

# NSU

## Florida

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Dr. Kiran C. Patel College  
of Osteopathic Medicine

**NOVA SOUTHEASTERN  
UNIVERSITY**

**Office of Graduate Medical Education**

# Orlando Psychiatry Residency Handbook 2024-2025

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## WELCOME TO THE NSU-KPCOM PSYCHIATRY RESIDENCY

The Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (NSU-KPCOM) Psychiatry Residency Program, based within the Orlando VA Healthcare System (Orlando VAHCS) and the Florida Department of Corrections, is an exciting community-based, university-affiliated program dedicated to excellence in training, patient care, and scholarly work. The program provides excellent clinical training sites combined with outstanding didactics and active learning methodologies covering the entire spectrum of psychiatry, from neuroscience and psychopharmacology to the art and practice of psychotherapy. Our aim is that each graduating resident will have the knowledge, clinical skills, and necessary expertise to practice Psychiatry in the 21st century. A Florida Physician Workforce Analysis prepared in October 2014 projected that the greatest physician shortage in Florida by 2025 would be in Psychiatry, with a 55% deficit in numbers, or a shortage of about 2000 psychiatrists statewide. The faculty, staff, and residents in the NSU-KPCOM Orlando Psychiatry Residency Program will have a major impact by increasing the number of practicing psychiatrists and access to psychiatric services in central Florida.

During the four years of training, residents will participate in the evidence-based and patient-centered inpatient and outpatient care of patients with psychiatric disorders. The goals and objectives for the residency are presented below. Residents will participate in the assessment and treatment of patients with a wide range of disorders and will gain a full understanding of what psychiatric treatment can offer their patients in terms of emotional health/quality of life.

Learning activities will include supervised clinical experience, residency-specific didactics, and self-directed learning including use of self-learning modules. The specific types of patients and clinical conditions that residents need to encounter, and the physical/mental examination skills, and testing and procedural skills students need to master, are detailed below.

There will be both ongoing assessment of resident performance and feedback, including progress in psychiatric milestones. Each resident is expected to formulate both short- and long-term goals and to have a continuous focus on their professional development, commitment to lifelong learning, and patient care performance improvement indicators.

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## EDUCATIONAL GOALS AND OBJECTIVES

### **Educational Purpose and Goals**

The four-year educational program aims to prepare physicians for a career in general psychiatry with board certification. The following description of the educational program or curriculum outlines the expected acquisition of knowledge and skills by residents in the program. The faculty endorses a team approach to patient care. Since every patient has an attending physician who is legally responsible for that person's care, the effectiveness of the residency depends upon shared responsibility by both the residents and the attending staff. The program recognizes that residents must have opportunities for learning and practicing critical decision-making and endorses meaningful and progressive patient care responsibility as defined by the Accreditation Council for Graduate Medical Education (ACGME).

The program's goal is to develop board certified psychiatrists who are competent working primarily in the public sector within the psychiatrically under-served Central Florida region with a special focus on the Veterans Health Administration and state correctional institutions. This will be accomplished by primarily training residents within the Orlando VA Health Care System and the State of Florida Department of Corrections psychiatric facilities at Lake Correctional Institution, Florida Women's Reception Center, Lowell Correctional Institution, and Central Florida Reception Center. Residents will also train in a for-profit free standing psychiatric hospital to ensure their competency to work in the private practice sector as well as the public sector. Residents will train with patients and faculty who are reflective of the ethnically diverse (47% white, 27% Hispanic, 16% black, 4% Asian) Central Florida region.

The program's objectives are to have:

- 100% of residents pass their board certification exam within 7 years or less of program completion
- 50% of graduating residents are initially employed either in a Veterans Health Administration system or a correctional institution setting
- 50% of graduating residents are initially employed within the Central Florida region
- the program faculty reflect the ethnic diversity of the community in which they serve.

The program graduate will demonstrate the knowledge, skills, and attitudes necessary to provide independent patient-centered care in multiple mental health settings in the specialty of psychiatry. Competence is demonstrated in the domains described in the Program Requirements of the ACGME: Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-based Practice. Residents will particularly become skilled in the practice of psychiatry in Veterans Healthcare Administration facilities and correctional institutions while also having training experiences in community behavioral health care settings working with private practitioners.

The program provides flexibility in curriculum focus to allow the accommodation of each trainee's individual learning needs in order to maximize achievement. The curriculum will encompass the following psychiatric care settings in order to give a broad and diverse educational experience, as well as improving patient quality of care by training well-rounded and diversely experienced physicians.

**Inpatient Psychiatry:** The resident will focus on care in the inpatient psychiatric setting with responsibility for the patient's psychiatric and functional improvement, and to the diagnosis and management of acute psychiatric illness. The resident will evaluate and treat patients, including those with severe mental illness who may require additional psychosocial services to live successfully in the community. The Orlando VA Medical Center and Central Florida Behavioral Hospital are Baker Act (Florida involuntary commitment statute) receiving facilities. The Lake Correctional Institution and Florida Women's Reception Center psychiatric inpatient units also provides involuntary commitment and treatment services under the Florida Baker Act for state prison inmates. Residents will provide care to both voluntary and involuntary inpatients at all inpatient settings.

**Outpatient Psychiatry:** The resident will focus on treating psychiatric conditions over the long term and learn to appreciate how psychosocial factors play a role in a patient's functional recovery. Residents will learn to use pharmacological regimens in the outpatient setting of Orlando VA Behavioral Health Interdisciplinary Program (BHIP)

teams and other clinics, including the concurrent use of medications and psychotherapy under supervision. Residents will gain telehealth experience working with inmates at Lowell Correctional Institution and Florida Women's Reception Center.

**Consultation-Liaison Psychiatry:** The resident will practice becoming effective psychiatric consultants to other healthcare providers in order to maximize patient quality of care in the healthcare system. The resident will learn about the interplay between medical and psychiatric illnesses at the Orlando VA Medical Center.

**Intensive Outpatient Care/Partial-Hospitalization/Residential Treatment:** The resident will manage patients who require an elevated level of psychiatric treatment and appreciate the need for lesser restrictive means of treatment for patients who require longer-term transformational care and who do not meet the acute psychiatric admission criteria of an inpatient unit. This will occur at the Orlando VA Medical Center, Lake Correctional Institution, Florida Women's Reception Center, and Central Florida Behavioral Hospital.

**Child and Adolescent Psychiatry:** The resident will focus on treating psychiatric conditions in children and adolescents in both inpatient and outpatient settings at Central Florida Behavioral Hospital. Residents will be exposed to unique techniques as it relates to psychotherapy and psychopharmacology in this population. More globally, residents will gain a greater appreciation for how psychosocial and developmental factors play a role in a patient's distress and recovery.

**Forensic Psychiatry:** The resident will learn the practice of psychiatry in the forensic setting of the Lake Correctional Institution and Florida Women's Reception Center treating state prison inmates in outpatient, residential, and inpatient settings within the prisons. The resident will develop a thorough understanding of the Florida Baker Act statute and have experiences in all program settings in evaluating patients' potential to harm themselves or others and appropriateness for involuntary commitment. The resident will observe and then as a fourth-year resident, participate in Baker Act hearings as allowed by state law and local court officials. The resident will learn to evaluate patients for decisional capacity and competency on the Consultation Liaison services at the Orlando VA.

**Geriatric Psychiatry:** Under the supervision of a geriatric psychiatrist and geriatric psychologists, the resident will evaluate and treat older adults in a VA nursing home setting and participate in home visits for Veterans in a VA home-based primary care program. By evaluating and treating older adults, the resident will gain an appreciation for special medical needs in this population resulting from changing metabolism, increasing medical comorbidities, medicine interactions, and unique psychosocial issues (e.g., retirement, bereavement, isolation, dementia).

**Community Psychiatry:** Residents will participate in the evaluation and treatment of Veterans with severe mental illnesses, caring for them in a VA interdisciplinary assertive community treatment team. Residents will also have experiences in a VA psychosocial rehabilitation and recovery program along with peer support specialists and vocational rehabilitation programs. Residents will gain a greater appreciation for the cost of treatment, available community resources, and how such challenges can contribute to patient frustration, well-being, and ultimately recovery. Additionally, residents will learn to work collaboratively with other mental health providers.

**Emergency/Triage Psychiatry:** The resident will work in partnership with other mental health providers in the evaluation and treatment of individuals presenting to the Orlando VA Medical Center Emergency Department. Once cleared medically, patients will present for evaluation by the resident (with supervision provided by an attending). The resident will work to ensure the safety of all involved, obtain as complete an evaluation as possible, and formulate a treatment plan that may include discharge, admission to the inpatient unit, referral to community resources and/or continued observation in the Emergency Department area. Residents will become comfortable with treating psychiatric emergencies, including but not limited to catatonia, aggression/agitation, self-injury, serotonin syndrome, and neuroleptic malignant syndrome.

**Addiction Psychiatry:** The resident will work with faculty, including addiction psychiatrists and an addiction medicine physician to evaluate and treat individuals with substance use disorders in Orlando VA outpatient substance use disorder clinics, intensive outpatient programs, residential programs, and inpatient units. The resident will learn evidence-based

psychotherapeutic and psychopharmacological therapies for managing a variety of addictions, including but not limited to, alcohol and opiates. The resident will complete the Drug Enforcement Administration X waiver training that is required to prescribe buprenorphine and then provide medication assisted treatment in a VA substance use disorder clinic.

**Somatic Therapies:** The resident will manage patients at the Orlando VA who are receiving neuromodulation for psychiatric illness. The resident will be given opportunities to practice procedures in the field of psychiatry and will be educated on the use of different forms of neuromodulation including electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), deep brain stimulation (DBS), and esketamine treatment.

**Junior Attending (Inpatient Setting):** This rotation will occur on VA inpatient units. The senior resident will function as the unit attending, with supervision available. The resident will lead a multidisciplinary team in the evaluation and treatment of adult patients with a variety of presentations and mental disorders. The resident will be exposed to the clinical and administrative aspects of inpatient psychiatry. Residents will gain sufficient experience to practice independently in similar settings.

**Research (Elective):** Participation in scholarly activities is strongly supported. Residents are strongly encouraged to spend at least one designated month in scientific inquiry. Residents will work closely with a research mentor in various stages of project design, implementation, data collection, analysis, and preparations for publication and/or presentation. Residents will submit regular updates to the Program Director, regarding project progress. The expectation is that residents will have a publishable and/or presentable product by rotation and/or year end, to be determined prior to the Research Elective month.

**Administrative Psychiatry/Chief Resident:** Appointed senior residents will serve as Chief Residents. In this role, the Chief Resident will participate in the planning and scheduling of PGY4 lectures, take a leadership role in resident affairs, cover any clinical needs in the event of an emergency, and be a vital member of the chain of command for addressing any resident specific issues. The Chief Resident will work closely with the Program Director and Program Manager. A designated month will occur at the start of any such leadership appointment to allow for adequate planning and preparation for the remainder of the year. In addition to the duties listed above, the Chief Resident will be invited to shadow faculty in leadership roles and participate in Orlando VA Medical Center and Mental Health committees. In doing so, residents will gain an appreciation for the infrastructure of psychiatric care delivery.

