**Component YNHH 2: Specialty Clinic**

A. Primary Care Clinic, YNHH, elective 10%, 2 – 12 months.
B. The faculty consists of 1 staff attending psychiatrist. In addition, a psychiatric social worker is on staff for 20 hours a week.

C. Fellows will see outpatients of the Primary Care Clinic for initial evaluation and continuing psychiatric care. The clinic is particularly oriented towards the interaction of psychiatric and medical factors, both psychiatric conditions affecting medical care and medical conditions or treatments with psychiatric effects. Fellow participate in team rounds and collaborate closely with primary care staff. The service is also integrated with the social work service and case management system of the clinic.

D. The clinic is comprised of approximately 5,000 patients who range from age 18 to mid-70’s. This is an urban, inner-city population approximately 35% of who have multisystem, chronic, and severe medical illnesses. Approximately 50% have acute illnesses and are reasonably healthy. The average age is 55 years and the gender distribution is 70% female. Ethnically and culturally, patients are approximately 15% Hispanic, 35% African-American, and 45% Caucasian. Both psychopharmacological and psychotherapeutic treatment is provided.

E. The fellow will evaluate approximately 4 to 8 new patients per week and follow 4 to 8 patients per week, under supervision by staff attending in clinic.

F. Fellows are directly supervised by attending staff while conducting the interview, and discuss each case in detail.

G. No other trainees are involved in this context. Much of the medical care of the patients in this clinic is provided by house staff in the Internal Medicine program, as well as Internal Medicine faculty.

H. Fellows contribute to education and liaison activities with resident and attending physicians, social work and nursing staff. This clinic is a site of the research efforts of Dr. W. Sledge, who is studying the concentration of medical service utilization and costs among a small number of patients.

**Component YNHH 3: Specialty Clinic**

A. Nathan Smith (HIV) Clinic, YNHH, elective, 10% time, 2 – 12 months.

B. This is a multidisciplinary HIV and AIDS infectious disease clinic under the auspices of Yale-New Hospital. The faculty includes approximately six Internal Medicine faculty and one staff attending psychiatrist (Dr. Maya Prabhu).

C. Fellows will see outpatients of the clinic for initial evaluation and continuing psychiatric care. Fellows work with multidisciplinary care teams of the clinic which include social work and case management. The hospital has a dedicated HIV inpatient unit, which is in this unit, and fellows have the opportunity to coordinate inpatient and outpatient care.

D. This is an inner-city, specialty infectious disease clinic and includes patients from 18 to early 70’s years of age. The average age is roughly 36 years with 65% female and with 20% Hispanic, 40% African-American, and 40% Caucasian. The types of treatment provided are psychiatric evaluation/assessment, medication administration, and engagement in motivational enhancement for substance abusing, as well as mentally ill, patients. Active clinic caseload is about 600 individuals.

E. Average caseloads are 4 to 8 patients, depending on acuity, and the amount of time in the elective, seen collaboratively with a staff attending.

F. It is expected that most patients seen by the fellows are also seen by attending staff, who will review each case with the fellow.

G. No other trainees are involved in this context.

H. Fellows will participate in teaching and training of multidisciplinary care teams.

**Component YNHH 4: Specialty Clinic**

A. Transplantation Psychiatry Clinic, YNHH, elective, 10% time, 2 – 12 months.
B. The faculty consists of 1 staff attending psychiatrist (Dr. Paula Zimbrean) with particular experience in transplantation psychiatry, in addiction psychiatry (with board certification in this qualification), and in outpatient primary care consultation/liaison. The transplantation services include social work and nursing resources which are an integral part of the care team.

C. Fellows will see both outpatients and inpatients for evaluation as transplantation candidates, for psychiatric care before and after transplantation, and for consultation regarding adjustment to the transplant process, psychiatric effects of medications, and other issues specific to the transplantation patient. YNHH has heart, kidney and liver transplantation programs. Chief interventions are psychiatric assessment, counseling and psychotherapy, medication management, and evaluation for appropriate referral to mental health, social work and substance abuse resources.

D. YNHH sees a wide range of patients in demographic and socioeconomic terms.

E. Fellows would be expected to participate in approximately 1 initial evaluation and 1 -2 subsequent visits per week. Fellows will work closely with the staff attending psychiatrist.

F. It is expected that most patients in initial and follow up consultations will also be seen by the staff attending psychiatrist.

G. No other trainees are involved in this context.

H. Fellows will also participate in guided reading and discussion of recent research literature in transplantation psychiatry with the staff attending psychiatrist. Fellows will participate in rounds and team meetings with the transplantation services.

Component YNHH 5: Specialty Clinic

A. Epilepsy Psychiatry, YNHH, elective, 10% time, 2 -12 months.

B. Faculty includes 1 staff attending psychiatrist (Dr. Paul Desan), as well as 1 attending neurologist (Dr. Brad Duckrow) and 1 attending neurosurgeon (Dr. Dennis Spencer).

C. Fellows will round with the Epilepsy Service approximately 3 times per week, and attend Epilepsy Neurosurgery rounds once per week. Fellows will provide evaluation and continuing psychiatric care for outpatients with epilepsy, as well as for patients with non-epileptic seizures (“pseudoseizures”).

D. YNHH sees a wide range of patients in demographic and socioeconomic terms. Therapeutic modalities will include both psychopharmacology and psychotherapy. Psychotherapy with non-epileptic seizures is a unique opportunity for training in the approach to conversion disorders.

E. Fellows would be expected to participate in approximately 1 – 2 initial evaluations and 1 -2 subsequent visits per week, in addition to their participation patient care rounds. Level of responsibility will vary with trainee experience and clinical context.

F. Fellows will be directly supervised by on-site attending staff. Fellows will also participate in regular supervision regarding psychotherapeutic approaches to conversion disorders.

G. PGY-IV residents from the general psychiatry residency may participate as an elective.

H. Fellows will perform an educational and liaison role for the epilepsy services.

Component YNHH 6: Specialty Clinic

A. Geropsychiatry (Adler Clinic), YNHH, elective, 10% time, 2 – 12 months.

B. Faculty includes 1 staff attending psychiatrist with added qualification in geriatric psychiatry, as well as the regular staff of the clinic, including physician, psychologist and social work geriatric specialists.

C. Fellows will participate in team care for geriatric patients. Fellows will become familiar with application of diagnostic criteria for dementia subtypes, formal mental status testing procedures and work up for dementia, and neuroimaging in the elderly. Fellows will participate in the treatment of dementia with cognitive enhancers, the treatment of agitation and psychosis in dementia, and in the treatment of geriatric depression. Fellows are also involved in the education and counseling of families.
D. The clinic population is approximately 50% female and 50% male. The ethnic mix expected is about 90% Caucasian, 5% African-American, and 5% Hispanic. Interventions include neuropsychological testing, medical work up, psychotherapy and psychopharmacology in the elderly, and family interventions.
E. Fellows would be expected to participate in approximately 1-2 initial evaluations and 3-4 subsequent visits per week, in addition to their participation patient care rounds.
F. Fellows will participate with and be directly supervised by on-site multi-disciplinary team.
G. PGY-IV residents from the general psychiatry residency may participate as an elective.

Component YNHH 7: Liaison Service
A. Medical Service Liaison, YNHH, elective, 10% time, 2–12 months.
B. This elective is under the direction of Dr. Paul Desan; depending on the medical service, other program faculty will be involved.
C. Multiple medical services in the hospital offer the option of a liaison position for a fellow. Services with which such arrangements have been made in recent years include internal medicine, hospitalist (a non-resident physician/physician assistant team which sees some hospital inpatients without a community attending), medical intensive care, neurology, obstetrics, transplantation, HIV infectious disease, and oncology. Depending on the service, fellows will (1) participate in regular hospital care rounds, (2) participate in case conferences regarding patients with behavioral medicine issues, (3) attend or lead didactic presentations relevant to a particular service, (4) participate in or lead didactic presentations regarding care provider experiences on the service, (5) perform consultations regarding inpatient or outpatient care, engage in treatment planning and coordination, and provide psychotherapeutic or pharmacological therapy.
D. YNHH sees a wide range of patients in demographic and socioeconomic terms.
E. The proportion of liaison provision compared to direct clinical care will vary between different services. Level of supervision and level of responsibility will correspondingly vary, and also depend on the clinical setting, as well as the experience and background of the fellow.
F. In all of these settings, fellows will work in conjunction with a faculty psychiatrist whose primary clinical responsibilities are to provide care to these specialized, persistently ill patients. In all instances, fellows will be supervised by a faculty psychiatrist, as well as other ancillary personnel who may include social workers, psychologists, and APRN nurse practitioners.
G. No other trainees are involved in this context.

Component YNHH 8: Psychiatric Emergency Service
A. Crisis Intervention Unit (CIU), YNHH, elective, 10% time, 2–12 months.
B. The CIU is the psychiatric section of the hospital emergency department. The elective is under the direction of Dr. Seth Powsner, who is the director of the CIU and who is board-certified in Psychosomatic Medicine as well as Geriatric Psychiatry. Fellows will also be supervised by staff attending psychiatrists in the unit.
C. Fellows will see patients admitted to the psychiatric emergency department at YNHH for the evaluation and management of acute psychiatric illness.
D. As noted above, YNHH sees a wide range of patients in demographic and socioeconomic terms. Interventions include psychiatric and medical evaluation, psychopharmacological and environmental treatment of agitation, suicidality, mania and psychosis, and appropriate referral or hospitalization.
E. Fellows would be expected to perform approximately 4 evaluations per week. An attending psychiatrist is present in the CIU.
F. Fellows will work with and be supervised by CIU attending staff.
G. The CIU also trains medical students, and residents from the general psychiatry program and from the emergency medicine program.
H. Fellows will contribute to the education and supervision of medical students and residents.
Component YNHH 9: Research Elective
A. Research Elective, YNHH, elective, 10% time, 2 – 12 months.
B. The elective will be supervised by Drs. Paul Desan and Kimberly Yonkers. Fellows will have the opportunity to collaborate with a variety of research investigators from the Department of Psychiatry.
C. Research areas may include inpatient and outpatient consultation psychiatry, other clinical areas of psychiatry, and pre-clinical or basic research. Research training must be in areas consistent with career development in psychosomatic medicine.
D. Patient population will depend upon research site and topic.
E. N/A.
F. Fellows will meet regularly with the supervising attending for review of research activities.
G. N/A.
H. Assessment of fellow performance will be made by the elective supervisors and by the specific research supervisor on a continuing basis.

Component YNHH 10: Specialty Clinic
A. Electroconvulsive Therapy, YNHH, elective, 10% time, 2 – 12 months.
B. Faculty includes 2 staff attending psychiatrist (Dr. Robert Ostroff) with extensive experience in ECT.
C. Fellows will participate in the evaluation of patients for ECT, administration of ECT, and management of patients after treatment.
D. As noted above, YNHH sees a wide range of patients in demographic and socioeconomic terms. This experience concentrates on ECT, but this therapy is typically employed in conjunction with psychotherapeutic and psychopharmacological treatment.
E. Fellows would be expected to participate in approximately 7 – 9 treatments per week.
F. Fellows will be directly supervised by on-site attending staff.
G. PGY-IV residents from the general psychiatry residency may participate as an elective.

Component YNHH 11: Specialty Clinic
A. Bariatric Surgery Psychiatry Clinic, YNHH, elective, 10% time, 2 -12 months.
B. Faculty includes one staff attending psychiatrist with extensive experience in this area (Dr. Raymond Shenouda).
C. Fellows will participate in the evaluation of patients for bariatric surgery, and management of patients after treatment.
D. As noted above, YNHH sees a wide range of patients in demographic and socioeconomic terms.
E. Fellows would be expected to participate in one new evaluation per week.
F. Fellows will be directly supervised by on-site attending staff.
G. None.

Component YNHH 12: Specialty Clinic
A. Other Specialty Clinic, YNHH, elective, 10% time, 2 -12 months.
B. An elective in other specialty clinics could be considered when such an experience would be appropriate for the educational goals of a particular fellow. Such an elective would require the availability of suitable supervision and selection of specific training objective.
C. To be determined.
D. Patient population will depend upon clinic selected.
E. To be determined.
F. To be determined.
G. To be determined.
H. To be determined.


