

Yale Fellowship in Consultation Liaison Psychiatry: 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 Consultation Liaison Psychiatry 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.

Overall program and Main Rotation (Psychiatric Consultation Service)

GOALS AND OBJECTIVES

MEDICAL AND PSYCHIATRIC KNOWLEDGE

1. Fund of Knowledge. Goal: Consultation Liaison Psychiatry 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: Consultation Liaison Psychiatry 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 be skillful in the assessment and management of chronic pain, somatoform illness, conversion, factitious and malingering aspects in their patients, and able to contribute to developing insight in such patients.
10. Fellows will demonstrate advanced skills in the evaluation and management of delirium, dementia and other organic psychiatric disorders.
11. 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.

12. Fellows will be skillful in using a motivational, non-confrontational and constructive approach with substance abusing patients, and with all patients where behavior change is encouraged.
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: Consultation Liaison Psychiatry 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:

- I. 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: Consultation Liaison Psychiatry 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: Consultation Liaison Psychiatry 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.

11. Work Habits. Goal: Fellows will provide clinical care in an efficient, prompt, and responsible fashion.

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: Consultation Liaison Psychiatry 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: Consultation Liaison Psychiatry 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: Consultation Liaison Psychiatry 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: Consultation Liaison Psychiatry 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.

OBJECTIVES:

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.

Additional Inpatient Rotations OBJECTIVES

I. YALE NEW HAVEN SITE

Behavioral Intervention Team

Setting: YNHH Behavioral Intervention Team

The Behavioral Intervention Team (BIT) Rotation of the Yale Fellowship 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 have a fundamental understanding of the difference between consultation-as-usual model and a proactive consultation model (Behavioral Intervention Team) involving review of all admissions, rapid consultation, and close follow-up.
2. Fellows will gain knowledge about different components of an imbedded inpatient psychiatric service team and the distinct role of each discipline including Psychiatrists, Advanced Practice Professionals, Social workers, and Certified Nurse Specialists.
3. Fellows will be familiar with the therapeutic management of psychiatric disorders in the context of a multidisciplinary team.

PATIENT CARE OBJECTIVES

1. Fellows will be able to effectively utilize the different disciplines in the Behavioral Intervention Team in an integrated fashion to improve patient experience.
2. Fellows will be able to participate in proactive screening of patients and deciding the appropriate level of care needed for each patient.
3. Fellows will utilize their understanding of the proactive consultation model in improving patient care outcomes while admitted in the hospital

INTERPERSONAL COMMUNICATIONS OBJECTIVES

1. Fellows will recognize the value and strengths of the multidisciplinary team involved in the Behavioral Intervention Team and will develop effective communication tools to allow integration of psychiatric consultation on medical floors.

PROFESSIONALISM OBJECTIVES

1. Fellows will be familiar with skillful interaction with different disciplines within the Behavioral Intervention team.
2. Fellows will be skillful in working as a consultant with other members of the healthcare team, able to assert leadership and expertise while remaining sensitive to the existence of a diversity of opinion among caregivers.

PRACTICE-BASED LEARNING AND IMPROVEMENT 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.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. 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.

Addiction Medicine Consultation Service

Setting: Addiction Medicine Consultation Service at YNHH.

The Behavioral Intervention Team (BIT) Rotation of the Yale Fellowship 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 KNOWLEDGE OBJECTIVES:

1. Fellows will gain knowledge about screening and diagnosing addictive disorders in the general hospital
2. Fellows will demonstrate knowledge about medical treatment of opioid use disorders and alcohol use disorders in the general hospital setting, including detoxification and opioid and alcohol use disorder treatment
3. Fellows will gain knowledge of pain management in patients with addictive disorders in the hospital setting

PATIENT CARE OBJECTIVES:

1. Fellows will demonstrate ability to recommend appropriate detoxification regimen for opioid use disorders and alcohol use disorders in the general hospital setting
2. Fellows will be able to make recommendations for long term medication treatment (maintenance) for alcohol use disorders and opioid use disorders

SYSTEM BASED PRACTICE OBJECTIVES:

1. Fellows will recognize the value of multidisciplinary team involved in providing assistance for addictive disorders
2. Fellows will become aware of the community resources available for treatment of addictive disorders

3. Fellows will become aware of the ASAM criteria for referral to substance abuse treatment

PROFESSIONALISM OBJECTIVES:

1. Fellows will become familiar with skillful interaction with different disciplines involved in the care of patients with addictive disorders and medical/surgical illness

INTERPERSONAL COMMUNICATION OBJECTIVES:

1. Fellows will develop communication tool to facilitate appropriate intervention at various stages of addiction treatment in the general hospital

Palliative Care Consultation Service

Setting: YNHH Palliative Care Consultation Service

The Palliative Care Rotation of the Yale Fellowship 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

- II. Fellows will gain knowledge about components of palliative care assessment (including pain assessment and treatment, non-pain symptoms such as nausea, constipation, delirium, role of artificial fluids and nutrition in terminal care)
2. Fellows will become able to assess prognosis with appropriate use of performance scales.
3. Fellows will gain knowledge of relevant federal/state laws pertinent to end-of-life decision making.
4. Fellows will demonstrate knowledge about use of psychotropic medications in palliative care.
5. Fellows will become knowledgeable of community resources for dying patients including home and inpatient hospice, nursing home-hospice and nursing homes.

PATIENT CARE OBJECTIVES

1. Fellows will gain knowledge and skills in the assessment of patients with advanced and terminal illness including: • Assessing goals of care • Assessing the patients' physical, psychological, social and spiritual needs • Assessing patients' functional ability • Assessing medical decision-making capacity
2. Fellows will become familiar with performing a pain assessment and developing a treatment plan for pain management integrating drug and non-drug treatments, including initiation and titration of opioids.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. Fellows will be able to establish rapport with dying patients and their families or surrogates, using patient-centered communication to enhance the physician-patient relationship.

2. Fellows will recognize the value and strengths of the multidisciplinary team involved in providing palliative care and will develop effective communication tools to allow integration of psychiatric consultation within the scope of palliative care.
3. Fellows will be able to recognize the importance of providing bereavement services and making appropriate referrals.
4. Fellows will participate in coordination of key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, withdrawal of life-sustaining therapies, and palliative sedation, involving other team members as appropriate.

Goals and Objectives for Outpatient Experiences:

Academic Outpatient Experience

Setting: YNHH

The Academic Outpatient Experience of the Yale Fellowship 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 Outpatient Experience 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 Outpatient Experience 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 Outpatient Experience.

Collaborative Care Rotation

Setting: Yale Medicine

Collaborative Care Rotation of the Yale Fellowship 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 KNOWLEDGE OBJECTIVES:

1. Fellows will become aware of the main components of Collaborative Care including the following: team-based, patient centered approach; use of evidence-based interventions; population-based approach with a registry of patients; measurement-based care; and accountable care.
2. Fellows will become familiar with the utilization of health behavior change in primary care and its role in treating mental illness.