By the end of training, the resident will be able to:

#### **Patient Care**

1. Elicits and observes subtle and unusual findings Interprets collateral information and test results to determine necessary additional steps in the evaluation of complex conditions
2. Incorporates risk and protective factors into the assessment of complex patient presentations, including eliciting information not readily offered by the patient
3. Develops differential diagnoses in complex cases and incorporates subtle, unusual, or conflicting findings
4. Develops formulations based on multiple conceptual models
5. Integrates clinician's and patient's emotional responses into the diagnosis and formulation
6. Devises individualized treatment plan for complex presentations; integrates multiple modalities and providers in a comprehensive approach
7. Selects the most appropriate interventions, treatments, and adjustments in treatment in complex presentations based on consideration of patient factors and acuity
8. Locates and connects patients to community resources in complex and difficult situations
9. Establishes and maintains therapeutic alliance with patients with complicated problems, and can anticipate and appropriately manage boundary violations
10. Selects appropriate psychotherapeutic modality based on case formulation, tailors the therapy to the patient, and provides psychotherapy (at least supportive and one of psychodynamic or cognitive-behavioral) to complex patients

11. Identifies and reflects the core feelings, key issues, and what the issues mean to the patient within and across sessions
12. Consistently applies the evidence base when developing treatment plans that include somatic therapies, including with complex or treatment-refractory cases
13. Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action, potential risks and benefits, and the evidence base
14. Manages adverse effects and safety concerns in complex or treatment refractory cases
15. Critically appraises and integrates diverse recommendations
16. Manages complicated and challenging consultation requests
17. Collaborates skillfully with practitioners from other disciplines in medical settings

### **Medical Knowledge**

1. Articulates an integrated understanding of typical development.
2. Describes how acquiring and losing specific capacities can influence the expression of psychopathology.
3. Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle
4. Applies knowledge to identify and treat a wide range of psychiatric conditions in patients with comorbid medical disorders and ensures treatment of medical conditions in psychiatric patients
5. Correlates the significance of neuroimaging, neurophysiological, and neuropsychological testing results to case formulation and treatment planning
6. Correlates neurobiological processes into case formulation and treatment planning
7. Synthesizes knowledge of psychiatric and neurologic comorbidities for case formulation and treatment
8. Explains the theoretical mechanisms of therapeutic change in each of the three core modalities
9. Compares the selection criteria and potential risks, and benefits of the three core individual psychotherapies
10. Analyzes the evidence base for combining psychotherapy and pharmacotherapy

### **Practice-Based Learning and Improvement**

1. Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care, tailored to the individual patient
2. Intentionally seeks performance data consistently with openness and humility
3. Challenges one's own assumptions and considers alternatives in narrowing the gap(s) between their expected and actual performance
4. Uses performance data to measure the effectiveness of the learning plan and when necessary, improves it

### **Interpersonal and Communication Skills**

1. Effectively establishes and sustains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity
2. Independently recognizes personal biases and attempts to proactively minimize their contribution to communication barriers
3. Independently, uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan
4. Coordinates recommendations from different members of the health care team to optimize patient care
5. Respectfully communicates feedback and constructive criticism to superiors
6. Communicates clearly and concisely, in an organized written form, including anticipatory guidance
7. Achieves written or verbal communication that serves as an example for others to follow
8. Initiates difficult conversations with appropriate stakeholders to improve the system

### **Professionalism**

1. Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others
2. Responds appropriately to professionalism lapses of colleagues
3. Recognizes and uses appropriate resources for managing and resolving ethical dilemmas as needed. (e.g.,

- ethics consultations, literature review, risk management/legal consultation)
4. Recognizes when others are unable to complete tasks and responsibilities in a timely manner and assists in problem solving
  5. Displays increasing autonomy and leadership in taking responsibility for ensuring the patients receive the best possible care
  6. Independently develops a plan to promote personal and professional well-being
  7. Describes institutional factors that positively and/or negatively affect well-being

### **Systems-Based Practice**

1. Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)
2. Discloses patient safety events to patients and families (simulated or actual)
3. Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project
4. Role models effective coordination of patient centered care among different disciplines and specialties
5. Role models and serves as a patient advocate for safe and effective transitions of care/hand offs within and across health care delivery systems including outpatient settings
6. Participates in changing and adapting practice to provide for the needs of specific populations
7. Manages various components of the complex health care system to provide high value, efficient, and effective patient care and transition of care
8. Advocates for patient care needs including mobilizing community resources
9. Analyzes individual practice patterns and professional requirements in preparation for practice

## **CLINICAL ENCOUNTERS/CLINICAL SKILLS DURING RESIDENCY TRAINING**

**Key Diagnoses:** The following diagnoses will be covered in the NSU-KPCOM Orlando Psychiatry Residency through multimedia didactics and/or as part of the required clinical log:

### **Neurodevelopmental Disorders**

- Intellectual Disability (Intellectual Developmental Disorder)
- Autism Spectrum Disorder
- Attention-Deficit/Hyperactivity Disorder
- Tourette's Disorder

### **Schizophrenia Spectrum and Other Psychotic Disorders**

- Schizotypal Personality Disorder
- Delusional Disorder
- Brief Psychotic Disorder
- Schizophreniform Disorder
- Schizophrenia
- Schizoaffective Disorder

### **Bipolar and Related Disorders**

- Bipolar I Disorder
- Bipolar II Disorder
- Cyclothymic Disorder

### **Depressive Disorders**

- Disruptive Mood Dysregulation Disorder
- Major Depressive Disorder, Single and Recurrent Episodes
- Persistent Depressive Disorder (Dysthymia)
- Premenstrual Dysphoric Disorder

### **Feeding and Eating Disorders**

- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder

### **Anxiety Disorders**

- General Anxiety Disorder
- Separation Anxiety Disorder
- Specific Phobia
- Social Anxiety Disorder (Social Phobia)
- Panic Disorder
- Agoraphobia

### **Obsessive-Compulsive and Related Disorders**

- Obsessive-Compulsive Disorder

### **Trauma- and Stressor-Related Disorders**

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder

### **Somatic Symptom and Related Disorders**

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Factitious Disorder

### **Substance-Related and Addictive Disorders**

- Substance-Related Disorders
- Substance Use Disorders
- Substance-Induced Disorders
- Substance Intoxication
- Substance Withdrawal - *For the following substances:*
  - Alcohol
  - Caffeine
  - Cannabis
  - Hallucinogens
  - Inhalants
  - Opioid
  - Sedative, hypnotic, anxiolytics
  - Stimulants
  - Tobacco

### **Neurocognitive Disorders**

- Delirium
- Major or Mild Neurocognitive Disorder:
  - Due to Alzheimer's Disease
  - Frontotemporal Neurocognitive Disorder
  - With Lewy Bodies

- Vascular Neurocognitive Disorder
- Due to Traumatic Brain Injury
- Substance/Medication-Induced Neurocognitive Disorder
- Due to HIV Infection
- Due to Prion Disease
- Due to Parkinson’s Disease
- Due to Huntington’s Disease

### Personality Disorders

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder
- Antisocial Personality Disorder
- Borderline Personality Disorder
- Histrionic Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Dependent Personality Disorder
- Obsessive-Compulsive Personality Disorder

### Medication-Induced Movement Disorders and Other Adverse Effects of Medication

**Clinical Skills:** The following clinical skills will be covered in the NSU-KPCOM Orlando Psychiatry Residency through multimedia didactics and/or as part of the required clinical log:

#### Mental or Physical Examination Skill

- Diagnostic Interview and Physical and Mental status examination
- Assess for dangerousness to self or others or other conditions needing emergent care
- Assess for abuse or neglect
- Assess decision-making capacity
- Prioritize a differential diagnosis

#### Testing and Procedural Skills

- Recommend and interpret common diagnostic tests
- Enter orders and write prescriptions
- Document clinical encounters in the medical record
- Give an oral presentation of a clinical encounter
- Formulate clinical questions and retrieve evidence to advance patient care
- Give and receive patient handovers
- Collaborate as a member of an interprofessional team
- Obtain informed consent for tests and procedures
- Implement both routine and emergent care when indicated, including biological therapies, psychotherapies, and when necessary, civil commitment
- Identify system failures and contribute to a culture of safety and improvement

## COMPARABILITY OF CLINICAL TRAINING

Residents will have a variety of experiences across different clinical sites but will have “comparable experiences across all sites” as demonstrated by:

- All residents receive the same online didactics and online resources (SLMs, etc.)
- All clinical sites share the same learning objectives All residents are assessed for the same competencies by the

same assessment methods

- All residents have the same required clinical conditions as documented in the Clinical Log
- All residents have comparable clinical and educational work hours, and residents have overlapping site assignments
- All faculty at all sites receive faculty development and are educated regarding assessment of residents, and goals and objectives
- Site directors at each clinical location work under the guidance of the NSU-KPCOM/Orlando VAMC Residency Program Director to ensure consistency of the learning experiences
- All residents are assessed for the same competencies by the same assessment methods
- All residents have the same required clinical conditions as documented in the Clinical Log
- All residents have comparable clinical and educational work hours, and residents have overlapping site assignments
- All faculty at all sites receive faculty development and are educated regarding assessment of residents, and goals and objectives
- Site directors at each clinical location work under the guidance of the NSU-KPCOM/Orlando VAMC Residency Program Director to ensure consistency of the learning experiences

## CLINICAL ROTATIONS & BLOCK SCHEDULE

**IMPORTANT:** Always confirm with your supervisor each afternoon where they would like to meet you the following day and at what time. Their schedules will change with patient load and other professional obligations. Always ASK and be flexible! During your first week, confirm with your supervisors the best contact method to reach each other in urgent situations.

**Organizational Structure:** This is a four-year program structured as 52 four-week blocks serving six sites and primarily based within the Orlando VA Medical Center and Florida Department of Corrections.

**Electives:** Correctional Psychiatry, Emergency Psychiatry, Evidence-based Psychotherapy, Inpatient Medical Consultation to Psychiatry Inpatient Units, Medical Education, Mental Health Triage Psychiatry, Quality and Performance Improvement, Primary Care Mental Health Integration, Geriatric Psychiatry, Research, Administrative Psychiatry, Forensic Psychiatry, Child Psychiatry, Addiction Psychiatry, Community Psychiatry, and Somatic Treatments.

**Adjustments to the Block Schedule:** Adjustments may be made to enhance the educational experience of the Psychiatry Residents. These adjustments may have an impact on the number of blocks the residents will rotate at each participating site.

*\*The block schedule is subject to change.*

**Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine**  
**Orlando Psychiatry Residency Program Block Diagram**

PGY 1

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 4	Site 4
Rotation Name	Primary Care	Primary Care	Internal Medicine	Internal Medicine	Neurology	Neurology	Consult Liaison	Consult Liaison	Inpatient Psychiatry				
% Outpatient	95%	95%	0	0	50%	50%	0	0	0	0	0	0	0
% Research	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

PGY 2

Block	1	2	3	4**	5**	6**	7**	8**	9**	10**	11**	12**	13**
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 3	Site 3	Site 2	Site 4	1,2,3 or 4
Rotation Name	Ger- Psychiatry	Addiction Psychiatry	Addiction Psychiatry	Emergency Psychiatry	Night Float	Community Psychiatry	Inpatient Psychiatry	Neuro-modulation	Child/ Adolescent Psychiatry	Child/ Adolescent Psychiatry	Inpatient Psychiatry	Inpatient Psychiatry	Elective
% Outpatient	50%	95%	95%	0	0	95%	0	95%	20%	20%	0	0	10%
% Research	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

PGY 3

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Sites 1,4,5 & 6											
Rotation Name	Night Float	Outpatient Psychiatry											
% Outpatient	0	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
% Research	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

PGY 4

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Sites 1,4,5 & 6	Site 1	Site 1	Site 2	Site 2	Site 4	Site 4	1,2,3,4,5 or 6					
Rotation Name	Outpatient Psychiatry	Inpatient Forensic Psychiatry	Inpatient Psychiatry	Elective	Elective	Elective	Elective	Elective	Elective				
% Outpatient	95%	95%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%
% Research	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

\*\*Half-day Intro to Psychotherapy Clinic

- Site 1 – Orlando VA Healthcare System
- Site 2 – CENTURION/Lake Correctional Institution
- Site 3 – Central Florida Behavioral Hospital
- Site 4 – CENTURION/Florida Women’s Reception Center
- Site 5 – CENTURION/Lowell Correctional Institution
- Site 6 – CENTURION/Central Florida Reception Center
- Sites 1, 4, 5 & 6 – 3 days @ OVAHCS, 2 days @ CENTURION

**Planned Electives Include (but are not limited to):** Administrative Psychiatry, Correctional Psychiatry, Evidence-based Psychotherapy, Inpatient Medical Consultation to Psychiatry Inpatient Units, Medical Education, Mental Health Triage Psychiatry, Quality and Performance Improvement, Research, and all of the above rotations as an added elective.

## DIDACTICS

The comprehensive didactics and active learning methodologies cover the entire spectrum of psychiatry, from neuroscience and psychopharmacology to the art and practice of psychotherapy. Didactics include Grand Rounds, Workshops, and a weekly intensive academic half-day focusing on topics most relevant to each postgraduate year; for example, in the PGY1 year, courses include Emergency Psychiatry, Psychiatric Interviewing and DSM 5, Introduction to Psychopharmacology, Introduction to Psychotherapy, Normal Development and Human Sexuality, Consultation Liaison Psychiatry, and others.

*\*The following schedule is subject to change.*

### PGY 1 DIDACTICS – Tuesday Afternoons

12:00 PM—1:00 PM	Grand Rounds, M & M, Resident Meetings
1:00 PM—2:00 PM	Psychotherapy Topic, QI Group Project
2:00 PM—3:00 PM	Psychotherapy Topic, Individual QI Work
3:00 PM—4:00 PM	Neuroscience Topic
4:00 PM—5:00 PM	Psychopharmacology Topic, Wellness/Admin Hour

### **PGY 2 DIDACTICS – Tuesday Afternoons**

12:00 PM—1:00 PM	Grand Rounds, M & M, Resident Meetings
1:00 PM—2:00 PM	Neuroscience Topic
2:00 PM—3:00 PM	Psychopharmacology Topic
3:00 PM—4:00 PM	Psychotherapy Topic, QI Group Project
4:00 PM—5:00 PM	Psychotherapy Topic, Individual QI Work, Wellness/Admin Hour

### **PGY 3 DIDACTICS – Tuesday Afternoons**

12:00 PM—1:00 PM	Grand Rounds, M & M, Resident Meetings
1:00 PM—2:00 PM	Neuroscience Topic
2:00 PM—3:00 PM	Psychopharmacology Topic
3:00 PM—4:00 PM	Psychotherapy Topic, QI Group Project
4:00 PM—5:00 PM	Psychotherapy Topic, Individual QI Work, Wellness/Admin Hour

### **PGY 4 DIDACTICS – Thursday Afternoons**

12:00 PM—1:00 PM	Grand Rounds, M & M, Resident Meetings
1:00 PM—2:00 PM	Neuroscience Topic
2:00 PM—3:00 PM	Psychopharmacology Topic
3:00 PM—4:00 PM	Psychotherapy Topic
4:00 PM—5:00 PM	Psychotherapy Topic, Wellness/Admin Hour

## **RESEARCH**

Residents are strongly encouraged to participate in a research project over the course of the residency program. The KPCOM Director of Graduate Medical Education is available to help increase scholarly output by the residents and faculty.