Other Program Requirements:

1. Outpatient Requirement

Electives YNHH 2, 3, 4, 5, 6 and 7 offer opportunities for continuing post hospital outpatient care. Diagnostic categories will reflect the nature of the clinic: in YNHH 2 (Primary Care Clinic), 3 (HIV Clinic) 4 (Transplantation Psychiatry Clinic), 7 (Medical Service Liaison), the chief diagnoses are typical of psychiatric primary care practice, including depressive and bipolar disorder, panic disorder, obsessive-compulsive disorder substance use disorders, somatization disorders, chronic psychoses and issues related to adjustment to medical illness. In YNHH 5 (Epilepsy Clinic), the chief diagnoses seen are conversion disorder (non-epileptic seizures or “pseudoseizures”). In YNHH 6 (Geropsychiatry Clinic), the chief diagnoses seen are dementia and PTSD. Because fellows participate in 1, 2 or 3 blocks of 4 months, patients may be followed for up to 4, 8 or 12 months. In YNHH 5 (Epilepsy Clinic), some patients may be seen in longer term therapy that will continue beyond the 4 month duration of the elective. In general, in these outpatient clinic settings fellows would be expected to see 1 – 2 initial evaluations and 3 – 6 follow up contacts per week.

2. Quality Improvement and Patient Safety Program Involvement

Fellows must participate in Quality Improvement (QI) processes. Participation must be adequate to generate an understanding of how QI projects are carried out in the modern medical system. This requirement might be met in a variety of ways, including participation in Morbidity and Mortality or other patient care review meetings; serving on a hospital committee or workgroup related to clinical care improvement; participation in a research study related to QI; development of or participation in a QI project initiated from the Psychiatric Consultation Service.

Fellows must participate in processes aimed at improving Patient Safety. This requirement is usually met by activities which also meet the QI requirement above. Participation must be adequate to understand the means by which the modern medical system implements Patient Safety initiatives. This requirement might be met by QI activities as noted above when these activities are directed towards improving Patient Safety, or by development of or participation in a Patient Safety initiative from the Psychiatric Consultation Service or from another division of the hospital.

3. Teaching of Other Medical Professionals

Fellows must obtain experience in teaching physicians and other medical professionals, in a context where supervision, feedback and assessment can be provided. This requirement may be met by presentations or seminars with other medical or ancillary services, participation in joint rounds or case management discussions, presentations at case conferences, classroom teaching, lectures at other institutions, etc. Many outpatient rotations provide opportunities for teaching of other medical professionals as part of clinic meetings.

Academic Accomplishment
Academic productivity is strongly encouraged in the course of the fellowship year. This may include the publication of posters or abstracts at scientific meetings, participation in research projects, publication of research findings generated previous to the fellowship year or during the fellowship year, or preparation of reviews, editorial pieces, educational units, or the like. While there is no formal requirement regarding academic productivity, fellows must submit a summary of accomplishments at the end of the fellowship.

Scheduled Seminars and Conferences

*Topics covered in Components 1, 2 and 3 during Academic Year 2014 to 2015 are listed below: actual topics covered vary from year to year.*

Number: 1 Title: Seminar in Psychosomatic Medicine
Required: required for all fellows.
Brief Description: Seminars will be offered by staff from the Fellowship program and by invited faculty from other departments, and will cover the subject matter of Psychosomatic Medicine at an advanced level. Seminars will include core issues in consultation. Drs. Desan, Lee, Petersen-Craig, Yonkers, Zimborean, Stewart, Oldham and staff.
Additional Attendees: May include fellows from addiction psychiatry, geriatric psychiatry or psychology fellowship programs in some sessions.
Length of Session: 1 hour.
Frequency: Approximately weekly.
Total Number of Sessions: 24 (plus an additional 10 review sessions)

Number: 2 Title: Psychosomatic Medicine Case Conference.
Required: required for all fellows.
Brief Description: This seminar will focus on selected cases from the service, presented by staff or fellows.
Additional Attendees: May include fellows from addiction psychiatry, geriatric psychiatry or psychology fellowship programs, and residents from general psychiatry program who are rotating on the consult services at YNHH. Fellows will have the opportunity to present cases and lead discussion. Dr. Lee and staff at YNHH.
Length of Session: 1 hour.
Frequency: Weekly.
Total number of Sessions: at least 12.

Number: 3 Title: Psychosomatic Research Conference.
Required: required for all fellows.
Brief Description: This seminar will review selected research studies in the area of Psychosomatic Medicine, with a view to understanding the design of clinical studies in this area. Observational and epidemiological studies, prospective and retrospective designs, controlled trials, statistical and meta-analytic methods will be covered.
Drs. Desan and staff.
Additional Attendees: none.
Length of Session: 1 hour.
Frequency: Monthly.
Total Number of Sessions: 4-6
Number: 4   Title: Supervision in Psychosomatic Medicine
Required: elective.
Brief Description: Fellows at both the YNHH and VACHS Psychiatric Consultation Services have important educational, supervisory and administrative roles. The fellow(s) at each site will meet with 1 or more faculty from their site to discuss ongoing issues in these areas, including didactic methods used in their teaching with junior trainees on the service and in their liaison activities with individuals from other departments, approaches to providing feedback and supervision, and performance of their organization role for each service.
Additional Attendees: none.
Length of Session: 1 hour.
Frequency: Monthly.
Total Number of Sessions: 12.

Number: 5   Title: Department of Psychiatry Grand Rounds.
Required: elective.
Brief Description: The Grand Rounds series of the department brings invited speakers from many areas of psychiatry and offers a superb update on current work in the field.
Additional Attendees: Widely attended by trainees and staff in the department.
Length of Session: 1 hour.
Frequency: weekly, except in the summer.
Total Number of Sessions: approximately 36.

Additional didactic events may be available by special arrangement for trainees with specific interests:

Title: Seminars on Responsible Conduct of Scientific Research and Bioethics
Required: elective.
Brief Description: Dr. Lawrence S. Cohen and senior faculty in the medical school teach seminars on responsible and ethical conduct of medical research.
Additional Attendees: May include fellows from multiple postdoctoral programs at the medical school.
Length of Session: 1 hour.
Frequency: scheduled intermittently.
Total Number of Sessions: minimum of 3.
Sample Didactic Topics (Seminars presented in Academic Year 2015 – 2016):

SEMINARS IN PSYCHOSOMATIC MEDICINE

Principles of evaluation:
How to do a consult
How to refine your interview
Neurocognitive assessment
Brief psychotherapy with medically ill patients 1
Brief psychotherapy with medically ill patients 2

Psychiatric disorders in the medical setting:
Delirium
Agitation and withdrawal
Depression as a risk factor for dementia
Catatonia
Somatoform disorders
Conversion disorders
Capacity
Refractory depression
Pain
Alcoholism
Smoking cessation
Sleep medicine

Clinical settings of psychosomatic medicine:
Psychological risk factors for CAD
Transplant psychiatry 1
Transplant psychiatry 2
Transplant psychiatry 3
Epilepsy seizure identification
DDS patients
Psych-oncology from a personal perspective
Management of the suicidal patient
Assessment and management of dementia in the outpatient settings
Bariatric evaluations 1
Bariatric evaluations 2
HAND
Immune Encephalopathy 1
Immune Encephalopathy 2
Wernicke-Korsakoff syndrome
The challenge of implementing an adequate work-up for “secondary” causes in new onset cases
Pharmacological considerations:
Antipsychotics
Dementia agents: nootropics, agitation in dementia
Addiction meds
Sex drive depressants (antiandrogens, progestogen, LHRH agonists)
Antidepressants
Clozapine, beyond refractory Schizophrenia
Medical marijuana
Medications during pregnancy
Mood stabilizers

Systems issues in psychosomatic medicine:
Legal issues 1
Legal issues 2
Resources in the community 1
Resources in the community 2
Referrals: community mental health system organization
Referrals: matching to community addiction treatment resources
Spirituality assessment
Procedure (CPT) coding
Psychiatry board prep test

RESEARCH SEMINAR SERIES

Research: Basics
Research: Randomized Controlled Trials
Research: Cohort Studies
Research: Case-Control studies
Research: Meta Analysis
Section III: Program Administration/Training Committees
Psychosomatic Medicine Fellowship Training Committee

The Psychosomatic Medicine Fellowship Training Committee (consisting of the Program Director and at least 2 members of the faculty of the fellowship, and at least one fellow from the program) meet four times per year, and will meet more frequently as required. The responsibilities of the Psychosomatic Medicine Fellowship Training Committee include: 1. Assisting in the ongoing evaluation of the program and its teaching role, including the review of evaluations received from trainees and faculty; 2. Assisting in the improvement of the educational components of the program and the development of new components or procedures; 3. Assisting in the development of formal policies for adoption by the program; 4. Assisting in the evaluation of trainees, including the development of remedial plans when required. The committee advises the Program Director with regard to formative and summative evaluations. (The fellow representative is not present during consideration of the progress of trainees in the program).

Clinical Competency Committee (CCC)

The members of a CCC have responsibility for: 1) determining residents’ or fellows’ progression on the educational Milestones; 2) making recommendations on promotion and graduation decisions; and 3) recommending remediation or disciplinary actions to the program director. The CCC meets 4 times per year.

The Graduate Education Committee

The Fellowship Program is governed by the departmental Graduate Education Committee (GEC). The GEC (1) plans, develops and implements all significant features of the residency program; (2) determines curriculum goals and objectives; and (3) evaluates the curriculum, the teaching staff and the residents. The GEC also serves in an advisory capacity to the Program Director and Chairman of the Department regarding other educational issues. Membership on the GEC is comprised of stakeholders representing the faculty, residents and institutions which contribute to the residency program. The General Education Committee of the Department of Psychiatry also reviews at least annually the fellowship program. Written evaluations are obtained and reviewed by the Psychosomatic Medicine Fellowship Training Committee.

The membership of the GEC includes:

- Residency Program Director (Chair)
- Residency Associate Program Directors
- Integrated Program Director
- Associated Director of Medical Education Programs
- Connecticut Mental Health Center Site Director
- VA Connecticut Healthcare System Site Director
- Yale New Haven Psychiatric Hospital Site Director
- Yale University Health Services Site Director
- Neuroscience Research Training Program
- Representative Clinical Faculty Representative
- PGY I/PGY II representative elected by the Psychiatric Residents Association
- PGY III representative elected by Psychiatric Residents Association
- PGY IV representative elected by the Psychiatric Residents
Association Chief Residents of the Program
Resident representative from the Integrated Program
Section IV: Evaluation, Case Log, Evaluation Methods
Evaluation of Fellows Performance

The fellow’s performance is evaluated in accordance with the guidelines specified in the Directory of Graduate Medical Education Programs under the auspices of the Accreditation Council for Graduate Medical Education (ACGME).

The evaluation process contains the following components:

1. Throughout each rotation, the fellow can expect ongoing attention to his/her performance including constructive feedback which highlights strengths, achievements and areas which need attention and improvement.

2. Just prior to the end of each rotation, or at 4 month intervals for 1 year rotations, the fellow will receive written evaluations from his or her supervisors through the MedHub electronic evaluation system. The fellow will have the opportunity to meet with the supervisor to discuss the evaluations and also note through the MedHub system any objections or disagreements about the numerical rankings or comments made by the supervisors. The evaluations and any written comments from the fellow are placed in the fellow’s file.

3. In addition to meeting with faculty supervisors, each fellow meets semi-annually with the Program Director or his delegate to whom he or she is assigned. At these meeting, the fellow and the Program Director or his delegate, review all current evaluations and discuss the progress that the fellow is making in the program. A written summary of the meeting is placed in the fellow’s file.

4. At the end of each didactic course, elective, rotation or other clinical experience, the fellow is asked to complete an evaluation of the supervisor, attending or course director. The results of these evaluations are given considerable weight in the determination of faculty promotion and tenure in the Department. The overall comments from multiple evaluations are made available anonymously to the faculty member. The process is designed so that the faculty member will not know which fellow submitted a particular evaluation. However, if a fellow believes that a faculty member’s behavior could be construed as intimidation or retaliation (due to a fellow’s evaluation of his or her performance or for any other reason), the fellow should schedule a private meeting with the Program Director. It is the Program Director’s responsibility to review this behavior and ensure that it does not affect the fellow’s trajectory in the program.