PATIENT CARE OBJECTIVES:

1. Fellows will demonstrate the ability to develop a differential diagnosis based on presentation of patients by the Behavioral Health Care Manager and chart review, and then propose initial components of an individualized plan addressing biological, psychological and social determinants of mental health rooted in the patient's stated goals.
2. Fellows will be familiar with brief rating scales used in Collaborative Care.
3. Fellows will be familiar with evidence-based brief interventions used in Collaborative Care.
4. Fellows will be familiar with mental health disorders commonly seen in primary care including issues warranting clinical attention but not necessarily constituting a mental health disorder.

SYSTEM BASED PRACTICE OBJECTIVES:

1. Fellows will become familiar with community resources available to address mental health and social concerns raised in the primary care setting.
2. Fellows will become familiar with treatment options for treatment-refractory psychiatric disorders.
3. Fellows will become familiar with the unique billing structure related to Collaborative Care.

PROFESSIONALISM OBJECTIVES:

1. Fellows will become familiar with skillful interactions in working as a consultant with members of the healthcare team
2. Fellows will understand the differences in practice culture between primary care and psychiatry.

PRACTICE BASED LEARNING:

1. Fellows will become familiar with the published literature related to implementation and outcomes of integrated care models.

2. Fellows will become familiar with the resources available from University of Washington's AIMS Center (Advancing Integrated Mental Health Solutions) and have the opportunity to attend the AIMS Center/APA monthly office hours discussing billing and financing of Collaborative Care.

INTERPERSONAL COMMUNICATION OBJECTIVES:

1. Fellows will demonstrate the ability to interact effectively and empathically with members of the interdisciplinary team in a primary care/clinic setting including communication with Primary Care Providers primarily via electronic means.

HIV Psychiatry Outpatient Rotation

Setting: YNHH Nathan Smith Clinic

The HIV Psychiatry Outpatient Rotation of the Yale Fellowship 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 of HIV; 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

- I. 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.

Perinatal Psychiatry Outpatient Rotation

Setting: Maternal Fetal Medicine Psychiatric Clinic

The Perinatal Psychiatry Outpatient Experience of the Yale Fellowship 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 gain knowledge about psychiatric illness during the perinatal period including unique psychiatric issues during this time.
2. Fellows will be familiar with the impact of psychiatric illness on complications during pregnancy.
3. Fellows will demonstrate knowledge about the use of psychotropic medication during the perinatal period.

PATIENT CARE OBJECTIVES

1. Fellows will gain skills in the evaluation of perinatal patients with psychiatric illness.
2. Fellows will acquire knowledge in the development of treatment plans for perinatal patients, with special consideration for changes in metabolism and the potential need for additional monitoring during pregnancy.

PRACTICE-BASED LEARNING AND IMPROVEMENT OBJECTIVES

1. Fellows will understand how to assess critically the current research in psychotropic medications during pregnancy.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. Fellows will develop the skills to communicate and collaborate with a multidisciplinary team including obstetricians, midwives, obstetric nurses, and social workers.

The fellows will work closely with the staff attending psychiatrist (Dr. Jennifer McMahon) and will participate in initial evaluations of perinatal patients and 1-2 subsequent visits. Patients are referred from both Maternal Fetal Medicine at YHH as well as OB providers in the community. The consultations will include patients for pre-conception counseling, patients with psychiatric illness during pregnancy, and post-partum patients. Interventions include the initial assessment, medication management, counseling, and referral to community mental health resources. The service also collaborates with social work who can assist with resources and psychotherapy. Fellows will also participate in inpatient consultations on the obstetric floor for any acute psychiatric questions during admission.

Transplant Psychiatry Outpatient Rotation

Setting: Yale Transplant Center

Transplantation Psychiatry Outpatient Rotation of the Yale Fellowship 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 state of knowledge and practice in hepatic, renal, and cardiac 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.
5. Fellows will assess and treat transplant patients while admitted to inpatient areas of the hospital, when relevant.

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 participate in transplant team meetings and in decisions about transplant or donor candidacy.
3. 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.

Geriatric Psychiatry Outpatient Elective

Setting: YNHH Adler Clinic

The Geriatric Psychiatry Outpatient Experience of the Yale Fellowship 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 views on the diagnosis and treatment of dementia and age related cognitive impairment, including the major subtypes of major neurocognitive disorder and their presentations.
2. Fellows will be familiar with current research in the use of psychopharmacological agents in the old adult.

3. Fellows will be familiar with current guidelines for evaluation and treatment of neurocognitive disorders.

PATIENT CARE OBJECTIVES

1. Fellows will be able to conduct a psychiatric evaluation of old adult 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 old adult.

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.

Bariatric Psychiatry Outpatient Elective

Setting: Temple Medical

The Bariatric Psychiatry Outpatient Experience of the Yale Fellowship 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 critical domains assessed during the psychological evaluation of candidates for bariatric surgery.
2. Fellows will be familiar with the current weight loss surgeries provided and the basis of choosing the appropriate surgery.
3. Fellows will be familiar with the process of preoperative preparation of a patient for weight loss surgery.
4. Fellows will be familiar with the postoperative care provided and possible psychiatric post-operative complications.

PATIENT CARE OBJECTIVES

1. Fellows will be familiar with the psychiatric issues common in bariatric surgery

candidates.

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 pharmacology and psychotherapy with this patient population both pre and postoperatively.
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

- I. Fellows will develop the skills communicate the results of their evaluation to the multidisciplinary team and to collaborate with surgeons, dietitians, exercise physiologist and other members in formulating a plan to prepare a patient from a mental health and a behavioral perspective to bariatric surgery.

Sickle Cell Psychiatry Outpatient Elective

Setting: YNHH Sickle Cell Clinic

The Sickle Cell Psychiatry Outpatient Experience of the Yale Fellowship 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 become familiar with the common psychiatric comorbidities among adults living with sickle cell disease.
2. Fellows will become knowledgeable of common medical complications in adults living with sickle cell disease and their impact on cognition and mental health.
3. Fellows will learn the medical management of acute and chronic pain in adults living with sickle cell disease.

PATIENT CARE OBJECTIVES

1. Fellows will develop the expertise in the management of psychiatric disorders in adults living with sickle cell disease.
2. Fellows learn about the potential interactions of common treatments for sickle cell disease with psychotropic medications.
3. Fellows will understand the unique psychological and social challenges faced by adults living with sickle cell disease and their impact on their healthcare.
4. Fellows will develop an understanding of the challenges of utilizing opioids in the management of acute and chronic pain, including identification of aberrant medication-taking behaviors, distinguishing between abuse/addiction from pseudoaddiction, and guidelines on the management of chronic pain with opioids.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. Fellows will become familiar with the multidisciplinary Adult Sickle Cell program, the role of different team members, and the continuum of care from inpatient to outpatient and vice versa.