All residents participate in a required quality improvement curriculum and work on a QI project. Those can be presented in the annual quality forum or at other conferences as well.

## **SEMI-ANNUAL REVIEW MEETING WITH THE PROGRAM DIRECTOR**

Residents must receive a written, semi-annual evaluation of performance from the Program Director and utilize the 6 stages of learning aligned with PGY level and promotion:

- Review performance on CSVs
- Review performance on PRITE
- Review all resident evaluations
- Review progress on Milestones
- Review Clinical Competency Committee progress report
- Review portfolio (see below) including clinical log

- Review clinical and educational work hours
- Review didactic attendance
- Monitor resident's patient care performance improvement indicators
- Set goals and individual learning plan for next 6 months, capitalizing on resident's strengths and identifying areas for growth/improvement
- At least annually, a summative evaluation of readiness to progress to the next year of training.

## PROMOTION AND ADVANCEMENT TO THE NEXT YEAR OF RESIDENCY TRAINING

The Clinical Competency Committee (CCC) is charged with:

- reviewing all resident evaluations semi-annually
- determining each resident's progress on achievement of the specialty-specific Milestones; and
- meeting prior to the residents' semi-annual evaluations and advising the program director regarding each resident's progress.

Decisions and recommendations regarding promotion, remediation, non-renewal, and termination will be based on a consensus (or majority) decision of the Clinical Competency Committee (see below for details). In addition to global assessments, the CCC must review all other evaluation tools used by the program (e.g., Clinical Skills Assessments, in-training exams, 360 evaluations, etc.).

Promotion will also be dependent upon:

1. Satisfactory completion of all required clinical rotations (see below for complete list)
2. Satisfactory attendance (at least 80%) at required didactics
3. Completion of all required paperwork (e.g., clinical and educational work hours, clinical logs, portfolio)
4. No violations of professional responsibility/attitude/conduct, policies and procedures, state or federal law or any other applicable rules and regulations

Please also see the NSU-KPCOM GME [Promotion, Renewal, and Dismissal Policy](#)

## REQUIREMENTS FOR GRADUATION

Satisfactory completion of all required clinical rotations. Per the ACGME, this includes:

- A minimum of 4 months in a clinical setting that provides comprehensive clinical care; this requirement should be met in a primary care specialty setting
- Resident experience in neurology must include 2 months FTE of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions
- Resident experience in inpatient psychiatry must include at least 6 months but no more than 16 months FTE
- Outpatient psychiatry experience must include 12 months of FTE of organized, continuous, and supervised clinical experience
- Each resident must have significant experience treating outpatients longitudinally for at least one year to include initial evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly; these patients should include no more than 20% children and adolescent patients
- Resident experience in child and adolescent psychiatry must include 2 months FTE
- Resident experience in geriatric psychiatry must include 1-month FTE
- Resident experience in addiction psychiatry must include 1-month FTE
- Resident experience in consultation-liaison must include 2-months FTE
- Resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency

- Resident experience in emergency psychiatry must be conducted in an organized, supervised psychiatric emergency service
- Resident experience in community psychiatry must provide residents with a cohort of persistently and chronically ill patients in the public sector, such as in community mental health centers, public hospitals and agencies, and other community-based settings
- Satisfactory attendance (at least 70%) at required didactics.
- Completion of all required paperwork (e.g., clinical and educational work hours, clinical logs, portfolio).
- No violations of professional responsibility/attitude/conduct, policies and procedures, state or federal law or any other applicable rules and regulations.
- Satisfactory progression in patient care responsibility and demonstration of sufficient competence to enter practice without direct supervision.

Please refer to:

- NSU-KPCOM GME Policy regarding Resident Performance, Renewal, Promotion and Discipline
- Information on Psychiatry Board eligibility: <https://www.abpn.com/become-certified/general-requirements/>

## PROGRAM COMMITTEES

### **CLINICAL COMPETENCY COMMITTEE**

The Clinical Competency Committee (CCC) is charged with reviewing all resident evaluations at least semiannually; determining each resident's progress on achievement of the specialty-specific milestones; meeting prior to the residents' semi-annual evaluations; and advising the program director regarding each resident's progress. The CCC is a subcommittee of the GMEC.

**Procedure and Function:** The Program Director appoints the Chair and the members of the Clinical Competency Committee. Other faculty members may be invited attendees to provide supplemental information to the committee but will be non-voting. Members attend regular meetings and ad hoc meetings as needed. Where circumstances warrant, the membership of the committee may be altered to avoid a potential conflict of interest or to protect the privacy of the resident. In addition to global assessments, the CCC must review all other evaluation tools used by the program (e.g., in-training exams, 360 evaluations, etc.). Feedback on the adequacy of all evaluation tools will be given semi-annually by the CCC to the PEC.

A resident may be brought up for special discussion by the CCC for any of the following reasons:

- Recommendation by the program leadership for any reason
- Consistently low or unsatisfactory evaluation scores
- Consistent lack of adherence to program requirements
- A specific incident that requires review by the CCC for possible remediation, non-promotion, non-renewal, suspension, or dismissal
- For concerns expressed by faculty members, chief/supervising residents or ancillary staff

If the CCC membership and quorum is greater than three members, the program may select three members to meet immediately when urgent action regarding disciplinary or professionalism concerns arise.

At each meeting, the Committee will review progress of residents who are currently on remediation/performance plans, or other disciplinary status and determine progress and whether goals have been met. Additionally, residents previously on disciplinary status may be continually discussed for clinical and programmatic performance.

Residents with academic difficulties will have a plan of remediation developed by the CCC who will forward their recommendations to the program director for implementation. Decisions and recommendations regarding promotion, non-renewal, and termination will be based on a consensus (or majority) decision of the committee.

After the review of each resident, possible recommendations from the CCC to the PD are:

1. No problem exists, no action taken
2. Notice of Concern – a problem exists – the resident should be informed, and solutions suggested for the resident to begin a self-correction process. This is an early intervention and is not considered a formal disciplinary action

The following are considered formal disciplinary actions and may be appealed using the GMEC meeting.

1. Remediation with performance plan for improvement: must be time limited (usually 3 months)
2. Non-promotion, usually preceded by remediation
3. Suspension – temporary (not attending rotations), would require prolongation of time in program
4. Non-renewal of contract at the end of the year
5. Dismissal – permanent

Refer to the policy regarding Resident Performance, Renewal, Promotion, and Discipline for details, when the hospital and GME offices must be notified, and which individuals need to approve remediation and disciplinary letters.

The problem area and the final recommendation of the CCC will be a written, non-binding letter by the CCC Chair to the Program Director (similar to minutes of the meeting). This letter/minutes should then be kept on file by the Program Manager and be brought to future CCC meetings for all to review. All meetings and discussions are strictly confidential. Members of the CCC should not discuss their findings with the resident under consideration without approval.

At all times, the policies and procedures of the CCC will comply with those of the Graduate Medical Education Committee (GMEC) and the sponsoring institution.

#### **PROGRAM EVALUATION COMMITTEE**

The Program Evaluation Committee (PEC) is appointed by the Program Director and functions in compliance with both the common program and specific program requirements as delineated by the ACGME Psychiatry Residency Review Committee (RRC). The goal of the PEC is to oversee curriculum development and program evaluations for the psychiatry residency program. The Program Director serves as the chair of the PEC. The PEC is composed of a representative from each training site and one resident from each PGY chosen by peers in the psychiatry program. The PEC is a subcommittee of the GMEC.

The PEC's responsibilities are listed below:

1. Plan, develop, implement, and evaluate educational activities of the psychiatry residency
2. Review and make recommendations for revision of competency-based curriculum goals and objectives
3. Address areas of noncompliance with ACGME standards
4. Review the program annually using evaluations of faculty and residents
5. Document on behalf of the program, formal, systemic evaluations of the curriculum at least annually and render a written Annual Program Evaluation (APE) which must be submitted to the Graduate Medical Education Committee annually in the Annual Program Director Update
6. Monitor and track each of the following: resident performance, faculty development, graduate performance (including placement and success in future residency training), program quality, and progress in achieving goals set forth in previous year's action plan
7. Review recommendations from the Clinical Competence Committee
8. Consider recommendations for changes in evaluation tools
9. Review action plans from prior years to assess compliance and completion of recommendations for improvement

The PEC will be provided with confidential and aggregated resident and faculty evaluation data by the Program Manager in order to conduct committee business. The Program Director is ultimately responsible for the work of the PEC. The

Program Director will assure that the annual action plan is reviewed by the program's teaching faculty. This approval will be documented in meeting minutes. The program's annual action plan and report on the program's progress on initiatives from the previous year's action plan will be sent to the Office of Graduate Medical Education.

### **PATIENT SAFETY AND CARE COMMITTEE**

Residents can also participate on a patient safety and care committee including, but not limited to, the following (these are NOT subcommittees of the GMEC):

#### **Orlando VA Medical Center:**

Residents can participate in the Patient Safety and Risk Management Committee or observe the committee meetings. Residents are also educated in the use of the VA Joint Patient Safety Report (JPRS) online anonymous reporting system to report near misses and adverse patient safety related events. Residents may also participate on an individual or aggregate root cause analysis team.

#### **Central Florida Behavioral Hospital:**

Residents have opportunities to participate in interprofessional quality improvement activities.

#### **Lake Correctional Institution:**

Residents may have the opportunity to participate on committees and in activities that are relevant to their training.

## **NSU-KPCOM GME POLICIES AND PROCEDURES**

The following GME policies are available at <https://osteopathic.nova.edu/kpcom-gme/policy-and-procedure.html>

[Accommodations for Disabilities Policy](#)

[Clinical and Educational Work Hours including Fatigue Mitigation and Transitions in Care Policy](#)

[Confidential Counseling and Behavioral Health Services Policy](#)

[Conference Attendance Policy](#)

[Conference Request Form](#)

[Discrimination Policy](#)

[Electronic or Written Information Provided to Applicants Policy](#)

[Faculty and Resident/Fellow Well-being Policy](#)

[Grievances and Due Process Policy](#)

- Please note: any resident may bring concerns to the NSU Resident Forum, which has the option to meet without the presence of any faculty, administrators, or the DIO.
- Please note that the ombudsman at the Orlando VA Medical Center is Dr. Edward Casey, and the Resident Advocate at the Orlando VA Medical Center is Dr. Jennifer Thompson, Associate Chief of Staff for Education.

[Harassment Policy](#)

[Health and Disability Insurance Policy](#)

[Moonlighting Policy](#)

[Non-Competition Policy](#)

[Physician Impairment Policy](#)

[Professional Liability Insurance Policy](#)

[Program Closures and Reductions Policy](#)

[Promotion, Appointment Renewal and Dismissal Policy](#)

[Qualifications/Eligibility of Applicants Policy](#)

[Recruitment and Selection of Residents and Fellows Policy](#)

[Resident/Fellow Salary and Benefits – Academic Year 2024-2025](#)

[Resident Forum & Resident Council Policy](#)

[Special Review Protocol Policy](#)

[Substantial Disruptions in Patient Care or Education Policy](#)

[Supervision of Residents Policy](#)

[USMLE and COMLEX-USA Board Examinations Policy](#)

[Vacation and Leaves of Absence Policy](#)

[Vendor Interactions Policy](#)

## POLICIES AND PROCEDURES - ORLANDO PSYCHIATRY RESIDENCY PROGRAM

### Orlando Psychiatry Residency Policy: Vacation and Leaves of Absence

In addition to the **NSU-KPCOM GME Vacation and Leaves of Absence Policy**, the following applies to the Psychiatry Residency Program only:

#### Time Lost from Residency

Excessive time away from training may require the trainee to extend their training.

Each Program Director must follow the specifications of the Accreditation Council for Graduate Medical Education and the Residency Review Committee's (RRC) requirements for their Specialty regarding time lost from training.

The KPCOM GMEC will annually approve a Salary and Benefits package for all GME training programs that includes information on allowed vacation and sick time. Program Directors are responsible for annually communicating this information to their trainees, as well as the maximum number of allowed days away from training for their program.

Residents/Fellows are allowed a minimum six weeks of paid time away from training for purposes of parental, caregiver, and medical leave during training, plus one week of paid time off reserved for use outside of the first six weeks without necessarily extending training. NSU requires employees to submit all accrued paid time off (vacation, sick, and CME days) minus 5 days prior to taking the LOA.