5. In order to provide fellows with feedback from medical and administrative staff and other trainees, fellows are evaluated through the Multi-Evaluator assessment process. This evaluation method is completed annually. Multi-evaluator evaluations provide fellows with information about how they are perceived by others who are not direct supervisors. The evaluations provide feedback about several competencies including Patient Care, Interpersonal Communication Skills, Professionalism and System Based Practice. The results from this evaluation process are placed in the fellow’s file for feedback at the mid-year meeting with the Program Director.
**Special Status**

In the event that the Resident Review Committee determines that a resident is not making satisfactory progress, a special status may be assigned. Advisory Status is usually considered a first stage of concern about performance or progress and is a notification of need for improvement in certain specified areas. Probation is usually a second stage of notification of unsatisfactory performance and indicates that performance improvement will be required before a determination of advancement in the Program or satisfactory completion of the Residency can be made.

If either advisory status or probation is assigned, the Program Director or Associate Program Director will meet with the resident, discuss the reasons for the assignment of special status and place a letter in the resident’s file which summarizes the reasons for the assignment of the special status. A specific plan for remedial training, education and supervision will be put in place and carefully monitored. If the Resident Review Committee subsequently determines that the special status can be removed, the Residency Training Director, in consultation with the Department Chairman, will decide whether the original letter will remain in the resident’s training file.

It should be noted that (1) placement of a resident on special status is a relatively rare occurrence; (2) resident representatives participate in the Resident Review Committee; and (3) all decisions and actions taken by the Resident Review Committee are confidential.

In those rare instances in which a resident is involved in unprofessional conduct, is severely impaired and unable to function adequately or whose performance is so unsatisfactory that their continuation in the Residency must be interrupted, a special meeting of the Resident Review Committee will be convened. Following any decision or action by the Residency Review Committee, the resident involved has the right to appeal that decision or action within 7 days. The Resident Review Committee will usually meet within 14 days to consider that appeal. At that meeting, the resident has a right to appear and present his/her views and/or submit those views in writing. The resident may have with him/her as an advisor any member of the Medical School community who does not have legal training. The individuals directly involved are responsible for presenting their views with any supporting documentation they may wish to provide. Advisors are present only to provide counsel and support and may not participate directly in the proceedings. These proceedings by their nature are non-adversarial and the introduction of legal procedures is not permitted.

The Resident Review Committee will subsequently arrive at a decision regarding the resident’s continued participation in the Residency Program and will review this decision with the Chairman of the Department of Psychiatry. The resident will be informed in writing of the decision, usually within 14 days. If the resident is convinced that the decision is in error or faulty, he/she has 7 days to ask for reconsideration. The Residency Review Committee will meet again, usually within 14 days, to reconsider its decision. At that meeting, the resident has a right to present his/her reasons for requesting reconsideration in person and/or in writing. Following this meeting, the Resident Review Committee will again arrive at a decision. This decision will then be made final and the resident will be so informed. Should the resident believe that the decision was the result of unfair discrimination or bias, a grievance may be filed with the Dean of the School of Medicine (see Appendix A).
Case Logs

Fellows are required to turn in a Case Log at the end of the year to demonstrate a breadth of consultation liaison psychiatry. The Program Director will review the Case Logs with each fellow during the year to focus on specific learning objectives. The fellow can choose to log patient encounters either electronically or on paper.

ORGAN SYSTEMS (10)
Neurological disease
Pulmonary disease
Cardiac disease
GI disease
Cancer
Transplant surgery
Bariatric surgery
HIV
Endocrine disease
Rheumatology/autoimmune disease

BASIC ISSUES IN CONSULTATION (10)
Altered mental state
NMS
5HT syndrome
Catatonia
Drug-drug interaction
Agitation, geriatric
Overdose
Acute intoxication
ECT

ADAPTATION TO ILLNESS (10)
Adjustment to illness
Compliance with treatment
Medical decision making
Factitious/ malingering
Conversion disorder
Other somatoform disorder
Family interactions
Suicidal/homicidal risk
Personality disorders
Palliative care

PSYCHIATRIC DISORDER (10)
Depression, intractable/complex
Bipolar, intractable/complex
Psychosis, intractable/complex
Dementia, diagnosis of
Substance abuse: diagnosis
Substance abuse: treatment planning
Withdrawal, alcohol
Withdrawal, sedative-hypnotic
Withdrawal, opiate
Opiate maintenance therapy

See Appendix F for selected evaluations forms.
Section V: Vacation and Other Policies
Leave and Vacation Policies

Vacation Policy

All fellows receive a total of four weeks (20 working days) vacation each year. These 20 days include attendance at professional conferences.

Sick Leave Policy

Sick leave policy is determined by the site where the fellow is rotating. However, cumulative time off (not including vacation time) in excess of six weeks (either in a single block, multiple separate periods, and/or through periods of part-time work) must be made up at the end of the fellowship program in order to receive proper credit.

Maternity Disability Leave Policy

A pregnant fellow is entitled to up to six weeks paid maternity leave. With a physician’s certification of disability, however, disability leave may be extended beyond this time as necessary. During disability leave time, the fellow shall continue to receive her usual pay and fringe benefits. A pregnant fellow may extend the six weeks of maternity leave by adding to it any unused vacation time. Any extension beyond that would be administered through the Family Medical Leave Act (FMLA) and would be unpaid leave. Cumulative time off (not including vacation time) in excess of six weeks must be made up at the end of the fellowship program in order to receive proper credit.

In the latter part of her pregnancy, a fellow, in conjunction with the Director of Graduate Education, may consider the option of arranging a modified workload. During this time, the fellow shall be paid an amount proportional to the amount of time she is working. In addition to this partial time off, the fellow is entitled to her six weeks of maternity disability leave at full pay.

If there is a question of a woman’s continuing ability to carry out her duties effectively and without hazard to herself or others, she may be required to supply written clearance from her physician.

Parenthood Leave

A new parent of either sex shall have the option of parenthood leave. In some instances it may be possible to make part-time working arrangements for new parents. Parenthood leave may take the form of a leave of absence, without pay, for a period of time not to exceed 6 months. Longer leaves may be granted only with the approval of the Director of Graduate Education. If a person’s appointment expires in the course of the parenthood leave, a limited, a limited reappointment will be permitted, if necessary, for the person to complete the training requirements for the unfinished training period. The total amount of pay for completing the interrupted unit of training will not exceed the amount normally paid to a fellow completing such a unit.

Arrangements may be made through the Benefits Office of the University Personnel Department to continue during the unpaid leave period any desired benefits to which the fellow is entitled. The fellow must take the regular contribution for such coverage for the unpaid leave period, either in a lump sum in advance or on schedule satisfactory to the Benefits Office. Fellows may be required to extend their period of training by an amount of time equal to that missed during maternity disability and/or parenthood leaves longer than six weeks in duration. In some cases, the Director of Graduate Education may suggest
a longer absence (to cover a complete rotation) so that subsequent re-scheduling of duties is simplified. However, fellows will not be required to make up substantially more training time than that actually missed.

**Other Policies**

**Duty Hours Policy**

**Introduction:**
The Psychosomatic Medicine Fellowship adheres to the Yale New Haven Medical Center (YNHMC) policy regarding fellow duty hours. YNHMC recognizes that providing fellows with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and fellow well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Didactic and clinical education must have priority in the allotment of fellows' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients. The following policy will define the parameters that are to be used in constructing and monitoring duty hours.

**Policy:**
1. Duty hours are defined as all clinical and academic activities related to the residency program, ie, patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
2. Each program director is responsible for establishing a written policy that addresses duty hours policies within the Program. These policies of the training program must be consistent with ACGME requirements.
3. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
4. **Maximum Duty Period Length**
   - Duty periods of PGY-1 residents must not exceed 16 hours in duration.
   - Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. Strategic napping, especially after 16 hours of continuous duty between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
     - Residents may be allowed to remain on-site in order to accomplish effective transitions in patient care and attend resident education. This must be no longer than 4 additional hours.
   - In unusual circumstances, residents, on their own initiative may remain beyond their scheduled duty period to provide care to a single severely ill or unstable patient. The resident must hand over the care of all other patients to the team responsible for their continuing care and document the reasons for remaining to care for the patient in question and submit the documentation to the program director.
     - The program director must track individual resident and program-wide episodes of additional duty.
5. Residents must be scheduled for a minimum 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. At-home call cannot be assigned on these free days. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
6. Adequate time for rest and personal activities must be provided. This should consist of a 10 hour time period provided between all daily duty periods and after in-house call and must have eight hours off. Residents must have 14 hours free of duty after 24 hours of in-house duty.
7. Residents must not be scheduled for more than six consecutive nights of night float.
8. Trainees, program directors and attendings must be informed of the duty hours policies and must complete an attestation statement to that effect on a yearly basis.
9. Failure of adherence to this policy by the program will result in citation by the GMEC and the need for an immediate development of a corrective action plan with monitoring by the OGME.
10. On-Call Activities: The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
   a. In-house call must occur no more frequently than every third night, averaged over a four-week period.
   b. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to four additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
   c. No new patients, as defined in the ACGME Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
   d. At-home call (pager call) is defined as call taken from outside the assigned institution.
      1. The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
      2. When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
      3. The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.
   e. All moonlighting (within any of the major participating institutions) must be considered within the 80-hour work week. The resident must request permission from the program director to participate in any moonlighting activities.
11. Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.
12. The OGME will be responsible for instructing residents and faculty via various seminars in the recognition and awareness of fatigue and sleepiness, and the interventions possible when it is recognized.
13. Oversight:
   a. Each program is responsible for establishing monitoring procedures for compliance with the work hours policies. All residents will be expected to document their weekly duty hours and these will be monitored by the program as well as the OGME.
   b. The Office of Graduate Medical Education will conduct regular surveillance of adherence to the work hours policy through:
      1.) Review of electronic recording of duty hours
      2.) Resident meetings with DIO
      3.) Resident surveys conducted by DIO
      4.) Voicemail "hotline" for monitoring complaints and compliance issues
      5.) Annual resident questionnaires
      6.) Nursing surveys
14. Duty Hours Exception: Applications to the GMEC for exceptions up to 10% of the 80-hour limit for PGY-2 and higher levels of trainees may be submitted according to established policy of the GMEC.

Email & Computers

In order to ensure effective, rapid and efficient communication with all fellows, the Program provides an email account for all fellows. Fellows are strongly encouraged to access it daily. While each clinical rotation site will have a computer, for educational purposes it is strongly recommended that each fellow have a computer at home that has Internet access. See appendix E for policies regarding digital content on the internet.

Grievance and Procedure Policy

The Fellowship Program encourages all fellows to voice concerns and dissatisfaction directly with the individual(s) involved and/or the Program Director and work to resolve disagreements in an informal setting. If the matter cannot be resolved in this manner or the fellow chooses to move directly to a more formal grievance process, he or she may employ the procedures set forth in the attached Yale School of Medicine Grievance Policy (see Appendix A).

Involvement of Fellows in Multidisciplinary Care Policy

Consultative role. In general, the inpatient consultation service acts in a consultative role. The patient’s care is under the direction of a primary medical team, which requests our consultation. The primary team is responsible for ultimate decision making. In general the primary team is responsible for the entry of any orders (in certain practice situations, limited order functions are the responsibility of the consult team, such as orders for sitters). The medical team is responsible for integrating the advice from our service with the larger perspective on the patient, and may choose not to use options suggested by our service. The consultation process is an interactive one: typically the consultant must be in contact with the team to communicate recommendations and engage the team in discussion of any assessment and plan. Such interaction is essential to transmit accurately the consultant’s input and to assimilate that formulation with the medical team’s viewpoint. Direct discussion is often a useful addition to the medical record. The goal of our consultation service is to provide a management strategy for the medical team: our goal is patient care but also to educate medical teams on treatment strategy.