Cystic Fibrosis Outpatient Elective

Setting: Winchester Chest Clinic, North Haven, CT

The Cystic Fibrosis Outpatient Experience of the Yale Fellowship Training Program shares all of the major goals of the six areas of competency of the program, but has the following specific additional objectives:

MEDICAL AND PSYCHIATRIC KNOWLEDGE OBJECTIVES

1. Fellows will be familiar with biopsychosocial aspects of psychiatric illnesses in patients with Cystic Fibrosis, including depressive disorders, anxiety disorders and cognitive impairment.
2. Fellows will be familiar with secondary causes of psychiatric illnesses in Cystic Fibrosis including inflammation, endocrine issues, pulmonary function, adverse effects of drugs, etc.
3. Fellows will be familiar with current evidence-base for use of psychopharmacological agents in patients with Cystic Fibrosis with a special focus on drug absorption and drug interactions.
4. Fellows will be familiar with neuropsychiatric adverse effects of biological modulators that are used in Cystic Fibrosis.

PATIENT CARE OBJECTIVES

- I. Fellows will be able to conduct a psychiatric evaluation of patients with Cystic Fibrosis, including assessment of psychiatric disorders as presenting in patients with chronic illnesses such as Cystic Fibrosis, assessment of social supports, and assessment of the effects of prescribed medications on mental state.
2. Fellows will be familiar with the therapeutic management of psychiatric disorders in Cystic Fibrosis with particular attention to the medical issues involved in the use of psychotropic medications in the Cystic Fibrosis.

PRACTICE-BASED LEARNING AND IMPROVEMENT OBJECTIVES

1. Fellows will understand the role of research in establishing guidelines for psychiatric care in Cystic Fibrosis, especially as the evidence-base is growing.

SYSTEMS-BASED PRACTICE OBJECTIVES

- I. Fellows will develop the skills to effectively work in a collaborative-care model in providing psychiatric consultation to a specialty clinic, the role of Mental Health Care manager and the psychiatrist in triaging cases, and the importance of effective communication and collaboration with primary team.

II. VETERANS ADMINISTRATION ROTATIONS

VACT Primary Care Mental Health Integration (PCMHI) Rotation

Setting: West Haven or Newington. The VACT Primary Care Mental Health Integration rotation of the Yale Fellowship 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:

PATIENT CARE.

Goal

Provide evidence based, wholistic, and collaborative patient care to individuals referred to mental health services by primary care providers in a co-located clinic at the West Haven VA

OBJECTIVES

- Demonstrate the ability to evaluate new patients, consider differential diagnoses, and propose initial components of an individualized, collaborative care plan addressing biological, psychological and social determinants of mental health

MEDICAL KNOWLEDGE

Goal

Learn about pharmacological treatments and brief psychotherapeutic interventions for mild mood, anxiety, cognitive, sleep, adjustment, and substance use disorders; and the interplay between mental health and medical problems

OBJECTIVES

- Demonstrate knowledge of the etiology and management of common mental health conditions and syndromes that present in the primary care setting, their treatments, and their comorbidities

INTERPERSONAL AND COMMUNICATION SKILLS

Goal

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals

OBJECTIVES

- Demonstrate the ability to interact effectively and empathically with patients, caregivers and members of the interdisciplinary team in the care of patients in a primary care/clinic setting

PRACTICE BASED LEARNING AND IMPROVEMENT

Goal

Demonstrate continuous commitment to self-evaluation and life-long learning

OBJECTIVES

- Identify personal learning goals for each day, relating to clinic settings and situations.
- Demonstrate commitment to improving patient outcomes by discussions with attendings and other colleagues about how these outcomes might have been improved

PROFESSIONALISM

Goal

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

OBJECTIVES

- Demonstrate preparation for each clinic day, including reviewing patient charts, provider schedules, and communicating consistently with the team
- Demonstrate accessibility to nurses, social workers, and other team members for patient-related questions
- Completion of tasks such as documentation or patient follow up in a timely manner

SYSTEM BASED PRACTICE

Goal

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

OBJECTIVES

- Demonstrate familiarity with mental health resources across the continuum of care at the VA

Opioid Reassessment (ORC) Clinic Outpatient Experience

Setting: VACHS ORC Clinic at the Orange Annex.

The Opioid Reassessment Clinic (ORC) is a primary-based clinic designed to assess safety and effectiveness of opioid therapy for chronic pain. The ORC 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

Interpret urine drug tests, both screening and confirmatory, particularly as pertaining to prescription opioids.

1. **Explain to patients the difference between acute and chronic pain** and the impact this distinction has on pain management and outcomes.
2. **Distinguish between neuropathic versus nociceptive pain** and their corresponding treatment approaches, emphasizing evidence-based psychiatric medications useful in pain management.
3. **Oversee a switch from full agonist opioids to buprenorphine**, including formulations exclusively marketed for pain.

PATIENT CARE OBJECTIVES

1. Perform a **general pain assessment appropriate for an addiction psychiatrist** including but not limited to: documentation of the quality and type of pain; alleviating and exacerbating factors; interference with function and other domains including mood; past treatments and outcomes; specific, mutually agreed upon pain care goals; and patient preferences for current/future treatments.

2. **Assess the safety and potential effectiveness of long-term opioid therapy to treat chronic pain** and be able to discuss overall impressions with patients including the risks and potential benefits of long-term opioid therapy (including the effect of opioid dosing).
3. Based on the safety/effectiveness assessment, **recommend** evidenced-based options to the pain care team regarding **possible treatment plans**
4. **Discuss with patients** the options for **non-opioid pain management** including self-management and engagement in multimodal pain care treatments, as well as the rationale for these strategies.
5. **Discuss with patients the rationale** behind optimal **management of mental health and substance use disorders** in improving the overall pain experience and long-term outcomes.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. **Collaborate with other disciplines and professionals in the management of patients with chronic pain** either at risk for or experiencing poor outcomes related to long-term opioid therapy.

Women's Clinic Psychiatry Outpatient Experience

Setting: VACHS Women's Clinic. The Women's Clinic Psychiatry Outpatient Experience of the Yale Fellowship 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 become familiar with the presentation and management of common psychiatric conditions in the medical outpatient setting.
2. Fellows will develop expertise in assessment and management of somatoform disorders in the primary care setting.

PATIENT CARE OBJECTIVES

1. Fellows will gain expertise in the primary care of women, including outpatient management of psychiatric conditions such as depression or panic disorder, evaluation of psychological factors affecting health behaviors or treatment adherence, appropriate use of prescription medications, diagnosis and treatment of somatoform disorders, and management of medical effects of psychiatric medications.
2. Fellows will also develop skills in working with women seen for a history of Military Sexual Trauma.