If a trainee exceeds the allotted time away from training, the trainee may be required to extend their training to fulfill requirements. The program director and the program clinical competency committee will determine whether a given resident has met training requirements or must extend their period of training because of additional leave time.

Remuneration for time off (beyond the specified paid vacation, sick time, and CME time) is not guaranteed and will be at the discretion of the Program Director.

All requests for additional paid time off or paid training extensions must be approved by the DIO prior to the initiation of the additional time.

#### Continuing Medical Education Days

Scholarly activity, presentation at and attendance of scientific meetings are encouraged by the program. Those activities are supplementary to the primary goals and responsibilities of the residents. All scholarly activity must have a NSU faculty senior author, who would review and approve each manuscript prior to submission.

1. Florida Psychiatric Society and American Psychiatric Association
  - FPS has two meetings per year. Residents may attend one of the two meetings per year.
  - Residents will only be permitted to attend the APA conference if they are presenting a poster or podium talk.
2. Documentation of Scholarly Activity
  - Once a poster, abstract, presentation is finalized, a copy must be submitted to the Program Coordinator and uploaded to MedHub prior to the meeting for tracking scholarly activity. This applies to all scholarly activity, even if no time off is required (for weekend conferences, for example).

#### No Vacation Days

There are certain days in the academic year during which trainees are not permitted to request time off. This ensures that all trainees are available on site for important program activities that cannot be re-scheduled.

These days have been highlighted on the master schedule and are not included on available vacation days on the master schedule. All trainees should review the following dates. No vacations are allowed during these times.

1. Orientation
2. In-Training Exams
3. Resident Spring Retreat
4. Night Float

The Program Director reserves the right to deny time off requests if they deem the time off to impede patient care or the resident's educational experience.

#### Procedure

1. Trainees are required to enter all vacation requests in MedHub no less than 45-days in advance start of the earliest affected rotation.
2. GME Program Manager will either approve or deny with comments each request.
3. Resident is required to enter approved vacation and sick time in SharkTime (UKG Ready app) within 72 hours of approval in MedHub and in the LEAF system for individual outpatient VA clinics. If this is not done, approved vacation and sick time will be forfeited.
4. The following rules apply for all leave requests:
  - a. Leave may NOT be taken during dates that are blocked on the schedule. See No Vacation Days.
  - b. Any changes to vacations previously scheduled require written approval from the Program Manager. These change requests must be made a minimum of 45-days in advance the start of the earliest affected rotation. Any time requested outside the minimum 45-day advance will be denied.
  - c. Leave will be granted and charged in one day increments for each workday of leave requested and approved.
  - d. Residents are limited to five (5) days off per block due to federal holiday, illness, vacation, or conference leave. A minimum of 75% attendance per block is required to consider the block valid. A block which includes less than  $\frac{3}{4}$  of the expected time commitment, may be considered incomplete and may be required to be repeated prior to graduation.
  - e. Resident is responsible to notify the attending of their planned absence(s) at the beginning of each rotation in writing cc'ing the Program Manager.
5. Hospital holidays are counted as part of training. Trainees will receive regular pay (versus holiday pay) for holidays. If a trainee is on call during a holiday, the trainee must complete "on call" duty. Trainees who are not on call or who are not required to be at work may have the day off at the discretion of the Program Director.

A holiday schedule may be enforced by the program and must be adhered to. Every effort will be made to ensure fair and just allocation of days off for holidays over the course of the training period.

## Orlando Psychiatry Residency Policy: Resident Well-Being

The NSU-KPCOM Orlando Psychiatry Residency strives to maintain a culture that promotes the health and well-being of all residents, faculty, and staff. All are encouraged to “speak up” if there are concerns about someone’s health or safety so that these concerns can be addressed in a prompt and caring manner. Below are some relevant policies and resources for all:

### **NSU GME Policy on Trainee Wellness Program**

- **Employee Assistance Program (EAP):** NSU residents and fellows are able to take advantage of our Employee Assistance Program which provides free and confidential counseling and coaching services. Through the EAP, employees are provided with experienced, professional counselors who are available to help with virtually all types of personal problems, such as **financial, alcohol/drug abuse, psychological, job burnout, stress, child concerns, marital issues, and adult dependent care.**

NSU makes this service available to all employees and their eligible family members, including spouses, dependent children, parents, and parents-in-law. Total confidentiality and anonymity are provided to those who call the EAP directly for consultation.

- **ACGME Wellness Resources:** <https://dl.acgme.org/pages/well-being>
- **Mayo Clinic and American Foundation for Suicide Prevention Video:** <https://www.youtube.com/watch?v=I9GRxF9qEBA>
- Current research on web-based tools and apps to mitigate burnout, depression, and suicidality among healthcare professionals is summarized in Academic Psychiatry 2018;42:109-120. “MoodGYM” is evidence-based and is a 5-week web-based CBT program that has been shown to decrease suicidal ideation in medical interns. It is important to note, however, that no such web-based tools or apps are considered a suitable replacement for in-person interventions for the treatment of depression or prevention of suicide. “Rather, they can be used to bridge the obstacles to intervention and, in doing so, hopefully serve as a catalyst for individuals to seek direct support...We also see these interventions as niched more for managing stress, burnout, and relatively mild depressive symptoms, where professional help may not yet be indicated.”
- **Suicide and Crisis Intervention Hotlines:**
  - National Suicide Prevention Hotline 800-272-8255
  - Central Florida Helpline 407-740-7477
  - We Care Crisis Center 407-425-2624
  - Alachua County Crisis Center (352-264-6789): Accepts calls from throughout Florida. Staffed by well-trained volunteer crisis counselors who are typically mental health graduate students. A licensed professional is also available on call. The service is available 24/7 every day of the year.
  - National Hopeline Network 1-800-784-2433
  - Mental Health Resources at [www.Ulifeline.com](http://www.Ulifeline.com)
  - National Alliance on Mental Illness at [www.NAMI.org](http://www.NAMI.org)
- **Emergency Psychiatry Resources:**
  - Central Florida Behavioral Hospital (6601 Central Florida Parkway, Orlando FL, Phone: 407-370-0111) offers inpatient treatment, an adult affective disorder program, electro-convulsive therapy, an intensive outpatient program, and an adult partial-hospitalization program. Referrals are accepted 24/7. In-network with most insurance plans including BCBS, Medicare, and Tricare.
  - University Behavioral Center, 500 Discovery Drive, Orlando, FL 32826, Phone (407) 275-2203; <http://www.universitybehavioral.com/> offers adult acute inpatient treatment, adult substance abuse and detox treatment, intensive residential treatment, adolescent short term/extended stabilization inpatient treatment.

- **Other Psychiatry Resources:**

- Contact “Psychology Today” at <https://www.psychologytoday.com/> : enter your zip code, insurance, and a primary area of concern (i.e., depression, eating disorder), and it generates local providers (therapists, psychologists, and psychiatrists).

## **Orlando Psychiatry Residency Policy: Resident Fatigue and Resident Well-being (including Work Hours and Moonlighting)**

The program is committed to providing a safe work and patient care environment and monitoring and supporting the physical and emotional well-being of our residents. The Program Director and faculty monitor residents for the effects of sleep loss and fatigue and responds in instances when fatigue may be detrimental to resident performance, resident well-being, and patient safety. In addition, during orientation and then annually, residents and faculty receive didactic education regarding the recognition and mitigation of fatigue and sleep deprivation. The content of the didactic experience includes all of the topics recommended by the ACGME and experts, including sleep and sleep cycles, identification of fatigue, fatigue, and contribution to medical errors, and how to address and manage fatigue.

### **Resident Fatigue**

In addition, the following measures are taken to address Resident Fatigue:

1. Fatigue mitigation is discussed regularly during residency meetings and any concerns are brought to the GMEC meeting. Residents are also queried about the effectiveness of the fatigue mitigation program during annual internal surveys.
2. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognize signs of impairment, including illness and fatigue.
3. If residents have difficulties completing patient care assignments within the clinical and educational work hour rules, the reasons are investigated, and schedules are adjusted to mitigate excessive service demands and/or fatigue. Residents are also counseled and coached on ways that they can effectively comply with clinical and educational work hours; a punitive approach is not allowed.
4. Faculty and other staff are always available to provide back-up to residents who are fatigued and to promote safe continuity of patient care.
5. The Medical Center will provide sleep facilities for those too fatigued to safely return home. As necessary, KPCOM will reimburse the ride-share cost for those too fatigued to drive home themselves.
6. Schedules will be available that inform all members of health care team of attending physicians and residents currently responsible for each patient's care.
7. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest and must recognize that patient interests are best served by transitioning care to another qualified provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
8. The Psychiatry residency has policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.

### **Unusual Circumstances**

In unusual circumstances, residents, of their own initiative, may remain beyond their scheduled period of duty or return after their scheduled period of duty to provide care to a single patient. Justification for such extensions of duty is limited to reasons of required continuity of care for a severely ill or unstable patient, academic importance of the transpiring events, or humanistic attention to the needs of the patient or family.

Under such circumstances, the resident must appropriately hand over care of all other patients to the team responsible for their continuing care and document the reason for remaining or returning to care for the patient in question and submit that documentation to the Program Director.

The Program Director must review each submission of additional service and track both individual residents and program-wide episodes of additional duty. Clinical and educational work hours are summarized by the Program Director as a standing agenda item of the Program Review Committee.

### **Reporting Clinical and Educational Work Hours and Violations**

Psychiatry residents are required to honestly and accurately track their clinical and educational work hours. They will receive information during orientation on how to track their clinical and educational work hours along with specific policies and procedures. Residents are required to maintain a log of clinical and educational work hours on a weekly

basis. Time spent on in-house call, at-home call, and moonlighting should all be accurately tracked on this log. The Program Director is required to monitor resident clinical and educational work hours and adjust as needed, and to report any non-compliance with ACGME work hour restrictions to the GMEC on a monthly basis.

Psychiatry residents are required to inform the Program Director if any violation of clinical and educational work hours occurs during their rotations, on moonlighting, or while taking at-home call. This allows the Program Director to intervene and correct any issues.

### **On-call Activities and Call Duty Procedure**

Residents on call are guided by the following criteria:

- Residents are required to take call duty during their PGY1 year at the Orlando VA Medical Center. There will be no call during the PGY2, PGY3 or PGY4 years. PGY4 residents will be available to consult with the on-call resident by telephone or to come to the hospital to assist them in the event several emergencies occur at once. Faculty members are assigned to supervise call duty in rotation. In the case of admission to any psychiatry inpatient or consult service, new or return clinic patient, transfer of patient to a different level of care, prior to patient discharge from any service, severe medical condition (e.g., chest pain), significant change in mental status, any significant patient safety event, or any end-of-life decisions, the resident must discuss the case with the appropriate supervising faculty member. The supervising faculty may consult by telephone only or may come to the hospital if, in their judgment, it is necessary.
- Residents will take at minimum, two inpatient call shifts and two consultation liaison call shifts: Sunday 7:00am to 5:00pm.
- Residents on call are required to remain in-house and are expected to fully work-up and completely document in writing all patients seen.

### **Night Float**

PGY2 and PGY3 resident will be assigned to a night float which provides coverage to the inpatient psychiatric services at the VA Medical Center. Night float will cover 10:00 PM to 7:00 AM on a Q-6 schedule (Sunday night through Friday night) to never exceed four consecutive weeks. PGY4 residents will never exceed two consecutive weeks. During this period of time, a night float resident covers phone calls and inpatient ward issues pertaining to the care of currently admitted patients (cross-coverage) and admit new patients to the covered services. Daytime residents must sign out to night float residents in the evening and receive sign out from the night float residents the following morning. This is to help ensure continuous coverage for hospitalized patients. A night float system is meant to protect residents from surpassing residency work-hour restrictions and is meant to improve resident quality of life by ensuring periods of adequate rest between scheduled duty periods. Night float itself provides a unique learning experience which is separate from the learning environment during regular duty periods.

### **Moonlighting Policy for Psychiatry Residents**

Residency education is a full-time endeavor, and it is essential that all residents achieve the goals and objectives of the educational program within an 80-hour work week. However, the training program allows residents to engage in supplementary work (moonlighting) assuming all the following criteria are met:

1. PGY3 resident or higher
2. Approved by the CCC, Program Director and the Office of GME.
3. Exceptional performance, based on milestones, program standards, in-training examinations (greater than 75<sup>th</sup> percentile), professionalism, and attendance.
4. Moonlighting does not interfere with the program's ability to provide safe effective patient care.
5. Unrestricted Medical License in the State of Florida provided to the Program Director and the Office of GME prior to the initiation of any moonlighting activity.
6. Valid individual DEA registration and any other local or state registrations required provided to the Program Director and the Office of GME prior to the initiation of any moonlighting activity.
7. Provide a copy of independent malpractice coverage prior to initiation of any moonlighting activity to the

8. Moonlighting hours must be counted toward the 80-hour weekly limit on educational and clinical work hours.

The resident must comply with KPCOM's written policies and procedures regarding moonlighting which follow the Institutional Requirements. This stipulation includes that moonlighting hours count towards the ACGME limit of 80-work hours per week. Residents must document the hours that they moonlight and submit to the residency Program Coordinator to ensure compliance with this policy. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

Prior to agreeing to moonlight, residents must receive written permission from the Program Director and have completed the moonlighting application. The approval may be granted pending an evaluation by the Program Director. The program tracks and monitors resident performance to be assured that such activity does not adversely interfere with program requirements. The Program Director may revoke this privilege if adverse effects occur which compromise any of the above stated goals (patient care, patient safety, resident fatigue, professional and clinical standards). Professional liability protection is not extended to a trainee engaged in professional activities that are not part of their training program (e.g., external moonlighting). External moonlighting requires prior written approval of the Program Director and must adhere to all ACGME and Institutional regulations.