Continuing care. In some cases, the consultation can be accomplished in an initial encounter, while in other cases the consultation team will continue to follow the patient as clinically relevant. The fellow and consult team will use their discretion in identifying the need for continued involvement. In some cases appropriate arrangements are required for psychiatric care after the patient has left the hospital: it is the role of the consult team to coordinate appropriate referral or assist the primary team in obtaining such follow up. (In some cases, it may be possible for the fellow and consult team to provide care after the patient has left the hospital, when the fellow may be working in the appropriate clinic. Such care may provide better continuity of treatment and better education for the trainee. Even in such circumstances we do not have a clinical means to provide continuing long term care, and ultimately the patient must be referred outside our service.)

Emergency situations. In certain situations, the trainee may encounter a situation where medical care is required to prevent immediate harm to the patient or others. In such situations the fellow is authorized to provide treatment within the limits of their expertise to contain such risk. The fellow should contact the medical team (as well as the psychiatric attending staff) as soon as practical to transfer responsibility for treatment to that team. In some of these cases the fellow (or psychiatric attending staff person) may encounter situations where it is necessary to enter orders in the hospital computer system: where possible,
these orders should be discussed and approved by the medical team, and that interaction documented in the medical record.

**Inappropriate care.** In rare circumstances, the psychiatric consultant may feel that the treatment pursued by the medical team is inappropriate: the fellow should bring the situation to the attention of the attending staff promptly. It is the responsibility of the attending staff and not the fellow to address such situations.

**Other disciplines.** The psychiatric consult team operates in a complex environment. The consult team interacts with a medical/surgical team that consists of attending staff, trainees at different levels of education, physician assistants, nurse practitioners and other professionals. The consult team interacts with other consult teams, as well as with ancillary services such as physical therapy, laboratory medicine, nutrition and other hospital divisions. The nursing staff represents a particularly important collaboration: fellows are encouraged to seek input from the patient’s nurse as a routine component of performing a consult, and are encouraged to discuss nursing aspects of proposed therapeutic options. Nursing management on patient care units are a key resource for input, discussion and implementation. The social work service, psychiatric consultation-liaison nursing service, hospital legal office and care coordination service are natural collaborators in patient care with our service. In all cases the scope of practice as defined by state law will be observed. Relationships with these other services are based on respect for the distinctive expertise of each. Receiving information from and providing data to these other services is vital in consultation psychiatry. Indeed, in some consultations, the essential role of the psychiatric consultant is to facilitate communication and coordination among the complex system of professionals providing modern hospital care. Learning about the roles and interactions of the different components of the healthcare system is a core objective of the fellowship. Such understanding is needed to provide optimum patient care, and also to assist in improving the system of care itself. Fellows are not in a supervisory role for any non-psychiatric professionals (ie, responsible for their work). Fellows will receive clear guidance about the specific responsibilities and limits of their role in each component of their educational experience.

**Malpractice Insurance**

All fellows are fully covered by malpractice insurance for all activities which are a direct part of residency training within any of the institutions which compromise the Yale residency program. It is important to note that this malpractice insurance does NOT cover any activities conducted outside the residency training program, such as moonlighting activities outside of Yale University. Each fellow should check carefully to determine malpractice coverage for any independent activity.

**Medical License Policy**

All fellows must have a Connecticut license, a Connecticut controlled substance registration, and a DEA number for practice in Connecticut. Connecticut law requires physicians to have passed Step 3 of the USMLE exams before receiving a license.

**Moonlighting Policy**

Any fellow who wishes to moonlight must request prior approval from the PM Fellowship Training Director. A form must be completed outlining the hours involved, the work to be preformed and the location. These forms are available from the Program Coordinator. In general, moonlighting cannot be approved until the fellow has demonstrated satisfactory performance in the program: requests for moonlighting to be performed within the first month of the fellowship are not likely to be approved.
Because residency/fellowship education is a full-time endeavor, the institution and the program director must ensure that moonlighting does not interfere with the ability of the resident/fellow to achieve the goals and objectives of the educational program. Professional and patient care activities that are external to the educational program are called moonlighting. Moonlighting activities, whether internal or external, may be inconsistent with sufficient time for rest and restoration to promote the residents' educational experience and safe patient care. In addition, YNHH abides by the ACGME institutional requirements which set policies for moonlighting. The following policy will define the parameters that are to be used in monitoring and approving moonlighting activities.

Policy:

1. Residents are not required to engage in moonlighting.
2. A statement that this policy is understood must be signed by the trainee and maintained in the resident's file. Non-compliance with the signed policy may result in disciplinary action including probation and possible dismissal.
3. A prospective, written statement of permission to moonlight must be obtained by the resident from the program director, and maintained in the resident file.
4. The statement states that the resident's performance will be monitored for the effect of these activities upon performance and that adverse effects may lead to withdrawal of permission to moonlight.
5. All moonlighting must be considered within the 80-hour work week. Moonlighting must meet the same standards for continuous duty hours as regular educational activities. Overnight moonlighting is not permitted prior to any fellowship duty shift (i.e., overnight moonlighting is not permitted on Sunday through Thursday nights in a regular workweek).
6. Residents/fellows are not permitted to bill for professional services provided within the scope of their training program and during working hours.
7. Yale-New Haven Hospital will not provide liability coverage to residents/fellows while on professional activities (moonlighting) outside of the training program.
8. Residents/fellows on J-1 Visas are NOT permitted to moonlight, as established by Federal Regulations 22CFR 514.16.
9. Residents/fellows on H-1B Visas are only permitted to moonlight within the Institution that supports the Visa.

The medical center is committed to providing the necessary resources for compliance with this policy and with ACGME requirements. Questions about the application of this policy in a particular situation should be directed to the fellowship program director.

Professionalism and Standards of Appearance

Please see Appendix B for the Yale New Haven Medical Center Policy on Professionalism and Standards of Appearance.

Resident Eligibility and Selection

1. Applicants must be one of the following:
   a. Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).
   b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).
   c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
1. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates OR
2. Have a full and unrestricted license to practice medicine in a US licensing jurisdiction.
d. Graduates of medical schools outside the United States who have completed a Fifth Pathway Program provided by an LCME - accredited medical school.
2. Applicants must have completed, or be in the process of completing, a ACGME-accredited residency in general psychiatry or in child and adolescent psychiatry in the United States, residency programs (or an equivalent psychiatry residency program accredited by the Royal College of Physicians and Surgeons of Canada).
3. The fellows are selected on the basis of preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.
4. We do not discriminate with regard to sex, race, age, religion, color, national origin, disability, or veteran status.
5. The Resident Selection Committee determines an applicant’s suitability for the Residency Program by reviewing the materials submitted by the applicant as well as letters of reference, and the direct interview evaluations provided by the faculty.

Sexual Harassment

The fellowship Program is committed to maintaining a productive workplace, free of sexual harassment and other forms of discrimination. Sexual harassment and conduct which presents a hostile work environment is prohibited. Sexual harassment includes unwelcome advances, requests for sexual favors, offensive verbal or physical conduct of a sexual nature (e.g., unsolicited remarks, gestures, physical contact, name-calling, sexual suggestive comments, conduct or sexually –oriented profanity). For a more complete description of conduct that amounts to sexual harassment and the procedure for reporting it, please see Appendix C.

Supervision of Fellows Policy

Overall Philosophy. Supervision of fellows in training in psychosomatic medicine must balance several competing objectives. Fellows in the program have completed a residency in adult or child psychiatry, if not additional training experience and experience, and many become board certified during their year. Fellows are typically highly competent in the management of general psychiatric issues, such as major depression or psychosis. Fellows are presumed to not require direct supervision for the evaluation and management of standard psychiatric conditions in the inpatient and outpatient settings. More importantly, fellows are presumed to have sufficient skill to recognize when a higher level of supervision is needed.

Fellows will have less competence in the specific issues of psychosomatic medicine, such as neuroleptic malignant syndrome or psychiatric effects of specialized medical treatments. Training at the advanced level must recognize the need for training in new areas, but also the substantial expertise of the trainee. In order to develop as clinicians, fellows must have the opportunity to develop independent assessment and decision making. Such independence must be balanced against the need for supervision from more experienced clinicians. Advanced training must recognize both of these ends.

Finally, it must be noted that there is sometimes significant diversity to advanced issues: there may be equivalent approaches, there may be true uncertainty in diagnosis or unpredictability in therapy, or there may be limited evidence in the literature. Advanced training must recognize, and prize, such variety as an opportunity for growth and the development of independent decision making.

Attending staff supervision. Indirect supervision, with attending staff present on site and available for direct supervision when required, is available at all times during fellowship clinical training. All patients
on the consultation service, at Yale New Haven Hospital are seen by a member of the attending staff, either with or after the fellow, with rare exceptions where this may not be feasible. All management decisions are to be reviewed by attending staff. At least one attending is throughout the clinical day and available to the fellow for consultation by telephone or in person. When a member of the consultation staff is not available due to extraordinary circumstances, direct supervision may be provided by a member of the attending staff in the Crisis Intervention Unit or other qualified attending. There must be an appropriate supervisor on site and physically available within minutes at all times. The consultation service at both institutions operates as a close knit team of attending staff, fellows, fellows and other trainees working together during the day. All patients on the service are reviewed with attending staff on rounds at least once per day. Following the initial assessment and formation of a treatment plan, fellows will continue to work with a particular patient to implement such care. When new clinical factors emerge, fellows are expected to update the attending staff and alter care plans in consultation with such staff. Attending staff will re-assess the patient face-to-face when the fellow or staff believe necessary during follow up care.

Progressive responsibility. During the course of training fellows will develop increasing expertise and familiarity with the standard management of typical issues of psychosomatic medicine. Accordingly fellows are expected to take on increasing independence in the assessment and management over the training cycle. Progressive responsibility may be expressed in multiple aspects of the supervisory process. At the start of the year, direct supervision may be required in a higher number of cases than later in the year. Attending staff may see cases with less delay earlier in the year than later in the year. During telephone consultation, attending staff may agree to more independent management as the year progresses. Attending staff may verify aspects of the exam, history or medical record in less detail as training advances. In the initial month of training, it is expected that a high level of supervision is maintained, as the skills of beginning fellows are clarified.

Emergency situations. In some cases, decisions are required on an urgent basis, for example, to stop an eloping patient or treat dangerous agitation. Fellows will make every effort to involve attending staff and the patient’s own medical team in any decision making process, but fellows are authorized to act without such consultation when acute risk to a patient or others is present. Fellows should limit independent decision making to that required to stabilize the crisis situation.

Communication. It is recognized that open communication is key to the supervisory process. Expectations must be clearly communicated about trainee role. Diversity of opinion about specific cases must be expected, and viewed as an opportunity for skill improvement on the part of both trainee and educator. Maintenance of a constructive and respectful approach to case discussion is a core value of the service. In all main or elective experiences, trainees must receive clear guidance about their expected role. Trainees must always have ready access to teaching clinicians for consultation and review.

Teaching Medical Students

It is important for fellows to begin to learn clinical teaching skills. The fellows will serve as clinical preceptors for 3rd year medical students on their basic psychiatry rotation. A good experience with fellows’ teaching on the service is a key part of medical students’ positive experience on the clerkship. A faculty member will oversee, facilitate and evaluate fellows’ role in teaching medical students. Each fellow, when possible, will be assigned one or two medical students. The fellow will:
- Orient the medical student to the unit and to the clinical services provided on the service.
- Introduce the medical student to staff and patients.
- Help the student choose a variety of patients for the interviewing tutorial and for case write-ups and help decide which patients the student should present to ward rounds.
- Facilitate the student’s participation, taking students (whenever the students’ didactic schedule permits) to settings where the fellow has patient contact, such as groups, intakes, clinics or on-call.
- First, demonstrate and then observe the student’s skill in the evaluation and presentation of clinical data.
- Provide feedback to the faculty which will help determine how fast the student is permitted/encouraged to move from being an observer to a participant, as well as quickly alerting the faculty to unusual strengths or problems the student manifests.
- Participate in the evaluation of the student by providing feedback verbally or in writing to be included in the student’s overall evaluation. Each fellow’s teaching will be evaluated by the student and will be collated by the Office of Education.

**Payroll, Insurance and Benefits**

**Dental Benefits**

Dental insurance is available through the University at your expense. See Appendix D for the monthly costs. Fellows who wish to sign up for dental benefits may do so on-line through the Portal on the Yale University website (www.portal.yale.edu).