SYSTEMS-BASED PRACTICE OBJECTIVES

1. Fellows will gain expertise in serving as a consultant in the primary care setting, providing both routine consultation and curbside consultations to internal medicine and gynecology attending staff during routine clinic hour

Detoxification and Addiction Stabilization Service (DASS)

Setting: West Haven VA Hospital, Building 1, 7 East. The Detoxification and Addiction Stabilization Service of the Yale Fellowship 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 become familiar with ambulatory detoxification protocols
2. Fellows will become familiar with the process of buprenorphine induction and treatment of opioid use disorder

PATIENT CARE OBJECTIVES

1. Fellows will gain experience in the outpatient management of substance use disorders, including the processes of patient assessment, stabilization, detoxification, and maintenance treatment.
2. Fellows will develop skills in engaging patients with addiction in a recovery-oriented manner that is consistent with principles of harm reduction

SYSTEMS-BASED PRACTICE OBJECTIVES

1. Fellows will gain expertise in serving as an addiction consultant to outpatient medical and psychiatric services as well as the emergency department
2. Fellows will learn about stepped levels of care and determine the proper setting for follow up.

Palliative Care at the VA Elective – TBC

Specialty Clinic Outpatient Experience

Setting: *to be determined*

A Specialty Clinic Outpatient Experience may be designed as part of the Yale Fellowship 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

Prior to commencing the specialty experience, the program director, the clinical supervisor, and the trainee will agree on the curriculum goals for knowledge acquisition.

PATIENT CARE OBJECTIVES

Specific objectives will be detailed for the specialty area: fellows will become familiar with the psychiatric issues relevant to the specialty clinic population, will be able to assess such specialty patients with particular expertise in these relevant

issues, and will be familiar with therapeutic management options which may be affected by the medical factors related to that clinical population.

INTERPERSONAL COMMUNICATION OBJECTIVES

Fellows will develop communication skills related to interacting with patients in the specialty area.

SYSTEMS-BASED PRACTICE OBJECTIVES

Specific objectives will be detailed for the specialty area: 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.

Academic Experience

Setting: YNHH or VA

The Academic Experience of the Yale Fellowship 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 Academic Experience 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 Academic Experience 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 Academic Experience.

Design of Program

The program may or may not include a rotation at the VA Connecticut Healthcare System (VACHS). If it does include the VACHS, the rotation may occur in the first, middle or last months of the year for an individual trainee.

Rotation Schedule including VA Connecticut Healthcare System (VACHS)

3-Month* VACHS

Inpatient consultation – 30%

Outpatient rotations - 50%

Didactics- 20%

9- Month* Yale New Haven Hospital (YNHH) – 80%

Outpatient rotations- 10%

Didactics - 10%

*Note: the length of the rotation at the VACHS may be adjusted from 3 to 6 months, with the rotation at YNHH adjusted correspondingly, in certain cases: eg, if the program recruited 2 fellows the rotation at the VACHS and YNHH might be 6 months.

Yale Fellowship in Consultation Liaison Psychiatry

YALE NEW HAVEN HOSPITAL			
INPATIENT CONSULTATION ROTATIONS (8 half days a week)			
Focus	Supervisor		Duration
Psychiatry consultation service	Paul Desan Jennifer McMahon Paula Zimbrea		8.25 months
Behavioral Intervention Team	Andres Caro Olivia Hurwitz		1 month
Palliative Medicine	Laura Morrison Andrew Putnam or designee		2 weeks
Addiction Medicine	Melissa Weimer or designee		1 week
OUTPATIENT ROTATIONS -STANDING (half a day a week)			
Focus	Location	Supervisor	Duration
Collaborative Care	Yale Medicine (Telemedicine)	Pamela Peterson Crair	1 month
HIV Psychiatry <i>or</i> Perinatal Psychiatry	Nathan Smith Clinic Maternal Fetal Medicine Clinic	Andy Amaral Beltrán, Jennifer McMahon	2 months
Transplant Psychiatry	Yale Transplant Center	Paula Zimbrea	3 months
OUTPATIENT ROTATIONS-ELECTIVES (half a day a week, except Cystic Fibrosis, which is every other week)			
Focus	Location	Supervisor	Recommended duration
Geriatric Psychiatry	Adler Center	Adam Mecca	1-3 months
Bariatric Surgery	YNHH Center for weight management	Raymone Shenouda	1 month

Sickle Cell	Smilow	Andy Amaral Beltrán		1-3 months
Cystic Fibrosis	Winchester Clinic	Rabin Dahal		1-3 months
Perinatal Psychiatry	Maternal Fetal Medicine Clinic	Jennifer McMahon		1-3 months
Academic elective	YNHH	TBD		1-3 months
VETERANS ADMINISTRATION				
Focus	Location	Supervisor	Schedule	Recommended duration
Inpatient Consultation	West Haven VA	Pochu Ho	Half to 1 day a week (half day if fellow decides on doing Palliative Care)	3 months
Detoxification*	DASS, West Haven	Noah Capurso	Half a day a week	2 months
Primary Care*	PCMHI West Haven/Newington	Kristen Wilkins, Nicholas Perez-Palmer, Marco Ramos, Katherine Blackwell	2 day a week	3 months
Opioid reassessment clinic	ORC West Haven	Ellen Edens	Half a day a week	3 months
Women Clinical*	West Haven VA	Margaret Altemus	Half a day a week	3 months
Elective rotation * Palliative care	West Haven VA	TBD Andrea Ruskin	Half a day a week	3 months

*some outpatient rotations may be via telehealth or partially via telehealth; fellows to clarify with supervisor prior to beginning the rotation or opting for a specific elective

Consultation Liaison Psychiatry Fellowship Main Rotations and Outpatient Experiences Detail

Yale New Haven Hospital (YNHH)

Main rotation: Inpatient Consultation Service

The faculty consists of 4 full time attending psychiatrists and 2 part-time attending psychiatrists whose clinical specialty includes consultation liaison psychiatry. 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.

- 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 more than 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. Fellows will perform approximately 120 initial consultations per 3-month block and will provide follow up subsequent hospital visits as required for their patients. Fellows will assist in seeing consultations and supervision of more junior trainees. During the course of the year fellows will assume increasing responsibility in patient management.

YNHH Outpatient experiences

Nathan Smith (HIV) Clinic, YNHH, outpatient experience, 10% time, 2 – 8 months

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 a staff attending psychiatrist. 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.

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.

Average caseloads are 4 to 8 patients, depending on acuity, and the amount of time in the rotation, seen collaboratively with a staff attending. Fellows will participate in teaching and training of multidisciplinary care teams.