### **Resident Well-Being**

The program, in conjunction with the sponsoring institution, provides the following strategies to support resident health, well-being, and resilience:

### **University Support**

Nova Southeastern University's Employee Wellness Program provides faculty and resident/fellow employees and their families with resources and services that motivate, encourage, and promote healthy lifestyle choices while taking a proactive approach to personal well-being as well as fostering resilience.

The Employee Wellness Program provides resources and educational opportunities focused on the complete integration of physical, mental, and spiritual well-being. Social, emotional, spiritual, environmental, occupational, intellectual, and physical well-being are all considered in our holistic approach to wellness.

Services include:

- Health Improvement and Employee Wellness: including Health Risk and Wellness Assessment, mindfulness training, health and lifestyle coaching, diet and nutrition resources, fitness rooms, onsite fitness classes and others.
- Employee Assistance Program (EAP): Confidential and free counseling services which include up to six in-person visits/year and 24/7 telephonic counseling.
- TalkSpace: Access to online therapy through secure on-line access to licensed counselors without the drive time.
- BlueRewards powered by Rally is a Wellness Incentive program provided by ICUBA (NSU's Health Care Plan) and available to employees and their spouse or domestic partner when both are covered under a medical insurance plan at NSU. Through Rally, eligible members can earn Wellness Incentives redeemable for gift cards to online retailers such as Amazon, Target, and Macy's.

### **Graduate Medical Education Support**

- The Office of GME is a safe place where residents can ask for and receive help with various needs including academic counseling, coaching, and mentoring.
- Residents may become members of, or participate in, the Resident Forum (RF), its subcommittees, and sponsored events. The RF membership is composed of a group of peer-elected representatives from each of the core residency programs which comes together to discuss issues affecting resident life. The RF seeks to promote harmonious and collaborative relationships amongst residents, faculty and staff and enhance the resident community through advocacy, volunteer, and social activities.

- Residents may take advantage of reimbursed taxi/Uber/Lyft/etc. service to and from the training site in the event that they are too fatigued to drive home after a clinical shift.
- All residents and core faculty complete an annual learning module on sleep alertness and fatigue mitigation.

### **Program Support**

- There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, and family emergencies. Each program has policies and procedures in place to ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities. These policies will be implemented without fear of negative consequences for the resident who is unable to provide the clinical work.
- Residents have the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their work hours. Residents must follow the program's procedures for scheduling and notification of these appointments.
- Residents are encouraged to alert the Program Director, the Program Manager, a faculty mentor, or Chief Resident when they have concern for themselves, a resident colleague or a faculty member displaying signs of burnout, depression, substance abuse, suicidal ideation, or potential for violence.
- Programs sponsor wellbeing and wellness events on a regular basis to facilitate interaction between trainees and faculty.

## Orlando Psychiatry Residency Policy: Transitions of Care

### Purpose

The Orlando Psychiatry Residency Program, in partnership with the GMEC and sponsoring institutions, will ensure and monitor effective structured hand-over processes to facilitate both continuity of care and patient safety.

### Policy Summary

Transitions of Care (TOC) refers to the orderly transmittal of information that occurs when transitions in the care of the patient are occurring. Proper structure TOC should facilitate continuity of care and prevent the occurrence of errors due to failure to communicate changes in the status of a patient. The primary objective of a TOC is to provide complete and accurate information about a patients' clinical status, including current condition and recent and anticipated treatment.

### Policy

1. A TOC is a verbal and/or written communication which provides information to facilitate continuity of care.
2. A TOC occurs each time any of the following situations exists for any patient:
  - a. Move to a new unit
  - b. Assignment to a different provider or clinical service
  - c. Discharge to another institution or facility
3. Characteristics of a High-Quality Transition of Care:
  - a. TOCs are interactive communications allowing the opportunity for questioning between the giver and receiver of patient information.
  - b. TOCs include up-to-date information regarding the patient's care, treatment condition, and any recent or anticipated changes.
  - c. Interruptions and distractions during TOC should be limited in order to minimize the possibility that information would fail to be conveyed or would be forgotten.
  - d. TOCs require a process for verification of the received information, including repeat-back or read-back, as appropriate.
4. The Orlando Psychiatry Residency Program designs clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.
5. The Orlando Psychiatry Residency Program ensures that residents are competent in communicating with team members in the hand-over (TOC) process. Specifically:
  - a. During Orientation, all PGY-1 residents receive didactics on TOC and use of the standardized protocol ISBAR (see below for details).
  - b. During the PGY-1 course on Core Clinical Skills, each resident will be evaluated for his/her ability to (a) give and (b) receive a TOC. Each PGY-1 resident must successfully master a minimum of 3 TOC under the supervision of a faculty physician, with scores of Satisfactory or higher on the TOC Sign Off Sheet Evaluation (see sample form below).
  - c. PGY-1 through PGY-4 residents will be assessed on each rotation, as appropriate, on TOC by the supervising faculty member on the end-of-rotation evaluation form. TOC expectations will vary greatly according to the rotation. For example, on Internal Medicine inpatient units during the PGY1 year, TOC are critically important and a major part of daily clinical practice. On other rotations, e.g., Psychiatry outpatient rotations, TOC may only involve such things as ensuring full communication (with the patient's permission) to and from referral agencies.
6. The TOC will follow a standardized protocol and include the opportunity to ask and respond to questions (e.g., ISBAR: Identify, Situation, Background, Assessment, Recommendation).
7. The Program and clinical sites will maintain and communicate schedules of attending physicians and residents currently responsible for clinical care.
8. The Program ensures continuity of care in the event that a trainee is unable to perform their patient care responsibilities due to excess fatigue, illness, family emergency. See policy on Reporting Unexpected Absences.

**TRANSITION OF CARE SIGN OFF SHEET EVALUATION FORM**

Resident: \_\_\_\_\_ PGY: \_\_\_\_\_ Date: \_\_\_\_\_

Rotation: \_\_\_\_\_

<b>ISBAR Communication Tool</b>	
<p><b>I – Identify</b> Identifies those to whom the call relates. Verify that you are speaking to the person you are seeking, state your name, grade, and the location you are calling from. Identify the name of the patient you are communicating about.</p>	<p><b>Identify: You, Doctor, Patient</b> Is this Dr. _____? This is _____ (e.g., Mary, I am team leader on 7A) I am calling about _____ (e.g., Mr. David Jones)</p>
<p><b>S – Situation</b> Why you are calling and allows you to state the problem.</p>	<p><b>Situation: Why are you calling?</b> I am calling because _____ (e.g., total EWS of 6 or 3 in a single parameter) Resp Rate _____ Sats _____ O2 Delivery _____ Temp _____ Heart Rate _____ BP _____ Urinary Output _____ LOC _____ (only use abnormal reading initially)</p>
<p><b>B – Background</b> Gives a summary of information relevant to the current problem. This may include medications, lab results, diagnostic tests, or surgical procedures.</p>	<p><b>Background: What is relevant background?</b> They are _____ years old Admitted for _____ Recent surgery or procedures _____ Relevant past medical/surgical history _____ They currently have _____ (e.g., IV fluids, Urinary Catheter, PCA)</p>
<p><b>A – Assessment</b> Summarize relevant information gathered, what has changed, what is your interpretation of this? Describes what you found on examination of the patient, charts, and results. Includes an ABC assessment or an Early Warning Score.</p>	<p><b>Assessment: What do you think is the problem?</b> I think _____ (e.g., they are hypovolemic) (You can skip this if they don't know what is wrong)</p>
<p><b>R – Recommendation</b> Allows you to ask for what you would like to happen without hinting or hoping for the right action. May be that your recommendation is simply to ask for advice. An action plan should be agreed upon.</p>	<p><b>Recommendation: What do you want them to do?</b> I would like you to _____ (e.g., come and review him please) Is there anything you would like me to do before you _____</p>

**Additional Notes (Areas of improvement):**

\_\_\_\_\_

\_\_\_\_\_

**Faculty Physician Signature**

## Orlando Psychiatry Residency Policy: Reporting Unexpected Absences

### Purpose

This policy ensures that patient care is not disrupted when a resident is unexpectedly absent from scheduled patient time.

### Policy

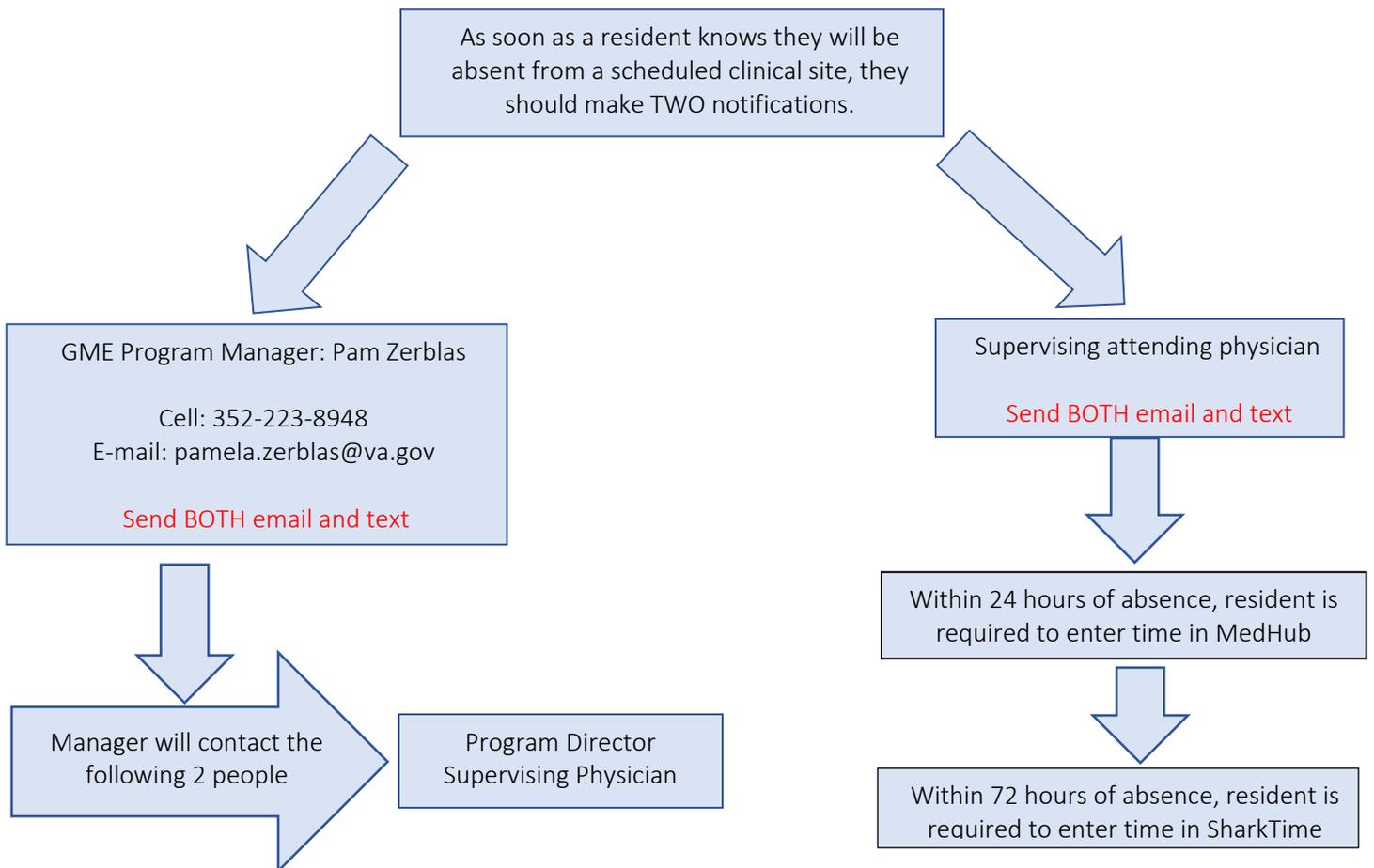
As soon as a resident knows they will be absent from a scheduled clinical site, they should make TWO notifications:

1. The Residency Program Manager must be notified by BOTH email and text message.
2. The Supervising Attending Physician must be notified by BOTH email and text message.