**Disability Insurance**

Disability Insurance is available at no charge to the fellow. This coverage is comprehensive-work and non-work related.

**Employee Service Center**

Yale’s Employee Service Center provides a centralized resource for employee benefits, payroll and personal information. To speak to a Yale Human Resource professional at the Service Center, call 203-432-5552. They can provide up-to-date and accurate information about your benefits, payroll and employee information. Fellows who wish to review their benefits, payroll and personal information on-line may do so through the Portal on the Yale University website (www.portal.yale.edu).

**Life Insurance**

Fellows receive $100,000 of term life insurance at no cost to them which remains in force for the duration of the residency period. The policy provides double indemnity for accidental death.

**Medical Benefits**

Information on medical benefits can be found in Appendix D and also by going on-line to the Employee Service Center website. [http://www.yale.edu/hronline/employeeservices/](http://www.yale.edu/hronline/employeeservices/)

**Payroll**

Yale University fellows are paid monthly on the last working day of the month. Direct deposit of pay checks is an available option. Fellows can sign up for this option through the Portal on the Yale University website (www.portal.yale.edu) If direct deposit is not utilized, checks will be mailed to the Business Office, Room 2, Suite 901, 300 George St.
Stipend

The 2016-2017 stipend for a PGY-V is $80,447.

Other Administrative Information

Background Check

A background check is required for all fellows before a contract with the program can be signed.

Contact Information

For the names and contact information of the Program Director, Associate Program Directors, and Office of Education administrators, please see Appendix G.

Holidays

YNHH has 7 paid holidays. They are New Years Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas.

Parking

At YNHH parking can be arranged by calling the Parking Office at 203-785-6456.

Proof of Citizenship (I-9 form)

Federal law requires that a newly hired individual (including students receiving a stipend) must produce proof of employability within the United States on or before the third day of work. All new fellows will be required to complete an I-9 form as part of their orientation process. Appropriate documents for a U.S. citizen include the following: a United States Passport, Certificate of United States Citizenship (Forms N-560 or N-561), Certificate of Naturalization (Form N-550 or N-570), or an Employment Authorization Card (Form I-688-A).

If one of the above documents is not available, then two documents must be submitted: one that shows employability and one that establishes identity. Documents proving employability include: original social security card, birth certificate, Native American tribal document, U.S. Citizen Identification (Form I-197). Documents establishing identity include: state-issued driver’s license or state-issued identification card containing a photograph or descriptive identifying information (i.e., name, date of birth, eye color, etc.), military identification card, school ID card with photograph, voter registration card. Original documents must be presented to the Office of Education where an I-9 form will be certified, completed and forwarded to the proper University departments. Failure to complete I-9 certification will result in withholding of the fellow’s paycheck.

Shuttle Bus

There are several shuttle bus lines provided by the University free of charge. These buses travel to the VA, the railroad station, the central campus and the medical center. Schedules are available online at:

Yale Medical Library

The Yale Medical Library, located in the Sterling Hall of Medicine, is open throughout the year, 7 days a week (except Christmas Day). For details regarding library hours call, 203-432-2789 #2. The central
University collection in the Sterling Memorial Library, 120 High Street, and numerous other separate libraries containing specialized collections are available to all members of the University.

**Yale University Gym**

All fellows are eligible to join the Payne Whitney Gym. There are modest enrollment costs which cover locker and towel service.

**Yale University ID**

A Yale photo ID must be obtained immediately in order to have access to the facilities. This official ID should be worn or carried constantly. Yale photo ID’s are obtained from the ID Center located in IE-41, (basement) Sterling Hall of Medicine, 333 Cedar Street. The Yale University ID allows fellows to audit courses, use the departmental facilities, the University Computer Center and the libraries and have access to the athletic facilities on terms similar to the faculty and staff.
Yale University is committed to providing fair and consistent treatment to all staff of the School of Medicine and to providing a procedure for prompt consideration of their complaints. Fellows may invoke the following procedures whenever they believe they have been treated in a manner inconsistent with university policies or believe they have been discriminated against on the basis of race, color, sex, age, religion, national or ethnic origin, handicap or status as a Vietnam era veteran or when they believe they have been inappropriately discharged, suspended or otherwise disciplined for misconduct.

Decisions made by supervisors regarding professional assessments and judgments such as performance evaluations are not subject to review under this procedure unless it is alleged that the professional assessment or judgment resulted from unlawful discrimination. A grievance panel may have to inquire into the process by which professional judgments are made in reviewing a complaint of discrimination, but the grievance panel may not substitute its judgment for that of the supervisor.

Fellows may use this procedure without fear of reprisal or prejudice. If a fellow feels that he/she has been retaliated against as a result of pursuing a grievance, a separate claim of retaliation may be pursued through this process.

The Grievance Procedure

Preliminary Procedures:

Many complaints can be resolved informally. Fellow are encouraged to bring complaints covered by this procedure to the attention of the person or persons whose actions are the subject of the complaint in a constructive attempt to resolve the problem. Institution heads and/or the Director of Education are encouraged to meet with the concerned parties in order to work out a resolution. If these efforts are not successful or if the fellow has chosen not to discuss the matter with the persons directly involved, the fellow may submit a complaint to the Dean as soon as possible but no later than 10 working days after (1) the date of the discipline or discharge or (2) the date the fellow learns of the action that forms the basis of the complaint. The written complaint must describe in detail the substance of the complaint, the issues raised, the facts underlying the complaint and the nature of the relief sought. The Dean, or an investigator appointed by the Dean, may informally meet with the concerned parties at this time in order to try to reach a resolution acceptable to both parties. If no settlement can be reached, the Dean will apprise the formal hearing to take place normally within 3 weeks of the original filing of the written complaint. Both parties will be given at least one week’s notice of the date of the hearing in order to allow time for preparation.

Formal Hearing:

Composition of the Review Panel

The Review Panel shall consist of 3 members selected by the Dean from the faculty of the School of Medicine. The Grievant may challenge for cause the

Dean’s appointments. The Dean will decide the disputed issues in case of challenge and his decision or subsequent appointments will not be subject to appeal.
Hearing by the Review Panel

The Panel must be guided in its decisions by stated University policy and practice and its commitment to compliance with federal statues protecting equal opportunity regardless of race, color, sex, age, handicap, national origin, religion or status as a Vietnam era veteran. In cases of discipline or discharge and whether or not dues process is defined as notice to the grievant of the intent to discipline or discharge and an opportunity to respond to the charges upon which the discipline is based.

To ensure a fair hearing, the grievant and respondent will be given the opportunity to present all information and witnesses relevant to the issues, and to be present when contrary evidence is presented to the Panel. Each party will be given an opportunity to rebut any charges made at the hearing.

The grievant and the respondent may have as an advisor any member of the Medical School community who does not have legal training. The individuals directly involved are responsible for presenting their views and documentation. These advisors are present only to provide counsel and support and may not participate directly in the proceedings. These proceedings by their nature are non-adversarial and the introduction of legalistic procedures is not permitted.

The Panel, having conducted its inquiry, will then deliberate without the presence of the parties and will prepare a written report stating its findings of fact and recommendation to the Dean, including a summary of the substance of testimony that the Panel has relied on its reaching its recommendation.

Final Resolution of the Complaint by the Dean:

The Panel will submit its report to the Dean ordinarily within in one week of the final hearing. The Dean will permit the grievant and the persons against whom the complaint was lodged to inspect the report of the Panel. Since the report is a confidential document advisory to the Dean, neither of the parties is entitled to a copy of it.

The Dean shall accept the Panel’s findings of fact unless the Dean believes that the findings are not substantiated by the evidence presented to the Panel. The Dean may accept, modify or reject the conclusions of the panel and any recommendations it might have made. However, in any case where the Dean does not believe it is appropriate to follow the recommended actions of the Panel, the Dean will discuss the matter with the Panel and explain the reasons for not doing so. The Dean will then make a decision on the matter and convey his/her decision in writing to the grievant, the persons against whom the grievance was lodged, and the Panel. The Dean’s decision will include his/her conclusions about the issues raised in the complaint and the remedies and sanction, if any, to be imposed.

The Dean’s decision shall be final. The Dean’s decision may be to take any actions as may be within his/her authority. If the remedy deemed appropriate by the Dean is beyond the authority of the Dean, the Dean will recommend the initiation of such action (disciplinary or otherwise) in accordance with applicable University practices and procedures.

The Dean’s decision should ordinarily be rendered within one month after the Dean receives the Panel’s Report.

Time Guidelines:

If the School of Medicine is not in session during part of these proceedings, or in instances where additional time may be required because of the complexity of the case or unavailability of the parties or
witnesses, any of the time periods specified herein may be extended by the Dean. If a period is extended, the complaint and the person against whom the complaint has been filed will be so informed.
APPENDIX B

Yale-New Haven Medical Center
Policy on Professionalism and Standards of Appearance

Introduction:

The Graduate Medical Education Training Programs of the Yale-New Haven Medical Center are committed to the highest standards of professionalism and professional image to all persons, agencies and associations. This foremost includes our patients, their families and other visitors. We believe that professionalism and the image we present inspires confidence in the care and services we provide as professionals and as an institution.

We expect that trainees must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including:

1. compassion, integrity, and respect for others;
2. responsiveness to patient needs that supersedes self-interest;
3. respect for patient privacy and autonomy;
4. accountability to patients; society and the profession; and,
5. sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation;
6. a safe, comfortable and healthy work environment;
7. presenting a professional and identifiable appearance to patients, their families and visitors, YNHH staff, and the medical and business communities;
8. supporting a culture of confidence and service excellence while at the same time, accommodating sincerely held religious and culture beliefs when operationally feasible.

In order to promote the professional image, the following standards of appearance are put into place.

Scope:

This policy applies to all fellows at Yale-New Haven Medical Center.

Individual program directors have the discretion to define appropriate attire for the work environment and the nature of the work performed within the scope of this policy.

Policy:

1. General Appearance

In all circumstances, professionalism and appropriateness are the guiding standards. Extremes of fashion in clothing, hair styles and accessories must be avoided, as well as any clothing or adornment that detracts from the trainees’ roles and responsibilities.

2. Identification

a. All fellow/fellows must wear their identification badges with the photo plainly visible above the waist when in patient care areas.

b. A lab coat with name will not replace the use of a name badge.

c. Name badges should be clipped on and lanyards should not be used in areas and roles that necessitate patient contact.
d. Personal statements expressed by symbols, messages or insignia must be appropriate and consistent with our mission and patient satisfaction goals. This includes personal statements reflected on clothing, accessories, pins, buttons, stickers, fabric patterns and non-YNHH/YSM logo wear.

3. Grooming and Hygiene
   a. All fellows/fellows will maintain reasonable personal hygiene and grooming standards essential to a professional image.
   b. Scents of any kinds (perfumes, lotions, hair products, etc) must be used sparingly and are not permitted where there is sensitivity to fragrances.
   c. Cosmetics should be used in moderation.
   d. Hair must be clean and neat and worn off the face when working with patients or as required for safety and sanitation.
   e. Facial hair and fingernails must be clean and trimmed according to applicable health standards and Hospital policies. For additional information, please refer to the Fingernails, Natural and Artificial C: F-1 in the Administrative Policies and Procedures Manual.

4. Jewelry and Accessories
   a. Jewelry must be discreet and appropriate, and not cause a safety or infection control hazard. Earrings must be small and unobtrusive, and not detract from the professional image or represent a safety risk.
   b. Visible body piercings (other than earrings) are prohibited.
   c. Tongue piercings can impact communications and are therefore prohibited.
   d. Tattoos and body art that are considered offensive, sexually explicit, racist or threatening must be covered.
   e. Authorized head coverings, i.e., surgical caps, may be worn correctly and as appropriate to the task and work environment.