Transplantation Psychiatry Clinic, YNHH, outpatient experience, 10% time, 2 – 8 months

The faculty consists of 1 staff attending psychiatrist (Dr. Paula Zimbrea) 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. 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.

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.

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.

Medical Service Liaison, YNHH, 10% time, 2 – 6 months

This rotation is under the direction of Dr. Paul Desan; depending on the medical service, other program faculty will be involved. 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 debriefing or discussion

meetings 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.

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 depend on the clinical setting, as well as the experience and background of the fellow. 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.

Crisis Intervention Unit (CIU), YNHH, 10% time, 2 – 6 months

The CIU is the psychiatric section of the hospital emergency department. Fellows will also be supervised by staff attending psychiatrists in the unit. Fellows will see patients admitted to the psychiatric emergency department at YNHH for the evaluation and management of acute psychiatric illness.

Fellows would be expected to perform approximately 4 evaluations per week. An attending psychiatrist is present in the CIU. Fellows will work with and be supervised by CIU attending staff. The CIU also trains medical students, and residents from the general psychiatry program and from the emergency medicine program. Fellows will contribute to the education and supervision of medical students and residents.

Research Rotation, YNHH, 10% time, 2 – 6 months

The rotation will be supervised by Drs. Paul Desan and Forray. Fellows will have the opportunity to collaborate with a variety of research investigators from the Department of Psychiatry. 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 consultation liaison psychiatry.

Fellows will meet regularly with the supervising attending for review of research activities. Assessment of fellow performance will be made by the specific research supervisor on a continuing basis.

Other Specialty Clinic, YNHH, 10% time, 2 -6 months

Depending on the fellow's specific interests, outpatient opportunities in other clinics can be arranged. These might include the Bariatric Clinic, which provides evaluation and initial psychiatric care for patients undergoing bariatric surgical procedures; the Sexuality, Intimacy, and Menopause Clinic, which offers care for reproductive system issues arising from cancer survivorship; the Palliative Care Clinic, which provides end-of-life care for inpatients and outpatients and the Sickle Cell Clinic, which offers integrated medical and psychiatric care with consistent providers across both inpatient and outpatient domains. The Apt Foundation is another outpatient opportunity which offers substance abuse and dual diagnosis care for addicted individuals. Medication-assisted treatment, with methadone and buprenorphine, for opiate-dependent patients are a particular focus. Fellows will observe initial assessment, medication administration, and ongoing addiction psychosocial care at the One Long Wharf and 495 Congress Avenue sites. Fellows can also rotate at the Adler Center which provides integrated geriatric medical and psychiatric care. Assessment of possible mild cognitive impairment and dementia, as well as other psychiatric diagnoses, in the elderly would be key aspects of the experience.

VA Connecticut Healthcare System (VACHS)

Main rotation: Inpatient Consultation Service

The faculty is led by the Director (Dr. Pochu Ho) who is a staff psychiatrist with added qualifications in Consultation Liaison Psychiatry. Fellows are educated at the bedside by the attending psychiatrist, through the year. Fellows attend and may lead service didactic rounds, one hour weekly, in which trainees (including Fellows) on the service, in rotation, lead a case presentation, combined with pertinent literature review, on topics of interest in consultation liaison psychiatry. Fellows in Consultation Liaison Psychiatry will have access to textbooks, APA Practice Guidelines, and computers and given access to libraries at the VACHS and YSM; they have their own dedicated workstation. Fellows also attend the Fellowship Program didactics weekly.

The VACHS is a tertiary care hospital providing care to the 270,000 Veterans in the Connecticut area. Patients span the generations of Veterans from World War II to the current conflict in Iraq, men and women. The VACHS has a mission to serve the underserved, for example, through homeless programs, outreach services and compensated work therapy. The Psychiatry Consultation-Liaison Service performs approximately 600 initial consultations, and 1500 follow-up evaluations per year. Diagnoses of consult patients in a recent sample of 100 inpatients were: substance use disorders 38%; mood disorders 25%; delirium 14%; neurocognitive disorder 11%; anxiety/PTSD 6%; psychosis 5% with a ratio of women to men 1:20. In this sample, Decision-making capacity accounted for 20% of consultation requests. The age ranges were: 18-50yr: 9%; 51-70yr: 65%; over 71yr: 26%. The age ranges were 18-45yr: 2%; 46-70yr: 59%; over 71yr: 39%. Treatment modalities offered by the service include biological treatments (pharmacological therapies, ECT referrals) psychotherapies (brief, individual, CBT, supportive), behavior management/training, and safety assessments (suicidality, homicidality, grave disability). Interventions include collaboration with social workers (family meetings), legal counsel/Probate Court (decision-making capacity, guardians), the Ethics Committee (right-to-die, right to refuse treatments), and the VACHS Hospice (end-of-life, palliative care).

Fellows conduct consultations in the acute hospital and rehabilitation settings, directly supervised by service attending psychiatrists, and conduct follow-up evaluations. Fellows are supervised in their ability to adequately review the electronic chart, glean data from additional sources, and conduct a thorough, focused consultation examination. They are supervised on their ability to interact with multidisciplinary staffs (primary team, social work service, nurses) to liaison to outpatient or inpatient care providers, to synthesize the data, and formulate a treatment plan. Thorough, yet concise documentation of consultation data and treatment plan is reviewed daily and countersigned by the attending. Fellows may conduct family meetings, and participate in related Ethics Committee reviews, when indicated, all supervised by the attending psychiatrist. Fellows meet individually with the service attending daily during weekdays. All patients seen in consultation by the Fellow are seen by the service attending.

The Psychiatry Consultation-Liaison Service at the VACHS is an active training site of the Yale University School of Medicine medical students, PGY 2 and 4 psychiatry residents, Consultation Liaison Psychiatry fellows and PGY 5 fellows in addiction. The inpatient C-L Service may be a required training site for Fellows in Consultation Liaison Psychiatry, 3-4 months per year, for 30% time. Fellows provide psychiatric consultation to inpatient and rehabilitation settings, totaling 200 beds; this includes consultation to intensive care units, acute inpatient medicine and surgery services, and outpatient rehabilitation settings (Eastern Regional Blind Rehabilitation Center, Geriatric Rehabilitation Service), all on site. Fellows are directly supervised by the service director Dr. Pochu Ho.

Consultation Liaison Psychiatry Fellows have major responsibilities in 1) the education and supervision of colleagues in training, and 2) the administration of the clinical mission. Consultation Liaison Psychiatry

Fellows teach service colleagues (fellows, residents, and medical students) at the bedside, and in weekly didactic rounds, and administer the triage of consultations on the service.