Upon notification of an unexpected absence, the Program Manager will contact both the Program Director and the Supervising Attending Physician/Preceptor.

As soon as possible after an unexpected absence, the resident must follow through with proper documentation in MedHub.

### How Unexpected Absences Should Be Reported



## Orlando Psychiatry Residency Program Policy: Use of MedHub

### Purpose

In an effort to communicate easily and regularly with faculty and residents, the Orlando Psychiatry Residency Program utilizes MedHub, a residency management software program. Residents and faculty must check it regularly.

Information available in MedHub includes, but is not limited to, the following:

### **Schedules**

- Block schedules for each resident's annual clinical assignments
- Block schedules for each resident on call duties and backup coverage
- Block schedules for each resident's supervision
- In "Conferences," didactic review materials may be loaded by presenters

### **Milestones, Goals and Objectives**

- Overall Educational Goals of the Residency Program
- Competency-based Goals and Objectives for each clinical assignment at each PGY level
- Psychiatry Milestones including progressive responsibilities for patient care

### **Assessment Forms**

- All assessment forms for resident evaluation, including Milestones
- All assessment forms of faculty
- All assessment forms of clinical rotations
- See page 45 for required "Clinical Skills Verifications"

### **Required Resident Documentation**

- Clinical and Educational Work Hours
- Resident Portfolio
  - Clinical Log of Patients Encounters and of Procedures: Residents **must be sure to provide accurate and complete data entry in clinical log, without patient ID data.**
  - 5 complete CSVs
  - Copy of a referral letter or consult to another physician
  - Self-study plan
  - List of 20 research articles with synopsis
  - Description of own participation in a Quality Improvement project

### Orlando Psychiatry Residency Policy: Professionalism

1. Each resident must identify oneself to patients and family and explain the roles of resident and attending physicians.
2. Residents and faculty are educated on the professional responsibilities of physicians, including the obligation to be appropriately rested and fit when providing patient care.
3. Residents and faculty will complete online or in-person modules on alertness management, sleep deprivation and fatigue.
4. Residents will also participate in an educational program related to physician impairment and substance abuse.
5. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognize signs of impairment, including illness and fatigue.
6. The residency program has fatigue mitigation processes to manage potential negative effects of fatigues, including naps and back-up call schedules, as appropriate to each program. The residency program has processes to manage continuity of care.
7. Participating hospitals provide sleep facilities and transportation options for those too fatigued to safely return home.
8. Residents and faculty must demonstrate responsiveness to patient needs that supersedes self-interest and must recognize that patient interests are best served by transitioning care to another qualified and rested provider. They must be prepared to transition patient care to other qualified and rested clinical providers in order to promote safe medical care.
9. The residency has policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.
10. Schedules are available that inform all members of health care team of attending physicians and residents currently responsible for each patient's care.

Residents must annually sign, and abide by, the following Professionalism Contract:

## Professionalism Contract

Orlando Psychiatry Residency Program

Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine

The goals of the residency program are to provide residents with experience in the art and science of medicine in order to achieve excellence in the diagnosis, care, and treatment of patients. As a resident physician, I recognize that I am in a noble profession where humanistic qualities foster the formation of patient/physician relationships. These qualities include integrity, respect, compassion, professional responsibility, courtesy, sensitivity to patient needs for comfort and encouragement, and professional attitude and behavior towards colleagues.

The purpose of having a professionalism contract for residents is to remind you of the high professionalism expectations of a physician. In addition, this contract reinforces that all residents are evaluated in the professionalism competency based on their behavior in and out of the hospital. Professionalism is a broad competency that affects your success in all ACGME competencies.

*In signing this contract, I agree to adhere to the professionalism expectations as outlined below, and I understand the potential for severe consequences for unprofessional behavior. Consequences may include, but are not limited to the following:*

- Adverse evaluations
- Receipt of a failing rotation evaluation
- Placement on academic remediation or academic probation
- Termination of residency training

### Contract

I \_\_\_\_\_, will exercise good judgement, integrity and behavior both inside and outside the workplace to include, but not limited to, the following:

- I will accept primary responsibility for the delivery of care to all assigned patients and will accept responsibility for the complete turn-over of those patients when I am going off duty, regardless of the institution I am working at. This commitment to patients and the medical profession may at times go beyond my own self-interest.
- I will work the following minimum work hours:
  - VA rotations: 0800 to 1630 (different when on IM)
  - VA NF: 2200 to 0700 (EO Friday: 1600 to 2400)
  - VA weekend call: 0700 to 1700
  - Centurion inpatient rotations: 0730 to 1700
  - Centurion outpatient rotations: 0800 to 1630
- I will do more than just my job, including being available to help as needed to patients, their families, my colleagues, and the clinic and hospital staff.
- I will willingly accept guidance, criticism, and evaluation from those with more experience and use this information to improve my practice and my behavior. I will recognize that I am not perfect and will reflect on how I can improve.
- I will conduct myself ethically and professionally and keep my position as a physician in the care of the patients and in relationship between myself and other members of the medical staff. I will avoid unduly familiar relationships in the workplace.

- I will develop and participate in a personal program of self-study and professional growth. In doing so, I recognize that my program has a defined academic schedule, and I will attend, at a minimum, 80% of all scheduled didactic sessions. During didactics, I will not text, sext, surf the internet, or act in any inappropriate manner that is disrespectful to those staff members who are working to educate me. I will notate my didactic attendance in MedHub weekly.
- I will demonstrate intellectual honesty and professional integrity in both clinical practice and academic endeavors. I will not plagiarize presentations and will provide credit/acknowledgement when I adopt or use the work of another as part of a presentation or didactic lecture. I will not knowingly copy or duplicate the patient care documentation of another physician or provider nor represent it as my own. I will comply with all HIPAA regulations, and not access medical records of individuals for whom I am not providing healthcare.
- I will always relate the truth in caring for patients and with my colleagues.
- I will complete all administrative responsibilities by the deadlines set for the deliverables:
  - Daily:
    - Log educational and clinical work hours in MedHub
  - Weekly:
    - Enter case logs in MedHub
    - Notate didactic, case conference, and journal club attendance in MedHub (minimum attendance is 80%)
    - Complete 100% of evaluations within 7 days of receipt.
  - Monthly:
    - Email fully completed and signed VA and Centurion timesheets and patient evaluations by the Tuesday after the last day of the month to your program coordinator
    - Meet with your faculty mentor to discuss ILP progress
    - Upload completed CSVs to MedHub
    - Submit reimbursement requests to your program coordinator
  - Semi-Annually:
    - Update certifications, test scores and board scores in MedHub
    - Complete VA TMS required trainings
    - Meet with Program Director to discuss CCC findings
    - Update ILP based on CCC findings
    - Review MedHub CV, contact info
    - Update scholarly activity and QI project work in MedHub
    - Upload case conference and journal club presentations to MedHub

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Orlando Psychiatry Residency Policy: Supervision of Residents**

### **Purpose**

GME programs must demonstrate an appropriate level of supervision for residents involved in patient care and to provide progressive responsibility for patient management. This policy ensures that Supervision occurs through several methods and is a key component of Psychiatry residency training, as well as establishing the requirements for psychiatry resident supervision.

### **Policy Statement**

Residents must be appropriately supervised at all times and in all settings in which graduate medical education occurs. The attending physician remains ultimately responsible for patient care and carries final authority regarding decisions of patient management and care.

### **Definitions**

1. Resident – Any physician in an accredited graduate medical education program, including interns, residents, and fellows.
2. Supervising Faculty- A fully licensed and credentialed member of the faculty who has been assigned and has accepted responsibility for the direction and oversight of a resident’s clinical activities.

### **Levels of Supervision**

1. Direct Supervision – the supervising faculty member is physically present with the resident and patient.
2. Indirect Supervision:
  - a) with Direct Supervision immediately available – the supervising faculty member is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
  - b) with Direct Supervision available – the supervising faculty member is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to come to the site of care in order to provide Direct Supervision.
3. Oversight – the supervising faculty member is available to provide review of procedures/encounters with feedback provided after care is delivered.

### **Description**

The goals of supervision are to promote assurance of safe and effective patient care, assure each resident’s level of knowledge and skills required to enter unsupervised practice, and establish a foundation for continued professional growth.

Residents should be supervised in a way that provides an opportunity for the individual resident to assume an increasing level of responsibility for patient care commensurate with their level of training, ability, and experience. The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident.

All patient care performed by residents will be under the supervision of a supervising faculty member. Supervising physicians are expected to delegate portions of care to the residents, based on the needs of the patient and the skills of the resident. Ultimately, the supervisor has final authority and responsibility for the treatment plan and its implementation. The specifics of the supervision must be documented in the medical record, preferably by both the supervising faculty and the resident. Examples of such documentation include, “I personally discussed with Dr.” or “Case was seen and examined with Dr.”

It is the responsibility of the supervisor to provide periodic formal and informal evaluations of performance to the resident. All primary service supervisors will submit a written evaluation of each resident for their period of rotation on the service, assessing the residents based on core competencies relevant to the rotation. To ensure sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility, the length of rotation with any given supervisor will not be for less than 1 block. These evaluations are imperative to the resident experience and level of training/supervision needed moving forward in their program.

### **Individual Supervision**

At all levels of training, residents receive two hours of supervision, at least one of which is individual supervision from designated faculty.

A supervision log will be maintained by the resident and reviewed during semi-annual evaluations. Residents and supervisors must sign and date the supervision logs at each session to document regular attendance.

Individual supervision shall meet the following training objectives:

1. Observe the resident's interviewing techniques and ability to utilize interviewing as a diagnostic and therapeutic tool
2. To provide a mentoring relationship that nurtures academic growth and development throughout training
3. To review clinical psychotherapy cases and augment didactics in this area
4. To provide individual counseling, monitoring, and evaluation of resident performance and achievement
5. Assist the resident in understanding the broad repertoire of biological, dynamic, and behavioral etiologies of mental illness
6. Assist the resident in developing communication skills
7. Supervise (as appropriate to the resident's year of training) interactions between the residents and other health professionals
8. Provide case supervision of all admissions and consultations
9. To assist the Program Director in assessing the level of competency attained by a resident during training, with special emphasis on, but not limited to the six core competencies through formative feedback and a summative evaluation

### **Group Supervision**

Residents in the same PGY level will meet regularly with a supervising faculty member. Group Supervision meetings are case-based and focused on discussion of specific problems/skills. Residents will take turns presenting clinical cases and obtain feedback from fellow residents and supervisor. In addition, class specific concerns may be discussed and processed during Group Supervision meetings.

### **Assignment of Supervisors: PGY-1**

Supervisors are assigned by the Program Director and are typically service attending physicians.

Initially, all PGY-1s will be supervised either directly or indirectly with direct supervision immediately available and will only progress to indirect supervision with direct supervision available after demonstrating competence in:

- The ability and willingness to ask for help when indicated
- Gathering an appropriate history
- The ability to perform an emergent psychiatric assessment
- Presenting patient findings and data accurately to a supervisor who has not seen the patient

### **PGY-1**

Residents are assessed for the above 4 competencies on an ongoing basis. Direct supervision is provided during the month of July (longer if necessary) by faculty with progression to indirect supervision once the above competencies are achieved. Methods of assessment include the intern OSCE, a clinical skills assessment administered by a faculty member or program director, and faculty written evaluations. The Program Director along with the Clinical Competency Committee (CCC) ultimately determines demonstration of competence and reserves the right to require direct supervision as needed.

### **PGY-2**

Residents are assigned to weekly group therapy supervision and will be assigned an individual supervisor by the Program

Director. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year.

### **PGY-3**

Residents rotating through the outpatient clinic are assigned 2 individual psychotherapy supervisors and group therapy supervision. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year. The clinic schedule will be blocked to allow ample protected time to attend supervision sessions. Supervision during the outpatient experience will emphasize the development of competency in the key modalities of psychotherapy:

- Psychotherapy and Medication Management
- Brief and Long-Term Supportive Psychotherapy
- Cognitive Behavioral Psychotherapy
- Psychodynamic Psychotherapy

### **PGY-4**

Residents are assigned to weekly group therapy supervision and will be assigned an individual supervisor by the Program Director. Residents are responsible for contacting their supervisors and arranging a weekly meeting time prior to the start of the academic year. PGY-4 residents will also have the opportunity to supervise junior residents on clinical rotations.

### **Coverage Protocol for Attending Supervision**

In the event that a supervising attending is absent unexpectedly and no coverage has been designated, the Program Director should be promptly notified and will subsequently determine which faculty member/s will provide coverage.

### **Circumstances and Events for Which Residents Must Communicate with Appropriate Supervising Faculty**

In addition to the general circumstances encountered below, residents may at any time request direct faculty supervision if uncertainty exists or if felt to be required by the resident. Residents are encouraged to communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care.