5. Professional Dress:
   a. When fellows are not required to wear scrubs, their dress must be professional.
      i. For men this includes: collared shirts (dress shirts, button downs), turtlenecks or sweaters (including cardigan), tailored trousers (dress slacks, khakis, corduroys) and loafers or lace up shoes with socks. Blazers and sports jackets are optional.
      ii. For women this includes: shirts (collard) or blouses with sleeves, turtlenecks, sweaters and sweater sets, skirts or tailored pants, and flats, pumps or boots.
      iii. It is understood that when fellows/fellows are asked to return to the hospital at night, in an emergency, the above requirements may be relaxed as arriving for patient care is the first priority.
   b. Inappropriate attire includes: denim, shorts, tee shirts (sleeveless shirts, tank tops, halter tops, crop tops), sandals (beach sandals, Birkenstocks, flip flops), athletic wear of any kind (sweatshirts, rugby shirts, sweatpants, leggings, stirrup pants, jogging suits, spandex, lycra, caps), torn clothing (clothing with holes or frayed ends), and provocative or revealing clothing.
   c. Clothing when on night call may include heavier upper garments, including fleece jackets/vest/sweatshirts, if clean, neat and in good repair without hoods.
   d. Clothing must be clean, neat and in a good state of repair.
   e. Clothing must cover the shoulders and midriff.
   f. Undergarments:
      i. Undergarments must be worn under clothes and must not be distinguishable through attire.
   g. Ties:
i. Neck ties may be worn. In roles that require direct patient contact neck ties must be clipped or worn with a buttoned white lab coat or suit coat, so as to prevent transmission of infection.

h. Lab Coats:
   i. A clean, neatly pressed, white lab coat should be worn.
   ii. Footwear/Shoes:
   iii. Shoes worn by direct patient care fellows must be clean, well kept and should have an enclosed toe.
   iv. Athletic or walking shoes (sneakers) may be worn, but must be plain and clean.

6. Scrubs:
   a. Direct patient care employees will wear scrubs as designated by their role and their department.
   b. Scrubs must be neat, wrinkle free and clean.
   c. Soiled scrubs need to be changed immediately.
   d. Scrubs should not be worn outside of the workplace, with the exception of transport to and from the hospital.
   e. Midriff must be covered.
   f. Clean, neat T shirts without logos or turtle necks can be worn under scrub tops but not in the place of scrub tops.

Accountability:
Every fellow/fellow has the responsibility of being fit for duty within the core competency of professionalism. As such, it is expected that each fellow will hold one another accountable. Fellows who report for duty in unacceptable attire, improper grooming or uniform, may be sent home by an attending. If sent home, they must return to duty in a timely manner. After counseling, continued violations of this policy will result in progressive discipline including written notice of failure to achieve competency in professionalism and possible probation, suspension or dismissal from the training program.

Reasonable accommodations based on religion and/or cultural observances or practices such as, but not limited to, style of dress, head coverings, grooming requirements will be considered on a case by case basis.
APPENDIX C

Sexual Harassment

Sexual harassment consists of nonconsensual sexual advances, request for sexual favors, or other verbal or physical conduct of a sexual nature on or off campus, when:

1. Submission to such conduct is made either explicitly or implicitly a condition of an individual’s employment or academic standing; or
2. Submission to or rejection of such conduct is used as the basis for employment decisions or for academic evaluation, grades, or advancement; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual’s work or academic performance or creating an intimidating or hostile academic or work environment.

It is sexual harassment if you are the subject of...
- Verbal harassment or abuse
- Display of sexually offensive photographs, drawings or graffiti
- Subtle pressure for sexual activity
- Sexist remarks about clothing, body or sexual activity
- Unnecessary touching
- Leering or staring at one’s body
- Demanding sexual favors accompanied by implied or overt threats concerning work, grades, promotion or tenure
- Sexual assault including rape

If a fellow believes that he or she is the victim of sexual harassment, the fellow should:

1. Directly inform, if possible, the person(s) engaging in the sexually harassing conduct and communicate that such conduct is offensive and should stop.

2. If the alleged harassment continues, the fellow should contact his/her unit chief or institutional training director regarding the incident or the behavior. The complaint should identify the person(s) alleged to have committed the sexual harassment, with all pertinent facts and information to facilitate an investigation, and should be submitted within 7 working days of the alleged incident or pattern of behavior. If the alleged harassment originates with the individual’s superior, the complaint should be raised directly with the Director of Education so that a responsible investigation can be made. The Department of Psychiatry also has an ombudsperson who can be contacted regarding any concerns about harassment, abuse or discrimination in the work place.
APPENDIX D

Post-Doctorial Fellows

Medical and Dental Plan Rates

As a post-doctoral fellow, you can find medical and dental plan options at the website below and review the Medical Plan Comparison Chart and Rates Information Chart. You can apply for a health care subsidy through the University by completing a Health Care Subsidy form found at the website below. These forms should be filled out within the first 10 days of employment.

http://www.yale.edu/hronline/benefits/PostDocMedicalOptions.html
Appendix E

YALE-NEW HAVEN MEDICAL CENTER
(YNHMC)

POLICIES AND PROCEDURES

Introduction:

This policy applies to all residents and fellows at Yale-New Haven Medical Center. Use of the Internet includes posting on blogs, instant messaging [IM], social networking sites such as Facebook and Twitter, e-mail, posting to public media sites, mailing lists and posting of audio/video material.

The ease with which we can now record, store and transmit information in electronic format brings new responsibilities to those working in healthcare with respect to privacy of patient information and ensuring public trust in our hospitals, physicians and staff. New advances in technology bring significant educational benefits to trainees, as well as improve communication between healthcare providers.

Policy:

There are notable risks associated with use of electronic networking, the internet and other media. This includes but is not limited to:

1. **Patient privacy**: Privacy and confidentiality between the physician and patient are of utmost importance. All health care providers have an obligation to maintain the privacy of patient health information as outlined by the Health Insurance Portability and Accountability Act (HIPAA). Material that identifies patients, (without their consent) and is intentionally or unintentionally placed in the public domain constitutes a breach of standards of professionalism and confidentiality.

2. **Professional image/persona**: Physicians’ professional images are important and should be protected. Portrayal of unprofessional behavior may impair a physician's ability to effectively practice medicine, become licensed and participate in positions of trust and responsibility in the community. All material published on the web should be considered public and permanent. There should be a “think before you post” attitude. It is also appropriate to be proactive and routinely perform searches for your individual names online and identify material posted without your consent.

3. **Appropriate internet use**: Trainees should be guided and staff should be mindful of appropriate use of the Internet and electronic publication. Patient care and safety should never be compromised due to distraction during use of electronic material. Never leave printed patient
information on printers unattended. Providers should always log off from applications containing patient information after using computer terminals in the hospital.

4. **E-mail communication**: The tone and content of all electronic conversations should remain professional. The use of a privacy disclaimer on all professional emails is advised. Privacy disclaimers should include a notice of confidentiality, and advise recipients of appropriate handling of misdirected email.

   As an example, “This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error, please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email. Please notify the sender immediately by email if you have received this email by mistake and delete this email from your system. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited”.

5. **Internet posts**: Never post private information about any patient on the internet. This applies even if no one other than a patient is able to identify him/herself from the posted information. If a resident or fellow directly or indirectly identifies themselves as an employee and discusses their work, the Hospital expects them to express themselves professionally and consistent with the values of excellence, compassion and integrity. The content of postings when referring to colleagues and co-workers should be professional respecting the privacy rights of those individuals. When in doubt regarding postings consult with your Program Director, Department Chair or your GME Office.

6. **Social Networking Sites (SNS)**: The use of blogging and microblogging on SNS such as MySpace®, Facebook®, Twitter® and Orkut® are on the rise. Material posted on these sites is visible to many individuals. Posting of inappropriate content on these sites not only affects the professional image of the individual but can harm the public image of the institution. Students, residents and staff are encouraged to refrain from discussing patient issues or posting pictures/videos taken at work. Capture or posting of digital content involving patients is strictly prohibited. It is rarely appropriate to ‘friend’ patients or look at their private profile on a SNS. Users of SNS should consider setting privacy to the highest level, and periodically review them to ensure they are maintained.

7. **Academic Integrity**: Breach of academic trust by sharing examination questions by mobile devices is an ethical violation in addition to a breach of copyright law. Engaging in such violations constitute misconduct and can result in disciplinary action.

**Penalties for inappropriate use of the Internet and other electronic media**

The penalties for inappropriate use of the Internet and other electronic media include:
- Discipline for breach of hospital or institutional policy
- Remediation, dismissal or failure to promote
Enforcement

- All professionals have a collective professional duty to assure appropriate, behavior, particularly in matters of patient privacy and confidentiality.

A person who has reason to believe that another person has contravened these guidelines should approach his/her immediate supervisor/program director for advice, contact the GME Hotline (203.688.2277) or the Ombudsperson (203.688.1449).

References:
YNHH Policy handbook Policy #B:16A
Yale University Policy 1607- Information Technology Appropriate Use Policy
APPENDIX F

Selected evaluation forms and milestones

1. Psychosomatic Medicine Milestones
2. Fellowship Evaluation: Overall
3. Fellowship Evaluation: Observed Consultation
4. Fellowship Evaluation: 360 Assessment
5. Fellowship Self-Assessment
6. Fellowship Final Summative Evaluation
The Psychosomatic Medicine Milestone Project

A Joint Initiative of

The Accreditation Council for Graduate Medical Education and

The American Board of Psychiatry and Neurology

October 2014
Milestone Reporting

This document presents Milestones designed for programs to use in semi-annual review of fellow performance and reporting to the ACGME. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for fellow performance as a fellow moves from entry into fellowship through graduation. In the initial years of implementation, the Review Committee will examine Milestone performance data for each program’s fellows as one element in the Next Accreditation System (NAS) to determine whether fellows overall are progressing.

For each period, review and reporting will involve selecting milestone levels that best describe each fellow’s current performance and attributes. Milestones are arranged into numbered levels. Tracking from Level 1 to Level 5 is synonymous with moving from novice to expert in the subspecialty. These levels do not correspond with post-graduate year of education.

Selection of a level implies that the fellow substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

**Level 1:** The fellow demonstrates milestones expected of an incoming fellow.

**Level 2:** The fellow is advancing and demonstrates additional milestones, but is not yet performing at a mid-fellowship level.

**Level 3:** The fellow continues to advance and demonstrate additional milestones, consistently including the majority of milestones targeted for fellowship.

**Level 4:** The fellow has advanced so that he or she now substantially demonstrates the milestones targeted for fellowship. This level is designed as the graduation target.

**Level 5:** The fellow has advanced beyond performance targets set for fellowship and is demonstrating “aspirational” goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional fellows will reach this level.
Additional Notes

Level 4 is designed as the graduation *target* and *does not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the fellowship program director. Study of Milestone performance data will be required before the ACGME and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data are of sufficient quality to be used for high-stakes decisions.

Examples are provided with some milestones. Please note that the examples are not the required element or outcome; they are provided as a way to share the intent of the element.

Some milestone descriptions include statements about performing independently. These activities must occur in conformity to the ACGME supervision guidelines, as well as to institutional and program policies. For example, a fellow who performs a procedure independently must, at a minimum, be supervised through oversight.

*Answers to Frequently Asked Questions about the Next Accreditation System and Milestones are posted on the Next Accreditation System section of the ACGME website.*

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME Report Worksheet. For each reporting period, a fellow’s performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that fellow’s performance in relation to those milestones.
PC1 — Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, suggesting appropriate diagnostic and treatment options, and communicating them effectively to the primary service

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<tr>
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<tbody>
<tr>
<td>Performs simple consultations with indirect supervision, with direct supervision immediately available</td>
<td>Manages simple consultations in inpatient and outpatient settings</td>
<td>Manages a broad range of routine consultation requests in inpatient and outpatient settings Recognizes and addresses unrecognized psychiatric issues that are uncovered during the process of consultation</td>
<td>Independently manages complicated and challenging consultation patients or situations (e.g., patients who cannot/will not participate in the interview, highly agitated/high risk patient, or patients with complicated medical/psychiatric illness)</td>
<td>Supervises and serves as a role model for trainees Effectively runs a Psychosomatic Medicine inpatient consult service or outpatient clinic</td>
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Comments: 

Selecting a response box in the middle of a level implies that milestones in that level and in lower levels have been substantially demonstrated.