VACHS Outpatient experiences

Women's Clinic, VACHS

This outpatient experience is under the direction of Dr. Margaret Altemus. Fellows will see patients for psychiatric consultation in this outpatient primary care clinic for female veterans. Typical evaluations are for outpatient management of psychiatric conditions such as depression or panic disorder, evaluation of psychological factors affecting health behaviors or treatment adherence, appropriate use of prescription medications, diagnosis and treatment of somatoform disorders, and management of medical effects of psychiatric medications. In addition to traditional consults, there will be opportunities to see patients with “warm-handoffs” from internal medicine and gynecology attending staff. In the women's Health Center, a significant percentage of women patients were seen for a history of Military Sexual Trauma. In addition, the clinic will provide consults for female veterans with issues related to reproductive psychiatry. Consultations for female veterans may be performed in person or via Telepsychiatry.

Fellows will see approximately 4-5 outpatients per day, under the close supervision of staff psychiatrists. Faculty supervisors are present in the clinic for ongoing case discussion and supervision.

Opioid Reassessment Clinic, VACHS

The VA Opioid Reassessment Clinic (ORC) is a multi-disciplinary clinic embedded in primary care that aims to improve function and opioid safety among veterans with chronic pain on long-term opioid therapy for pain who are experiencing problems related to efficacy, safety or misuse of that therapy. The ORC performs initial in-depth assessment and longitudinal management of chronic pain, physiologic opioid dependence, opioid use disorder and co-occurring substance use disorders. It is co-directed by Dr. Ellen Edens (Addiction Psychiatry) and Dr. Will Becker (Internal Medicine/Addiction Medicine).

- Fellows will see 3-4 patients under supervision of attendings in assessing new and existing patients. In addition, fellows will assist with patients admitted to the inpatient unit who require the expertise of ORC.

Detoxification and Addiction Stabilization Service, VACHS

Detoxification and Addiction Stabilization Service (DASS) is under the direction of Dr. Noah Capurso. The DASS provides outpatient detoxification from alcohol and opioids to appropriate patients who are referred by the psychiatric emergency room, outpatient clinics, and inpatient units. Patients who are accepted by buprenorphine clinic also are induced under supervision by DASS. Furthermore, DASS serves a bridge for patients until they can be connected to outpatient services available at VACHS.

Fellows will see 1-3 patients with varying degree of acuity and stage of detoxification from alcohol and opioids. They will gain the expertise of buprenorphine induction and managing medication-assisted treatment for addiction.

Primary Care-Mental Health Integration

Under the directions of Dr. Kristen Wilkins (West Haven VA) and Dr. Katherine Blackwell (Newington VA), Primary Care-Mental Health Integration (PCMHI) works closely with Patient Aligned Care Teams (PACTs) with direct patient care and consultations to veterans needing mental health services. Primary Care-Mental Health Integration (PCMHI) is a problem-focused, solution-oriented, and patient-centered approach to mental health treatment. Psychiatrists and other mental providers are co-located in primary care clinics to provide timely mental health care. Veterans may receive short term treatment via PCMHI and those requiring more extensive and specialized mental health treatment can be referred to other clinics within the VA system.

Fellows will see 2-3 patients during each half-day at PCHMI. They will work collaboratively with PACTs, provide short term treatments, and refer patients to the extensive mental health services available in the VA system.

Scheduled Seminars and Conferences

Topics during Academic Year 2021-2022 are listed below (topics vary from year to year).

Seminar in Consultation Liaison Psychiatry

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 Consultation Liaison Psychiatry at an advanced level. Seminars will include core issues in consultation. Drs. Desan, Zimbrea, Matos McMahon, Shenouda, Caro, Forray, Dahal, Mazur and staff.

1 hour; Weekly (approx.); 50 sessions with an additional 10 review sessions

Consultation Liaison Psychiatry Case Conference

Brief Description: This seminar will focus on selected cases from the service, presented by staff or fellows. Fellows will have the opportunity to present cases and lead discussion. Drs. Desan and staff at YNH.

1 hour; 1-2 per month; at least 15 sessions

Psychological Medicine Service Rounds

Brief Description: The Psychological Medicine Section holds monthly “Service Rounds” which provide a forum for our faculty to present on their current research and academic activities. It also provides a venue to host outside speakers to present on topics pertinent to psychosomatic and behavioral medicine.

1 hour; Monthly (September-June); at least 9 sessions

Consultation Liaison Psychiatry Research Conference

Brief Description: This seminar will review selected research studies in the area of Consultation Liaison Psychiatry, 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. Dr. Desan and staff.

1 hour; Monthly; 6-9 sessions

Department of Psychiatry Grand Rounds

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.

1 hour; Weekly, except in the summer; approx. 36 sessions

Additional didactic events may be available by special arrangement for trainees with specific interests in the following topics: substance abuse, geriatric psychiatry and medicine, investigative medicine, and responsible conduct of scientific research and bioethics.

Sample Didactic Topics (Seminars presented in Academic Year 2022 – 2023) **Seminars in Consultation Liaison Psychiatry**

Principles of evaluation:

How to do a consult

Efficiency in the Consult Service

Psychiatric disorders in the medical setting:

Delirium

Agitation and withdrawal

Catatonia

Somatoform disorders
Conversion disorders
Capacity
Pain
Dementia
Non-epileptic Seizures
Substance Abuse

Clinical settings of consultation liaison psychiatry:

Transplant psychiatry 1
Transplant psychiatry 2
Transplant psychiatry 3
Transplant Wrap-Up
Epilepsy seizure identification
Bariatric evaluations 1
Bariatric evaluations 2
Pain Management
Palliative Care
HIV
Sickle Cell
Seasonal Affective Disorders
Cardiac psychiatry
Rheumatology
Perimenopause

Pharmacological considerations:

Medications during pregnancy 1
Medications during pregnancy 2
Mood Stabilizers

Systems issues in consultation liaison psychiatry:

Legal issues
Medical Decision Making
Resources in the community 1
Referrals: matching to community addiction treatment resources
Procedure (CPT) coding
ICD-9 Diagnoses
Physician Wellness
Career planning
Health Considerations when working with Transgender and Gender Expansive Individuals

RESEARCH SEMINAR SERIES

Research: Research Designs
Research: Clinical Trials 1
Research: Clinical Trials 2
Research: Clinical Trials 3
Research: Clinical Trials 4
Research: Clinical Trials 5
Research: Clinical Trials 6
Research: Case-Control studies 1
Research: Case-Control studies 2

Consultation Liaison Psychiatry Fellowship Training Committee

The Consultation Liaison Psychiatry Fellowship Training Committee (consisting of the Program Director and at least 2 members of the faculty of the fellowship) meet several times per year and will meet more frequently as required. The responsibilities of the Consultation Liaison Psychiatry 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 about formative and summative evaluations.

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.