Listed below are circumstances and events where residents must communicate with supervising faculty:

- Suicide gesture or attempt in any clinical setting
- Drugs or paraphernalia found on patient or premises
- Suspected impairment of substances on Inpatient Unit and Residential Units
- Threats from patients to harm staff members
- ICU and Critical Care transfers (both to and from unit)
- Substantial change in the patient's condition
- Issues regarding code status (including DNR) and end of life decisions
- If the resident is uncomfortable with carrying out any aspect of patient care for any reason (for example, a complex patient)
- If specifically requested to do so by patients or family
- Prior to accepting transfers from other hospitals
- To determine discharge timing
- Prior to performing any invasive procedure requiring written consent
- To discuss consultations rendered
- If any error or unexpected serious adverse event is encountered.
- When, after directly triaging a patient, they question appropriateness of an admission or transfer.

## SAFETY AND SECURITY QUESTIONS FOR RESIDENTS, STAFF, AND PATIENTS

1. **SAFETY TIPS OVERVIEW:** As a resident it can certainly be normal to feel “out of your comfort zone” (i.e., feeling uncomfortable with new surroundings and responsibilities), but it is important that you feel physically safe at all times. Do NOT be embarrassed to ask for help: when in doubt, always seek staff assistance as described below
  - Only meet with patients in designated patient interview areas and after informing staff—never interview patients behind closed doors where no one knows where you are. If a patient is agitated, ask for staff to be present with you during the interview. It may be necessary to have VA police or security at other program sites be readily available nearby.
  - If a patient becomes increasingly agitated or seems to be beginning to lose behavioral control, immediately ask for staff assistance, or call security (see below for instructions for individual clinical sites). On those rare occasions where a patient needs to be placed in seclusion or physical restraints, trained residents and staff should do this. Each facility will have its own policy on any use of seclusion or restraints.
  - Please view the required SLMs for didactics, which include coverage of issues related to patient dangerousness to self or others.
2. In an emergency, how is assistance accessed in the Clinic/Hospital buildings?

**Orlando VA:** There are several mechanisms in place to help maintain safety of patients and staff:

  - VA staff are trained in interventions to contain patients who have disruptive or agitated behavior. If a patient’s behavior should become out-of-control, a “Code Orange” is called by simultaneously pressing the F9 and F11 keys on a VA computer keyboard. If time and the situation permit, it is preferable to call 10911 (VA Police) to call a Code Orange, providing as much information as possible. VA police, a psychiatrist, a psychiatric nurse, and a patient advocate respond to all Code Orange calls. The Code Orange team does not respond to the Emergency Department, inpatient MH units, the Domiciliary, or the Community Living Center as these sites have internal disruptive behavior teams backed up by VA police.
  - For emergencies inside the VA buildings that require VA Police assistance, the VA Police can be called urgently on a VA phone by dialing 10911.
  - Finally, if a staff member urgently needs additional staff support to help with an imminently suicidal patient, but there is no acute need for the VA Police, the resident can instant message nearby staff members via VA Skype to alert other staff that assistance is needed.

**For an escort to your vehicle:**

- Lake Baldwin VA - Police Dispatch 407-631-8285
- Lake Nona VA - Police Dispatch at 407-631-8285

**Central Florida Behavioral Hospital:** It is the policy of CFBH that all new hospital personnel, physicians, and other licensed independent practitioners will receive initial Environment of Care and Safety Orientation, and annual in-service training thereafter. Components of the Environment of Care and Safety Orientation will consist of the following:

- Safety Management, consisting of the following:
  - Safety Officer
  - Safety Committee
  - Emergency Preparedness Program
  - Equipment, Utilities Management Program
  - Fire Prevention Management Program
- Review of General Safety Rules & Regulations.
- Fire Safety
- Emergency Preparedness
  - External/Internal Disaster – Mental Health Response
  - Severe Weather

- Bomb Threat
- Hazard Materials & Waste
  - Hazard Communication/MSD Sheets (Your Right to Know)
  - Location of MSDS Manuals
- Biohazardous Waste
- Security Management
- Utilities Management
- Medical Equipment
- Facility Tour

It is the policy of CFBH to ensure the safety of our staff, patients, and visitors. Panic alarms have been placed in the Intake and Receptionist areas to ensure prompt assistance in an emergency situation in which the staff member does not have immediate access to activate the emergency code system.

**Lake Correctional Institution:** There are several mechanisms in place to help maintain safety for both inmates and staff:

- Officers regularly round each wing of the building to secure inmate count and are immediately available at all time times to be of assistance in the event of an emergency.
- Staff members wear personal body alarms for emergency assistance.
- In the event of an inmate issue, psychology staff are the first to respond to de-escalate, then psychiatry staff is called for assistance, if needed.
- The Department of Corrections regularly exercises disaster drills, i.e., fire, escape, altercation, etc.
- Medical staff is available at all times in the event of a medical emergency.

#### **Needlestick/Contagious Disease Info**

Residents on clinical rotations exposed to needlesticks or contagious diseases should seek immediate medical care at the nearest emergency room (using the student health insurance), including the Orlando VA Medical Center Emergency Department if rotating there. In addition to seeking medical care, the resident should notify the NSU KPCOM Office of Osteopathic Clinical Education of the incident within 48 hours.

Residents are to follow the NSU Post Exposure Policies and Procedures that are found at <http://www.nova.edu/smc/needlestick/index.html>. Also found on the web-link are the Hotline for the “National Clinician’s Post-Exposure Prophylaxis at (888) 448-4911”, the “Helpful Links” to the Centers for Disease Control Hepatitis Site, and the U.S. Public Health Service Guidelines for the Management of Occupational Exposures.

\*NSU is not responsible for any medical fees incurred for emergency room visits; employee health insurance is required. If residents have private health insurance, it should be reviewed for benefit coverage of exposure incidents prior to matriculation into clinical rotation years.

#### **Orlando VA Medical Center:**

The resident should immediately notify the attending physician and the Program Coordinator. The incident should be reported to the Orlando VA Emergency Department at the Lake Nona Campus at 407-646-7302, the Occupational Health Provider at 407-629-1599, and VA’s Education office at 407-631-0333. An incident related to blood/bodily fluid spills should be contained and Environmental Management Services (EMS) should be contacted. Per existing mandates, the residents will be trained in and use the Joint Patient Safety Reporting System that is available on the Orlando VA Hospital website.

#### **Central Florida Behavioral Hospital:**

The resident should report the exposure to their immediate supervisor, the Residency Program Manager, and the Infection Control Practitioner if the incident occurred between 8 AM – 5 PM Monday through Friday. If during non-regular hours, weekends, or holidays, the resident should report the incident to their immediate supervisor.

**Lake Correctional Institution:**

The resident should immediately notify the attending physician and the Program Manager. Per the Florida State Department of Corrections adopted rule 33-401.501, if the affected person is an unincarcerated person lawfully present in the correctional facility, he or she shall be advised to contact his or her health care provider or local health department for testing, counseling, health care, and support services.

## FACILITY RESOURCES FOR RESIDENTS

### Central Florida Behavioral Hospital (CFBH)

#### **Lactation Facilities**

**Information forthcoming.**

#### **Safe Transportation Options**

Residents who are too fatigued to safely drive home are encouraged to make use of or utilize a ride-share service (i.e., Uber, Lyft). If the resident is too fatigued to drive home safely, he/she may stay overnight at a local hotel. Residents may submit their ride share and/or hotel lodging receipts for reimbursement by the program.

#### **Access to Food**

Several food establishments within a 10-minute drive of the hospital for residents to purchase food.

#### **Sleep and Rest Facilities**

Residents and staff are not allowed to sleep within the hospital.

#### **Disability Accommodations**

Central Florida Behavioral Hospital complies with applicable Federal civil rights laws and provides free aids and services to people with disabilities to communicate effectively via qualified sign language interpreters, providing written information in other formats (i.e., large print, audio, accessible electronic formats, etc.). The hospital also provides free language services to people whose primary language is not English. For these and other ADA accommodations, contact Crystal Bryant.

### Orlando VA Medical Center

#### **Lactation Facilities**

The hospital provides three lactation rooms which are all located in the front of the clinic that overlooks the main Veteran entrance, inside the women's lockers rooms in rooms 1E015B, 2E903B, and 3EP13B. A small refrigerator and sink are located in all rooms. The Lake Baldwin lactation room is located in building 500 in room 123 and in Lakemont room 107. To obtain keys to these rooms, contact Kevin Kolendo at [Kevin.Kolendo@va.gov](mailto:Kevin.Kolendo@va.gov).

#### **Safe Transportation Options**

The Orlando VA is located in the Lake Nona Medical City area with access to public transportation via the Lynx bus system. Residents can also utilize Lyft or Uber and be reimbursed by the program for the expense.

#### **Access to Food**

The Orlando VA Hospital provides a variety of food choices for the residents during their clinical and educational assignments including the retail store, Starbucks Coffee Shop, Patriot Cafeteria, vending machines located throughout the facility, and refrigerator with snacks in the Trainee lounge Room located in the facility Clinic Slide in room 4H217.

#### **Sleep and Rest Facilities**

The Orlando VA Hospital provides on call rooms for the residents who are working through the night to rest. The rooms are located in the Lake Nona Hospital Side in Room 3EC08. A resident lounge is located in the Lake Nona Clinic Side in Room 4H217. The room is equipped with computers, a refrigerator with snacks, TV, resting furniture, and lockers for residents to use.

#### **Disability Accommodations**

The Orlando VA facilities offers accommodations to residents with disabilities in their clinical settings via reasonable accommodations which are currently managed by the Human Resources and Interior Design Offices.

## **Lake Correctional Institution**

### **Lactation Facilities**

A designated lactation room is available that contains several refrigerators. Any resident that needs to bring a pump into the facility, will need to communicate with Dr. Amberlee Perez the type of pump that will be used such that Dr. Perez can gain approval for such to enter the facility.

### **Safe Transportation Options**

Residents who are too fatigued to safely drive home are encouraged to make use of or utilize a ride-share service (i.e., Uber, Lyft). If the resident is too fatigued to drive home safely, he/she may stay overnight at a local hotel. Residents may submit their ride share and/or hotel lodging receipts for reimbursement by the program.

### **Access to Food**

Staff canteens are available within the prison that offer a variety of options for food purchase with cash. However, staff are not allowed to bring in more than \$60 and no bills larger than a \$20. There are also several food establishments within a 10-minute drive of the prison and a gazebo located on the prison grounds for breaks and to eat lunch.

### **Sleep and Rest Facilities**

Residents and staff are not allowed to sleep within the prison.

### **Disability Accommodations**

If residents require disability accommodation, they need to contact Dr. Amberlee Perez so she can make the necessary contacts to gain approval for any accommodations to enter the facility.

## **Florida Women's Reception Center**

### **Lactation Facilities**

**Information forthcoming**

### **Safe Transportation Options**

Residents who are too fatigued to safely drive home are encouraged to make use of or utilize a ride-share service (i.e., Uber, Lyft). If the resident is too fatigued to drive home safely, he/she may stay overnight at a local hotel. Residents may submit their ride share and/or hotel lodging receipts for reimbursement by the program.

### **Access to Food**

Staff canteens are available within the prison that offer a variety of options for food purchase with cash. However, staff are not allowed to bring in more than \$60 and no bills larger than a \$20. There are also several food establishments within a 15-minute drive including Wendy's, McDonald's, and Arby's.

### **Sleep and Rest Facilities**

Residents and staff are not allowed to sleep within the prison.

### **Disability Accommodations**

If residents require disability accommodation, they need to contact Dr. Alford who can make the necessary contacts to gain approval for any accommodations to enter the facility.



## FERPA: What NSU Faculty Need to Know

### *It's Your Responsibility*

As a faculty member at Nova Southeastern University, you have a legal responsibility under the Family Educational Rights and Privacy Act (FERPA) to protect the confidentiality of student education records in your possession.

Your access to student information is not only based upon your role as a university official but also because you possess a demonstrated need to know in order to perform your responsibilities in the student's educational interest.

Student education records (other than directory information) are considered confidential and may not be released without written consent of the student. And NSU policy prohibits you from releasing lists or files with student directory information to any third party outside of your college or program office.

If you are in doubt about a request for student information, contact the Office of the University Registrar for assistance.

### It's the Law

The Family Educational Rights and Privacy Act (FERPA) was passed by Congress in 1974. It grants four specific rights to the postsecondary students:

- To review the information that the institution is keeping on the student.
- To request an amendment to those records and in certain cases, append a statement on the record.
- To consent to disclose those records.
- To file a complaint with the U.S. Department of Education in Washington, DC.

FERPA applies to all educational agencies or institutions, including Nova Southeastern University, who receive funds under any program administered by the Secretary of Education. FERPA governs what *may* be released but does not require that any information be released. Failure to follow the law can result in lost federal funding for the university and possible disciplinary action against the responsible party.