Selecting a response box on the line in between levels indicates that milestones in lower levels have been substantially demonstrated as well as some milestones in the higher level(s).
### PC1 — Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, and suggesting appropriate diagnostic and treatment options and communicating them effectively to the primary service

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<td>Manages simple consultations in inpatient and outpatient settings</td>
<td>Manages a broad range of routine consultation requests in inpatient and outpatient settings</td>
<td>Independently manages complicated and challenging consultation patients or situations (e.g., patients who cannot/will not participate in the interview, are highly agitated/high-risk, or with complicated medical/psychiatric illness)</td>
<td>Supervises and serves as a role model for trainees</td>
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<td>Recognizes and addresses unrecognized psychiatric issues that are uncovered during the process of consultation</td>
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<td>Effectively runs a psychosomatic medicine inpatient consult service or outpatient clinic</td>
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### PC2 — Integrated Patient Care: performing, coordinating, and supervising care in multidisciplinary settings, inpatient or outpatient, and including liaison and educational roles

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<tbody>
<tr>
<td>Provides basic psychiatric assessment and treatment recommendations, requiring indirect supervision with direct supervision available</td>
<td>Provides basic psychiatric information and recommendations to multidisciplinary medical treatment team</td>
<td>Provides comprehensive integrated care for patients through collaboration with other providers</td>
<td>Provides effective care, guidance, and education in a multidisciplinary medical treatment team, including managing complex dynamics affecting the patient and treatment team (e.g., patient who splits treatment team)</td>
<td>Leads the psychosocial component of a multidisciplinary medical treatment team</td>
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### MK1 — Knowledge regarding Psychiatric Illnesses in the Medically Ill: assessment and management of major psychiatric disorders, substance use disorders, somatic symptom disorders, adjustment disorders, and psychological factors affecting medical conditions

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<td>Demonstrates limited knowledge regarding common psychiatric illnesses and their treatments in the medically ill</td>
<td>Demonstrates basic knowledge regarding epidemiology, etiology, phenomenology, prognosis, and treatment of common psychiatric illnesses in the medically ill, including common adverse effects and drug-drug interactions</td>
<td>Demonstrates comprehensive knowledge regarding the assessment and management of psychiatric illnesses in the medically ill, including detailed knowledge of adverse effects and drug-drug interactions</td>
<td>Demonstrates comprehensive knowledge regarding the presentation and assessment of complex/atypical psychiatric illnesses in the medically ill, including advanced knowledge in specific medical populations (e.g., cancer, transplant, OB-GYN)</td>
<td>Develops, synthesizes, or presents new knowledge regarding psychiatric illnesses and their treatments in the medically ill</td>
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<tr>
<th>Demonstrates limited knowledge regarding common psychiatric manifestations of medical illnesses and their treatments (e.g., delirium, syndromes and symptoms secondary to medical conditions)</th>
<th>Demonstrates basic knowledge regarding the presentation and treatment of psychiatric symptoms caused by common medical illnesses and their treatments</th>
<th>Demonstrates comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by common medical illnesses and their treatments</th>
<th>Demonstrates comprehensive knowledge regarding the assessment and management of psychiatric symptoms caused by complex/uncommon medical illnesses and their treatments</th>
<th>Develops, synthesizes, or presents new knowledge regarding psychiatric symptoms caused by medical illnesses and their treatments</th>
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**MK3 — Practice of Psychosomatic Medicine**

- A. Ethics and legal issues
- B. Models of consultation and collaborative care
- C. Issues in diverse populations (e.g., cultural, ethnic, developmental, gender, sexual orientation)

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<table>
<thead>
<tr>
<th></th>
<th>1A Demonstrates limited knowledge of clinically relevant legal and ethical issues in medical settings (e.g., capacity evaluations)</th>
<th>2A Demonstrates knowledge of essential ethical and legal issues</th>
<th>3A Demonstrates comprehensive knowledge of clinically relevant legal and ethical issues in medical settings (e.g., capacity evaluations)</th>
<th>4A Demonstrates advanced knowledge of clinically relevant legal and ethical issues in medical settings, including in difficult and challenging situations</th>
<th>5A Functions as leader or expert in institutional ethical or legal processes</th>
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<tr>
<td></td>
<td>1B Demonstrates limited knowledge of consultation and collaborative care models</td>
<td>2B Demonstrates basic knowledge of common consultation and collaborative care models</td>
<td>3B Demonstrates comprehensive knowledge of consultation and collaborative care models</td>
<td>4B Demonstrates advanced knowledge of consultation and collaborative care models, including emerging new modes of clinical care</td>
<td>5B Explores new forms of care models or performs health services research in consultation and collaborative care</td>
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<td></td>
<td>1C Recognizes importance of delivering culturally competent care</td>
<td>2C Demonstrates recognition of issues in delivering culturally-competent care</td>
<td>3C Consistently demonstrates awareness and skill regarding the impact of cultural differences in patient care</td>
<td>4C Anticipates the impact of diversity on patient care and serves as role model in provision of care in diverse groups</td>
<td>5C Generates new understanding of diversity issues</td>
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### SBP1 — Patient Safety and the Health Care Team

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<tr>
<td>1A/1B Describes the common system causes for errors (e.g., communication failures, equipment failures, and other failures of the health care delivery system)</td>
<td>2A Describes systems and procedures that promote patient safety</td>
<td>3A Understands and consistently uses safety procedures</td>
<td>4A Skillfully participates and contributes in a multidisciplinary context in quality improvement and patient safety projects (e.g., morbidity and mortality conference, root cause analysis meeting)</td>
<td>5A/B/C Provides organizational leadership or consultation to improve care quality and patient safety</td>
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<td>1C Follows institutional safety policies, including reporting of problematic behaviors and processes, errors, and near misses</td>
<td>2B Effectively and regularly uses all appropriate forms of communication to ensure accurate transitions of care</td>
<td>3B Displays effective communication with colleagues and recognizes special circumstances that will affect safety</td>
<td>4B Takes a leadership role in ensuring coordinated patient care, including accurate transitions of care</td>
<td>5A/B/C Develops innovative systems to improve care quality and patient safety</td>
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<tr>
<td>3C Effectively communicates safety procedures and requirements to trainees and other audiences</td>
<td>4C Develops content for and/or facilitates patient safety presentations/conferences focusing on systems-based errors in patient care</td>
<td>5A/B/C Contributes on a regulatory level to safety and quality improvement</td>
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### SBP2 — Resource Management: costs of care and resource selection

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<tr>
<td>Recognizes disparities in health care at individual and community levels</td>
<td>Coordinates patient access to community and system resources</td>
<td>Consistently provides cost-effective care, using a variety of resources, including the Electronic Medical Record (EMR)</td>
<td>Practices efficient, cost-effective, high-value clinical care, using a full range of resources, in routine and complex cases</td>
<td>Designs new approaches to provide efficient care to monitor and educate regarding health care resource use</td>
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<td>Knows the relative cost of care (e.g., medications, diagnostics, levels of care, procedures)</td>
<td>Understands health care funding and regulations related to organization of health care services</td>
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<td>Consistently provides cost-effective care, using a variety of resources, including the Electronic Medical Record (EMR)</td>
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### SBP3 — Community-based Care: community-based programs; self-help groups, including 12-step approaches; medical, psychiatric, and substance abuse recovery/rehabilitation programs

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a basic knowledge of local health care delivery systems</td>
<td>Has a basic knowledge of community resources; coordinates care with community mental health agencies, schools, and other agencies; recognizes importance of self-help groups, and recovery and rehabilitation approaches</td>
<td>Incorporates community resources, self-help groups (including 12-step approaches), and social networks in clinical care; appropriately refers to rehabilitation and recovery programs</td>
<td>Skillfully uses a wide range of community-based resources for rehabilitation and recovery, including in challenging cases of comorbid chronic medical and psychiatric illnesses</td>
<td>Develops new care programs and new approaches to link medical and community-based programs</td>
</tr>
</tbody>
</table>

**Comments:**

Not yet achieved Level 1

### SBP4 — Consultation to Health Care Systems

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
</table>

Copyright (c) Pending. The Accreditation Council for Graduate Medical Education and the American Board of Psychiatry and Neurology. All rights reserved. The copyright owners grant third parties the right to use the Psychosomatic Medicine Milestones on a non-exclusive bases for educational purposes.
| Describes how systems issues affect clinical care | Identifies systems issues in clinical care and clarifies required interactions and communication | Communicates with other providers and provides effective recommendations regarding systems issues in clinical care | Provides expert, advanced recommendations to address systems issues in clinical care, including in challenging and complex situations requiring novel management | Measures outcomes of systems-based interventions, contributes to improvement of existing service delivery systems, or develops new modes of health care delivery |

|   |   |   |   |   |

**Comments:**

Not yet achieved Level 1
### PBL1 — Lifelong Learning

A. Self-assessment and self-improvement
   - 1A Regularly seeks and incorporates feedback to improve performance; identifies self-directed learning goals and periodically reviews them with supervisory guidance
   - 1B Formulates a searchable question from a clinical question

B. Use of evidence-based medical knowledge
   - 2A Demonstrates a balanced and accurate self-assessment of own competence, using clinical outcomes to identify areas for continued improvement
   - 2B Selects an appropriate, evidence-based information tool\(^1\) to meet self-identified learning goals

<table>
<thead>
<tr>
<th>Level</th>
<th>1A</th>
<th>2A</th>
<th>3A</th>
<th>4A</th>
<th>5A/B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
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<td>Level 2</td>
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<tr>
<td>Level 5</td>
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</tbody>
</table>

### Comments:

Not yet achieved Level 1

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### Footnotes:

1. Examples include: practice guidelines; PubMed Clinical Queries; Cochrane, DARE, or other evidence-based reviews; Up-to-Date, etc.
2. Examples include: a performance-in-practice (PIP) module as included in the American Board of Psychiatry and Neurology (ABPN) Maintenance of Certification (MOC) process; or regular and structured readings of specific evidence sources.
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Assumes a role in the clinical teaching of trainees, and assists faculty members in providing supervision to these learners</td>
<td>2A Participates in activities designed to develop and improve teaching skills, and assists faculty members in providing supervision to trainees (e.g., medical students, residents) in psychosomatic medicine settings</td>
<td>3A Actively participates in didactic presentations on psychosomatic medicine topics to groups (e.g., grand rounds, case conference, journal club)</td>
<td>4A Independently develops and provides consistently effective presentations on psychosomatic medicine to groups, including to health professionals in non-psychiatric disciplines</td>
<td>5A Is recognized as an educator of colleagues, the broader professional community, and/or the public</td>
</tr>
<tr>
<td>1B Recognizes role of physician as teacher</td>
<td>2B Evaluates and provides feedback to trainees, and communicates goals and objectives for instruction of trainees</td>
<td>3B Effectively teaches individual trainees in clinical settings; effectively uses feedback on teaching to improve teaching methods and approaches</td>
<td>4B Demonstrates recognized skill in the education of trainees, including those in non-psychiatric disciplines</td>
<td>5B Organizes and develops curriculum materials relevant to psychosomatic medicine</td>
</tr>
</tbody>
</table>

Comments: Not yet achieved Level 1
<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Demonstrates capacity for self-reflection, empathy, openness to different beliefs, and respect for diversity; provides examples of the importance of attention to diversity in psychiatric evaluation and treatment</td>
<td>2A Routinely displays empathy, compassion, and sensitivity to diversity in psychiatric evaluation and treatment</td>
<td>3A Facilitates positive communication and develops a mutually agreeable care plan in the context of conflicting physician, patient, and/or family values and beliefs</td>
<td>4A Consistently displays compassion, integrity, and sensitivity, including in the more challenging areas of medical practice</td>
<td>5A Serves as a role model and teacher of compassion, integrity, respect for others, and sensitivity to diverse patient populations</td>
</tr>
<tr>
<td>1B Recognizes ethical conflicts in practice and seeks supervision to manage them</td>
<td>2B Analyzes and manages ethical issues in common clinical situations in the psychosomatic medicine setting</td>
<td>3B Manages ethical issues in a wide range of clinical situations in the psychosomatic medicine setting</td>
<td>4B Systematically analyzes and manages complex ethical issues in psychosomatic medicine (e.g., end-of-life decisions)</td>
<td>5B Identifies emerging ethical issues within subspecialty practice and can discuss opposing viewpoints</td>
</tr>
</tbody>
</table>