Program Evaluation Committee (PEC)

The program director must appoint the PEC. The PEC must be composed of at least two program faculty members and should include at least one fellow, must have a written description of its responsibilities and should participate actively in planning, developing, implementing and evaluating educational activities of the program. They should also review and make recommendations for revision of the competency-based curriculum goals and objectives, address areas of non-compliance with ACGME standards and review the program annually using evaluations of faculty, residents and others.

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 integrated program

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, 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 will log patient encounters either electronically or in Medhub.

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.

Yale Consultation-Liaison Psychiatry Fellowship

Vacation & Leave Policy

Effective 1/28/19

Vacation Policy

All fellows receive a total of four weeks (20 working days) off each year. These days include attendance at any professional conferences or meetings, including those at which a fellow is giving a presentation. Time necessary to take board exams or interview for jobs is also included in vacation time.

Vacation schedules for all fellows must be approved in advance by the Program Director or Program Coordinator. As a general policy, no vacations should be scheduled during the first or last two weeks of the academic year or of any rotation.

Sick Leave

Fellows who are sick should take sufficient time off to recover. When out sick, fellows should be in touch with the Program Director and faculty at their clinical site that coverage for clinical duties can be arranged.

Extended time off should be discussed with and approved by the Program Director and may be subject to the institutional Family Medical Leave Act (FMLA) policy. A note from a treating physician may be required to document the need for extended sick leave and ability to return to work. See below regarding possible extension of training due to leave.

Parenthood Leave

All new parents, including those who give birth, adopt, foster, or have a child through surrogacy, may take up to six weeks paid parenthood leave. A new parent may extend the parenthood leave by adding to it any unused vacation time. Any extension beyond this would be administered through the FMLA (see below) and would be unpaid. See below regarding possible extension of training due to leave.

If a fellow's appointment expires in the course of the parenthood leave, a limited reappointment will be permitted, if necessary, for the fellow 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.

Pregnant Fellows

In the latter part of her pregnancy, a fellow, in conjunction with the Program Director, may consider the option of arranging a modified workload. During this time, the fellow will 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 parenthood leave at full pay. See below regarding possible extension of training due to leave.

If there is a question of a pregnant fellow'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.

Benefits during Unpaid Leave

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 make the regular contribution for such coverage for the unpaid leave period, either in a lump sum in advance or on a schedule satisfactory to the Benefits Office.

Family Medical Leave Act (FMLA)

The residency program provides an eligible employee with up to 16 weeks of unpaid leave each year for any of the following reasons:

- For the birth and care of the newborn child of an employee.
- For placement with the employee of a child for adoption or foster care.
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- To take medical leave when the employee is unable to work because of a serious health condition.

Leave under this policy is unpaid except as follows:

- Parental leave: 6 weeks paid (including birth parent, adoptive, or fostering parents) in addition to any period of disability for the birth mother.
- Sick/Medical leave: Up to 26 weeks paid for a fellow who is unable to work due to their own health condition.

Accommodations for New Mothers

New mothers returning from parenthood leave are permitted to leave their clinical duties to pump breastmilk at reasonable intervals, at least every 3 hours. The Program Director should be contacted if this frequency or accommodations are inadequate.

Extension of Training Due to Leave

Cumulative time off due to sick, parenthood, pregnancy, or paid FMLA leave (not including vacation time) in excess of six weeks (in a single block, multiple separate periods, and/or through periods of part-time work) must be made up by extension of training. Unpaid leave must be made up by extension of training.

Other Policies

YALE-NEW HAVEN MEDICAL CENTER (YNHMC)

POLICIES AND PROCEDURES

Subject: Clinical Experience and Education Work Hour Limits

Policy #: II.003

Effective Date: July 16, 2003

Distribution: All Accredited and GMEC Approved Programs

Page: 1 of 4

Revision Date: July 1, 2017

July 1, 2017

Introduction:

YNHMC recognizes that providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Clinical education including core didactic learning must have priority in the allotment of residents' time and energies.

Clinical and Educational Work assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients and the well-being of residents. The following policy will define the parameters that are to be used in constructing and monitoring Clinical Experience and Education.

Policy:

Each program director is responsible for establishing a written policy that addresses clinical and educational work policies within the Program. These policies of the training program must be consistent with ACGME and YNHMC policies and must be distributed to all residents in the Program.

1. **Maximum Hours of Clinical and Educational Work per Week.**

Clinical and educational work hours must be limited to *no more than 80 hours per week, averaged over a four-week period*, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. Time spent reading and preparing for presentations and conferences from home do not count towards the clinical and educational work hours.

2. **Mandatory Time Free of Clinical Work and Education.**

The program structure must provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

Residents *should have eight hours off between scheduled clinical and education periods.*

There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements.

Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.

Residents must be scheduled for a minimum of one day in seven free of clinical work and required education when averaged over four weeks. At-home call or back-up coverage cannot be assigned on these free days.

3. Maximum Clinical Work and Education Period Length.

Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time.

4. Moonlighting.

Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety.

Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly limit.

PGY-1 residents are not permitted to moonlight.

5. In-House Night Float.

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirements.

The maximum number of consecutive weeks of night float and maximum number of months of night float per year may be further specified by individual Review Committees. The Clinical and Educational Work policies of each YNHMC Program must incorporate this specialty-specific information.

6. Maximum In-House On-Call Frequency.

Residents must be scheduled for in-house call no more frequently than every third night when averaged over a four-week period. Further limits may be specified by individual Review Committees. The Clinical and Educational Work policies of each YNHMC Program must incorporate this specialty-specific information.

7. At-Home Call.

Time spent on patient care activities by residents on at-home call must be counted toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.

Residents are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

8. Oversight.

Each *Program* is responsible for ongoing monitoring of clinical and education work limits and requirements. The annual program evaluation must include an assessment of compliance with these requirements and an action plan to address any areas of non-compliance must be included.

The *GME Office* is responsible for monitoring adherence with clinical and education work limits and requirements including reviewing annual ACGME resident survey data, annual ACGME Letters of Notification, monthly MedHub reports, and Annual Program Evaluation assessments of compliance. The GME Office will collaborate with individual programs that have clinical and education work hour compliance deficiencies to develop, implement, and monitor mitigation plans.

All *residents* shall be required to review Program policies regarding the Clinical and Education Environment Work Hour limits and to sign an attestation acknowledging understanding of these policies and commitment to adhere to the policies.

Faculty including Program Directors, Associate Program Directors, and Core Faculty shall be required to review Program policies regarding the Clinical and Education Environment Work Hour limits and to sign an attestation acknowledging understanding of these policies and commitment to assist residents in adhering to the policies.

9. Fatigue Mitigation and Backup Support.

Programs must educate residents and faculty:

- to recognize the signs of fatigue and sleep deprivation
- in alertness management and fatigue mitigation processes
- encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning

Programs must have backup clinical coverage systems that are available to assist residents who are fatigued, and when needed, take over clinical care responsibilities.

The GME Office will supply taxi vouchers for residents who may be too fatigued to safely return home.

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 comprise 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 Consultation Liaison Psychiatry Fellowship Training Director. A form must be completed outlining the hours involved, the work to be performed 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.

YALE-NEW HAVEN MEDICAL CENTER
Consultation Liaison Psychiatry Fellowship
(YNHMC)

POLICIES AND PROCEDURES

Subject: Resident/Fellow Participation in Professional Activities Outside the Program (Moonlighting)

Policy #

Effective Date: July 16, 2003

Distribution: All ACGME Accredited Programs

Revision Date: July 1, 2017

Introduction:

YNHMC and its clinical training programs recognize that 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, YNHMC 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. PGY 1 Residents are not permitted to moonlight.
3. Residents/fellows on J-1 Visas are NOT permitted to moonlight, as established by Federal Regulations 22CFR 514.16.
4. Residents/fellows on H-1B Visas are only permitted to moonlight within the Institution that sponsors the Visa (must be the same employer and payor).
5. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program and must not interfere with the resident's fitness for work nor compromise patient safety.
6. Time spent by residents in internal and external moonlighting must be counted towards the 80-hour maximum weekly limit and be recorded in MedHub.
7. A prospective, written statement of permission to moonlight must be obtained by the resident from the program director and maintained in the resident file.

8. The statement must state 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.
9. Residents/fellows are not permitted to bill for professional services provided within the scope of their training program and during working hours.
10. Yale-New Haven Hospital will not provide liability coverage to residents/fellows while on professional activities (moonlighting) outside of the training program.
11. A statement that this policy is understood must be signed by the trainee and the Program Director and maintained in the resident's file. Non-compliance with the signed policy may result in disciplinary action including probation and possible dismissal.

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

Applicants must be one of the following:

Graduates of medical school in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME).

Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA).

Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:

Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates OR

Have a full and unrestricted license to practice medicine in a US licensing jurisdiction.

Graduates of medical schools outside the United States who have completed a Fifth Pathway Program provided by an LCME - accredited medical school.

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).

The fellows are selected based on preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity.

We do not discriminate regarding sex, race, age, religion, color, national origin, disability, or veteran status.

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 consultation liaison psychiatry 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 consultation liaison psychiatry, 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 consultation liaison psychiatry. 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 outpatient 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.

Yale New Haven Hospital Psychiatry Consult Service Weekday Sign-Out Procedure

Trainees will be assigned to one-week blocks (excluding weekends and YNHH holidays) when they will be responsible for morning and evening sign-out with the CMHC MOD.

In the event that there are schedule conflicts during assigned periods (e.g. vacation, post-call), trainees are expected to trade their days/weeks with other trainees.

Morning Signover: The Sign-Out Trainee will call the CMHC MOD cell phone (203-675-1158) shortly before 8 am on weekdays and ask the MOD to sign out any important overnight events. Such events would include consults completed overnight, urgent consults still needing to be seen, and significant overnight events for existing consult patients. The Sign-Out Trainee will then coordinate with the relevant psych consult service (i.e. CL, BIT A, or BIT B) to ensure adequate follow-up.

Evening Signover: The Sign-Out Trainee for the week will be tasked with calling the MOD shortly after 5 pm on weekdays to provide phone sign-out using information recorded in the sign-out notes. **It is critical that any relevant sign-out information which needs to be communicated to the MOD be typed into the to-do list of the psych MD sign-out note in EPIC.** Such information might include guidance for potential serious overnight events (e.g. agitation, trying to leave AMA, substance withdrawal problems) and suggested strategies for advising the patients' primary teams.

In the event that a patient is so complicated that the patient's primary consultant believes the Sign-Out Trainee needs further briefing to provide the MOD with adequate sign-out, we would ask the primary consultant/consulting trainee to communicate with the Sign-Out Trainee before 4:30 pm. If there are significant events which are in progress after 5 pm (i.e. after the Sign-Out Trainee has called the CMHC MOD) and which ought to be signed out, we would ask the primary consultant/consulting trainee to call the CMHC MOD directly (203-675-1158).

The Sign-Out Trainee will hold and answer the psych consult service beeper for the week he or she is tasked with Sign-Out.

Written Sign-Out: The sign-out list of active consults in EPIC is used to track which patients have been seen, by whom, and what tasks still need to be accomplished.

If you are the first to see the patient, the sign out note should be updated to reflect the patient is assigned to you.

The first line should be the date the consult was first seen, followed by your initials. Also, if a PEC was written, the date the PEC was signed should be here.

The second line will start the brief summary of your assessment and plan. There should be a space between this and the very last line in the sign out note, which should be information (helpful if in CAPS) to relay to the MOD or weekend staff. At a minimum, it should either state NTD (nothing to do) or SEE DAILY (if sitter is in place).

The sign out should be updated daily to reflect the most recent information (usually assessment can remain the same and the plan part is updated). We recommend documenting updates by date.

You can print this list by clicking the tab "Patient Report," unclick "Default" and click on "Psychiatry Signout Report" (don't choose the option w/ meds).

It is essential that attending staff update the sign out list when they have seen a consultation and written an addendum (adding their initials after the trainees on the first line).

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 (<https://your.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 online may do so through the Portal on the Yale University website (<https://your.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. (<https://your.yale.edu/>).

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 (<https://your.yale.edu/>) If direct deposit is not utilized, checks will be mailed to the Business Office, Room 2, Suite 901, 300 George St.

Stipend and Education Fund

The 2022-2023 stipend for a PGY-V is \$93,604..

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 203-688-2623.

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 N560 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: <https://your.yale.edu/community/getting-around-yale/shuttle>

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). The central university library, 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 and YNHH Gym and Fitness Centers

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

Fellows are also eligible to join the YNHH Living Well Fitness Center located next to the hospital for a nominal fee.

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.

Spouses and same sex civil union partners of students and faculty/staff are eligible for a Yale University access card. While these access cards do not allow for building access, they can be used at the libraries, museums, gym (membership fee may apply), Yale transit and other venues throughout campus. Building access exceptions would be Yale Day Care Centers and Yale Graduate on campus Housing.

APPENDIX A
Yale School of Medicine Grievance Policy and Procedure

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 (collared) 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:
 - 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 workplace.

APPENDIX D

Post-Doctoral 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 form. These forms should be filled out within the first 10 days of employment.

<https://your.yale.edu/work-yale/benefits/my-benefits-job-classification>

APPENDIX E

YALE-NEW HAVEN MEDICAL CENTER
(YNHMC)

POLICIES AND PROCEDURES

Subject: Digital Content on the Internet, Electronic Networking and Other Media

Policy #:

Effective Date: 2/12/14

Distribution: Accredited and GMEC Approved Programs

Page 1 of 2

Revision Date:

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 health care 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

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