Comments: Not yet achieved Level 1 □
### PROF2 — Accountability to Self, Patients, Colleagues, and Profession

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Notifies team and enlists appropriate coverage for clinical and non-clinical responsibilities when fatigued or ill</td>
<td>2A Identifies and manages situations in which maintaining personal health is challenged, and seeks assistance when needed</td>
<td>3A Demonstrates healthy and responsible work style; takes steps to address impairment in self and in colleagues if present</td>
<td>4A Effectively prioritizes and balances conflicting interests of self, family, and others to optimize medical care and practice of profession</td>
<td>5A Participates as an active member on committees or in organizations that address physician wellness</td>
</tr>
<tr>
<td>1B Follows institutional policies for physician conduct and responsibility</td>
<td>2B Recognizes the importance of participating in one’s professional community</td>
<td>3B Displays professionalism in work, collaborates effectively with colleagues, maintains skills (e.g., prepares for obtaining and maintaining board certification), and consistently displays responsibility for ensuring that patients receive the best possible care</td>
<td>4B Participates in the primary specialty and subspecialty professional community (e.g., professional societies, patient advocacy groups, community service organizations); displays exemplary professionalism and serves as role model in ensuring that patients receive best possible care</td>
<td>5B Develops organizational policies, programs, or curricula for professionalism</td>
</tr>
</tbody>
</table>

**Comments:** Not yet achieved Level 1
# ICS1 — Relationship Development and Conflict Management

**A. Relationship with patients**

1A Develops therapeutic relationship with patients and their families, is aware of cultural diversity in communicating with people of different backgrounds

1B Recognizes communication conflicts in work relationships

**B. Conflict management with patients, families, colleagues, and members of the health care team**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Develops therapeutic relationship with patients and their families; is respectful of cultural diversity in discussions with patients and their families</td>
<td>2A Develops therapeutic relationships with patients; is respectful of cultural diversity in discussions with patients and their families</td>
<td>3A Skillfully forms therapeutic relationship with a wide range of patients in the psychosomatic medicine setting</td>
<td>4A/B Sustains therapeutic and working relationships in complex and challenging contexts, including in situations with significant differences of opinion among care providers, families, and patients</td>
<td>5A/B Develops approaches to managing difficult situations and communications in the psychosomatic medicine setting</td>
</tr>
<tr>
<td>1B Recognizes communication conflicts in work relationships</td>
<td>2B Develops working relationships across specialties and systems of care in uncomplicated situations</td>
<td>3B Appropriately sustains working relationships in the face of conflict or differences in opinions with other services or colleagues, and is able to efficiently resolve routinely-encountered conflicts</td>
<td></td>
<td>5A/B Effectively mentors other health care providers in leadership, communication skills, and conflict management</td>
</tr>
</tbody>
</table>

**Comments:**

Not yet achieved Level 1

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### ICS2 — Information Sharing and Record Keeping

**A. Accurate documentation and effective communication with health care team and patients**

**B. Maintaining professional boundaries**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1A Ensures transitions of care are accurately documented, and that the written record is accurate and timely, with attention to preventing confusion and error, consistent with institutional policies</td>
<td>2A Provides complete, timely, and accurate documentation</td>
<td>3A Demonstrates effective verbal and written communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent</td>
<td>4A Demonstrates communication that is appropriate, efficient, concise, and pertinent in challenging situations (e.g., significant differences of opinion, with patients with limited communication and/or cognitive abilities, etc.)</td>
<td>5A/B Develops new modes of system organization to facilitate communication and maintenance of professional relationships</td>
</tr>
<tr>
<td>1A Organizes both written and oral information to be shared with patient, family, team, and others</td>
<td>2A Consistently demonstrates communication strategies to ensure patient and family understanding, including use of easy-to-understand language, skillful use of interpreters, and face-to-face interaction while using EMR</td>
<td>3A Consistently engages patients and families in shared decision making</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1B Maintains appropriate boundaries in sharing information by electronic communication and in the use of social media</td>
<td>2B Demonstrates respect for patient confidentiality</td>
<td>3B Consistently maintains professional boundaries and respect for confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2A Provides complete, timely, and accurate documentation</td>
<td>3A Demonstrates effective verbal and written communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent</td>
<td>4A Demonstrates communication that is appropriate, efficient, concise, and pertinent in challenging situations (e.g., significant differences of opinion, with patients with limited communication and/or cognitive abilities, etc.)</td>
<td></td>
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</tr>
<tr>
<td>2A Consistently demonstrates communication strategies to ensure patient and family understanding, including use of easy-to-understand language, skillful use of interpreters, and face-to-face interaction while using EMR</td>
<td>3A Consistently engages patients and families in shared decision making</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2B Demonstrates respect for patient confidentiality</td>
<td>3B Consistently maintains professional boundaries and respect for confidentiality</td>
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</tbody>
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**Comments:** Not yet achieved Level 1
# APM Fellowship Evaluation: Overall (2)

- Insufficient contact to evaluate (delete evaluation)

## Consultation & Integrative Patient Care

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Expert</th>
<th>Leadership</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Question clarification &amp; data collection*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
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<tr>
<td>Patient interview*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
</tr>
<tr>
<td>Diagnostic &amp; therapeutic formulation*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Communication with team*</td>
<td>●</td>
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<td>Integrative care role (if applicable)*</td>
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<td>Comment:</td>
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</tbody>
</table>

## Knowledge of psychosomatic medicine

<table>
<thead>
<tr>
<th></th>
<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Expert</th>
<th>Leadership</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Primary psychiatric disorders in medically ill*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Psychiatric effects of illness &amp; its treatment*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
</tr>
<tr>
<td>Ethical, legal, diversity &amp; system issues*</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
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</table>

## Safety, Resources, & Systems

<table>
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<tr>
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<th>Basic</th>
<th>Intermediate</th>
<th>Advanced</th>
<th>Expert</th>
<th>Leadership</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Patient safety &amp; quality improvement*</td>
<td>●</td>
<td>●</td>
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</tr>
<tr>
<td>Treatment resources &amp; cost effectiveness*</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Community-based treatment options</td>
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<td>Coordination regarding system issues*</td>
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<td>Comment:</td>
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</table>

<table>
<thead>
<tr>
<th>Lifelong Learning &amp; Teaching</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use &amp; application of self-directed learning*</td>
</tr>
<tr>
<td>Skill &amp; performance as educator*</td>
</tr>
<tr>
<td>Comment:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compassion, Integrity, &amp; Respect</th>
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</thead>
<tbody>
<tr>
<td>Provision of compassionate &amp; ethical care*</td>
</tr>
<tr>
<td>Responsibility &amp; professionalism*</td>
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</table>

<table>
<thead>
<tr>
<th>Relationship &amp; Information Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships: patients, families, colleagues*</td>
</tr>
<tr>
<td>Documentation &amp; communication*</td>
</tr>
<tr>
<td>Comment:</td>
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</tbody>
</table>

**Explanation of Levels**

"Basic" should indicate elementary knowledge or skill level in PM. "Intermediate" should reflect adequate knowledge of standard diagnoses and interventions of PM: one would expect that a well-trained PGY-IV graduate might attain roughly this level. "Advanced" should correspond to reliable competence in handling routine situations with limited supervision in consult practice: one might expect a fellow in training to achieve this level during the course of the fellowship year. "Expert" should depend on fluency in handling complex, extreme, or unusual situations in PM, as might ideally be reached at the end of fellowship training (this should not be regarded as a graduation requirement). "Leadership" represents contribution to the advancement of PM, as in the generation or dissemination of new information, or in the organizational direction of care systems: this level should be regarded as an aspirational goal in fellowship training.

* Required fields  
* Option description (place mouse over field to view)
# APM Fellowship Evaluation: Observed Consultation

- **Insufficient contact to evaluate** (delete evaluation)

## AREA

<table>
<thead>
<tr>
<th>Area</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Interview: process and relationship with patient</td>
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<tr>
<td>Interview: relevant, accurate collection</td>
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<tr>
<td>Interview: psychological data collection</td>
<td></td>
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<tr>
<td>Chart, lab and collateral data collection</td>
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<tr>
<td>Formulation and treatment planning</td>
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<td>Patient involvement in treatment planning</td>
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<tr>
<td>Communication with team, written and oral</td>
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<tr>
<td>Patient feedback (if obtained)</td>
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## Rate if observed

<table>
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<tr>
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<th>Advanced</th>
<th>Expert</th>
<th>Leadership</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Patient interview and interaction</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Data &amp; collateral information collection</td>
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<td>○</td>
<td>○</td>
<td>○</td>
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<td>○</td>
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<tr>
<td>Diagnostic &amp; therapeutic formulation</td>
<td>○</td>
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<tr>
<td>Communication with team &amp; documentation</td>
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<tr>
<td>Overall most notable positive features</td>
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</tbody>
</table>
Resident: ____________________  Attending: ____________________

Please describe your particular strengths, and please describe the specific areas you most want to develop at this point in your training:

<table>
<thead>
<tr>
<th>Competency</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewing skills:</td>
<td></td>
</tr>
<tr>
<td>Case Presentations:</td>
<td></td>
</tr>
<tr>
<td>Fund of Knowledge:</td>
<td></td>
</tr>
<tr>
<td>Clinical Judgment:</td>
<td></td>
</tr>
<tr>
<td>Formulation of Problem /Treatment Plan:</td>
<td></td>
</tr>
<tr>
<td>Documentation:</td>
<td></td>
</tr>
<tr>
<td>Effort To Learn/Initiative:</td>
<td></td>
</tr>
<tr>
<td>Professionalism:</td>
<td></td>
</tr>
<tr>
<td>Supervision:</td>
<td></td>
</tr>
<tr>
<td>Interaction With System of Care</td>
<td></td>
</tr>
<tr>
<td>Boundary issues:</td>
<td></td>
</tr>
<tr>
<td>Leadership:</td>
<td></td>
</tr>
<tr>
<td>Teaching:</td>
<td></td>
</tr>
</tbody>
</table>
YALE PSYCHOSOMATIC MEDICINE

RESIDENT COMPETENCY SELF-ASSESSMENT EXERCISE

Additional resident comments:

Attending comments:

Resident Signature: _______________ Date: ______________

Attending Signature: _______________ Date: ______________
YALE PSYCHOSOMATIC MEDICINE

FINAL SUMMATIVE EVALUATION

Fellow: ..........................................................................................................

Dates of fellowship participation: ......................... to ......................

Program Director: ........................................................................................

Date of evaluation: ........................................................................................

The Fellow has met program goals for the demonstration of proficiency in the following outcome areas:

___ Knowledge of abnormal behavior and psychiatric illnesses that occur among medical, neurological, obstetrics and gynecology, and surgical patients.
COMMENT:

___ Knowledge of biological, psychological and social factors that influence the development, course and outcome of medical/surgical diseases.
COMMENT:

___ Ability to diagnose and treat psychiatric disturbances that occur among the physically ill, including the administration of psychotropic medications to seriously ill patients.
COMMENT:

___ Understanding of pharmacology, including the psychopharmacology of the medically ill, with emphasis on, and psychiatric side effects of, non-psychotropic medications and the interactions of psychotropic medications with other medications on the central nervous system.
COMMENT:

___ Ability to provide consultation in medical and surgical settings.
COMMENT:
Facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals.

COMMENT:

Ability to effectively supervise medical students and fellows performing consultations and to teach medical and surgical colleagues about psychiatric complications of physical illness.

COMMENT:

Participation in the development of new knowledge, evaluation of research findings, and the continuing acquisition of new knowledge, through the development of good habits of inquiry.

COMMENT:

Knowledge of the organizational and administrative skills needed to finance, staff, and manage a psychosomatic medicine service.

COMMENT:

The Fellow is competent to practice without direct supervision in the area of Psychosomatic Medicine.

OVERALL COMMENTS:

Fellow Signature: ................................................................. Date: .........................

Attending Signature: .......................................................... Date: .........................
# Department of Psychiatry Office of Education
## Contact Information & Areas of Responsibility
### 2016/2017

<table>
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<tr>
<th>Name</th>
<th>Title</th>
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<tbody>
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