## Student Information and Its Disclosure

### Directory/Public Information and NSU Directory Information

Directory information is defined as information contained in an education record of a student "that would not generally be considered harmful or an invasion of privacy if disclosed." (FERPA Regulations, Part 99.3)

#### Directory Information at NSU

- Name
- Local, home, and Email addresses
- Telephone numbers
- Place of birth
- Major/Enrollment status
- Participation in intercollegiate athletics
- Dates of attendance
- Degrees, honors, and awards
- Year in school/Anticipated graduation date
- ID photo

Information not included on the list of directory information at NSU is defined as confidential student information and may not be released. Student schedules, their NSU ID numbers, grades, and dates of birth are confidential information and *may not be released*.

While **Directory Information** is considered public and can be released without the student's written permission, *the student may opt to keep this information confidential. Directory information can never include:*

- Social Security number
- Race
- Sex
- Ethnicity
- Nationality
- Gender
- Religion

### Health or Safety Emergency Disclosure

Faculty can share information about distressed or disruptive students with university officials who have a legitimate educational interest in the information. In addition, if a health or safety emergency exists, faculty can share information with other people, within or outside the university, to protect the health or safety of the student or others.

### Parental Access to Student Information

Parents of NSU students do not have a right to obtain information from student records, including grades and faculty records about a student's performance in class. However, a student may consent to disclosure of information to his or her parents.

---

**Can a student ask to have their directory information not be released?**

Some students exercise their right under FERPA to restrict the university from disclosing any information about them, not even their name or existence at the university, because of serious personal safety threats or for whatever other reason. NSU must ensure that no information about students who exercise this right is disclosed except to university officials who have a **legitimate educational interest** in the information

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**How does FERPA affect letters of recommendation?**

Statements made by a person providing a recommendation based on that person's personal observation or knowledge do not require a written release from the student. However, if personally identifiable information obtained from a student's education record is included in a letter of recommendation (e.g., grades, GPA, etc.), the writer is required to obtain a signed release from the student which 1.) specifies the records that may be disclosed, 2.) states the purpose of the disclosure, and 3.) identifies the party to whom the disclosure can be made. Since the letter of recommendation would become part of the student's education record, the student has the right to read it – unless she/he has waived that right to access.

---

**How is a student who has exercised confidentiality of directory information to be treated in the classroom?**

Students cannot choose to be anonymous in the classroom setting. If a student has chosen "confidential" for his or her directory information, that does not mean that an instructor cannot call on him or her by name in the class or that the student's email address cannot be displayed on an electronic classroom support tool, such as a Canvas discussion board, blog, or chat feature.

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**Are comments and notes related to a discussion you had with a student considered part of the education record?**

Possibly. If the comments and notes are recorded in Banner or kept in a file that is accessible to others, they are considered part of the education record and subject to FERPA. If the comments and notes are kept simply as a "*memory jogger*" and not shared with another person (other than a temporary substitute), they are considered "sole possession" notes and not part of the education record. Since FERPA gives students the right to review and access their records, the notes that do not meet the "sole possession" criteria would be included in that review. Therefore, it is important that all written comments or notes be factual and objective and devoid of inappropriate value judgements or language.

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**Can email be used to communicate grades with students**

While emailing grades is permissible under FERPA, the Department of Education has ruled that an institution will be held responsible for a violation if any unauthorized individual sees the grade via your electronic transmission. Therefore, NSU prohibits the use of email for the dissemination of grades. Students should be directed to their SharkLink account to ascertain all grades.

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**DO NOT!**

- ✓ Circulate a printed class list with student's name and NSU ID number as an attendance roster.
- ✓ Discuss the progress of any student with anyone other than the student (*including parents*) without the consent of the student.
- ✓ Provide anyone with student schedules or assist anyone other than university employees in finding a student on campus.
- ✓ Access the records of **any** student for personal reasons.
- ✓ Include personally identifiable information about student "A" in an email communication to student "B" without student A's written permission.
- ✓ Leave graded tests, papers, or other student materials in a stack for students to pick up that requires sorting through the papers of other students.
- ✓ Use the student's name, Social Security number, or NSU student ID, or any part thereof, when posting grades.

## CLINICAL SKILLS VERIFICATIONS

Resident clinical performance will be assessed during multiple Clinical Skills Verifications (CSVs) involving direct observations of clinical tasks with actual or standardized patients. These evaluations will be used to demonstrate on direct observation the core clinical knowledge, skills, behaviors, and attitudes specified in the residency's goals and objectives. Specifically, these evaluations will focus on the patient-physician relationship, psychiatric interviewing including mental status examination, and case presentation. The CSV consists of a 30-45-minute patient interview by the resident, followed by 15-30 minutes for case presentation and feedback. The resident's performance will be evaluated on a Likert scale that differentiates acceptable from unacceptable performance.

Clinical Skills Verification conducted during late PGY 1, PGY2 and PGY3 years--refers to the documentation of competency in clinical interviewing and is required to be eligible to take the ABPN Boards. For the three required ABPN Clinical Skill Verifications the ABPN has specified these be done with new patients.

Examiners will evaluate the student's performance/competence based upon expectations of the appropriate minimum level expected of a practicing psychiatrist. These Evaluations utilize the Psychiatry Clinical Skills Evaluation Form (CSV v.2) designed by the American Board of Psychiatry and Neurology for Psychiatry for use with residents (loaded in MedHub). Any ABPN-certified psychiatrist may be an examiner; at least two different examiners must be utilized for the required three successful assessments.

For the annual Clinical Skill Assessments, the examination will also include assessment of diagnostic formulation and treatment plan. Examiners will only evaluate the resident's performance based upon competency expectations appropriate to the level of training. The evaluation form is loaded in MedHub.

## RECOMMENDED TEXTS AND REFERENCES

Psychiatry Residents have access to an extraordinary array of resources through the NSU-KPCOM Health Sciences Library and the Orlando VA Library:

- 134 Journals in Psychiatry and Behavioral Sciences
- 79 textbooks in Psychiatry and Behavioral Science
- Superb Databases including UpToDate, Epocrates, Medical Letter, DynaMed Plus, PsychInfo, PubMed Medline, and others.
  - Psychiatry online (features the DSM-5 library, journals, textbooks, guidelines, self-assessment tools, clinical & research news, and medical education handouts produced by American Psychiatric Publishing)

**Specific Recommendations (all available electronically in the NSU KPCOM Health Science Library and Orlando VA Library):**

- Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 11th Edition (2014), Lippincott Williams & Wilkins, Sadock, B. J. & V. A. Sadock
- Diagnostic and Statistical Manual of Mental Disorders DSM-5. American Psychiatric Association, 2013.
- Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 10th edition.
- Massachusetts General Hospital Comprehensive Clinical Psychiatry, 2nd edition, 2016.
- Massachusetts General Hospital Handbook of General Hospital Psychiatry, 7th edition. Stern, T.; Freudenreich, O.; Smith, F.; Fricchione, G.; Rosenbaum, J. 2018
- Overview of the U.S. Health Care System in Behavioral Sciences and Health Care 4th ed., 2017 (access through COM HSL Library).

# Use of Smartphone Apps in Teaching Medical Students



Greg Briscoe, MD- Professor  
 Lisa Fore Arcand, Ed.D.- Associate Professor  
 Stephanie Peglow, DO- PGY-2 Resident  
 William Lemley, MD- PGY-1 Resident  
 All from Eastern Virginia Medical School



Poster presentation, 6-14-12  
 Annual Meeting, Association of Directors of Medical Student Education in Psychiatry, Blaine WA

Application	Icon	Comments	Cost	Platform**
<b>Drug Reference (all provide periodic updates)</b>				
Epocrates Rx		Most widely used, very extensive. Contains drug interaction checker	Free	an, bb, iOS, pa, wi
Micromedex		"Clinical Teaching" great distillation of pertinent teaching points. No built in drug interaction checker (may purchase for \$10). Very detailed MOA	Free	an, iOS
LexiComp Lexi-Drugs*		Very comprehensive, but price prohibitive.	\$75/yr	an, bb, iOS, pa, wi
Tarascon Pharmacopoeia*		Contains reference tables, Canadian trade names and calculators. Updates are not free after 1 year	\$39.95	an, bb, iOS
Skyscape: Rx Drugs		Organization is cumbersome	Free	an, bb, iOS
<b>Clinical Consult</b>				
Medscape		Expansive, pertinent, peer reviewed and easy to access medical reference. Includes drug reference	Free	an, bb, iOS
Psych Dx		Contains ICD-9 codes, rating scales, lab recommendations, clinical pearls, MSE breakdown, and a glossary in a drill down format.	\$5.99	iOS
Psychiatry On Call		Authored by professors at UC Irvine, this reference contains snippets from the DSM, EBM for each disorder, and examples of how to write notes.	\$1.99	iOS
3 in 1 Lab Values+		Lab reference Values with medical abbreviations	\$2.99	an, iOS
Harrisons Manual for Mobile*		Concise and Up-to-date for Internal Medicine Reference with 400 Tables and figures	\$59.99	an, bb, iOS, pa, wi
Mediquations		232 scoring tools and calculators with an intuitive interface. Contains a Psychiatry section with variety of 11 commonly used rating scales.	\$4.99	iOS
<b>Study Guides</b>				
Psychiatry Lange Q&A*		Questions applicable to 3 <sup>rd</sup> year shelf. First few are free but continued use requires payment.	\$39.99	an, iOS
Case Files Psychiatry*		Textbook- uses case presentations and multiple choice to teach. Students rate this well.	\$29.99	iOS
Psychiatry Mini-Atlas		Flash-card style images review the anatomy, pathology, and therapeutics associated with the disease. Allows email or print of the images.	\$5.99	iOS
3-D Brain		Salient points of neuro-anatomy at learner level. Offers 3D views of structures with labels and associated information regarding function and dysfunction from injury.	Free	an, iOS
PsychTerms		Expansive database of concise definitions relevant to psychiatry	Free	iOS
<b>Textbooks</b>				
MGH Hospital Psych Handbook*		EBM on diagnosis and treatment. Concise at learner level. In outline form, good for POC learning	\$79.99	an, bb, iOS
Oxford Handbook of Psychiatry*		More comprehensive coverage of psychiatric subjects	\$49.99	an, bb, iOS
Sanford Guide of Antimicrobials		Fast, convenient and up-to-date reference. A direct port of the book, formatting and UI is less than optimal when using tables.	\$29.99	an, iOS
<b>Other</b>				
Dragon Medical Recorder		Mobile dictation for eScripton, Dictaphone, Enterprise and iChart	Free	iOS
PubMed on Tap		Peer reviewed articles searchable like the web based pub-med. A free "lite" version is also available.	\$2.99	iOS
Doximity		Social Networking for physicians	Free	an, bb, iOS
Evernote		Searchable database to take notes, photos, to do-lists and voice reminders	Free	an, bb, iOS

\*These apps were not reviewed by authors of poster. Reviews and experiences of others were incorporated to form the comment section.

\*\*Key for Platform: an: Android; bb: Blackberry; iOS: iPhone/iPad; p: Palm webOS; w: Windows Mobile

"Psych On Demand, available for iPhone/iPad, is a comprehensive collection of industry-standard mental health screening measures and rating scales: over 23 assessment tools inclusive of Cognitive Disorders, Substance Use, etc. <https://itunes.apple.com/us/app/psych-on-demand/id768349681?mt=8> Cost: 99 cents. Another very comprehensive listing of Psychiatry/Psychology related apps is the following blog: <http://sylvainroy.blogspot.com/2011/02/iphone-apps-for-psychologists.html>

## RESIDENT PREPARATION FOR EXAMINATIONS

1. Content of PRITE Exam in Psychiatry: The American College of Psychiatrists sells a "study from past (PRITE) exams": <http://www.acpsych.org/prite>.
2. COMLEX Step 3: <https://osteopathic.org/residents/preparing-for-licensure-exams/comlex-3/>

USMLE: see "Practice Materials" at <http://www.usmle.org/practice-materials/index.html>

- The Clinical Management Comprehensive Self-Assessment is modeled on Step 3. Step 3 includes questions on assessing journal articles (evidenced-based medicine skills) and on interpretation of pharmaceutical advertisements.
  - For USMLE Step 3 preparation by USMLE World (fee for ordering): <http://www.usmleworld.com/home.aspx>
3. Information on Psychiatry Board eligibility: <https://www.abpn.com/become-certified/general-requirements/>

## APPENDIX A: SAMPLE PSYCHIATRY INTAKE TEMPLATE

### PSYCHIATRY EVALUATION

Patient Name \_\_\_\_\_ Patient # \_\_\_\_\_ Unit \_\_\_\_\_ Date \_\_\_\_\_

Identifying information and reason for evaluation \_\_\_\_\_

The purpose of this evaluation was explained to the patient, who then agreed to proceed: YES NO

### HISTORY OF PRESENT ILLNESS

\_\_\_\_\_

\_\_\_\_\_

### PAST PSYCHIATRIC HISTORY

\_\_\_\_\_

\_\_\_\_\_

### MEDICAL HISTORY

1. Major Medical Problems \_\_\_\_\_

2. Current Medications \_\_\_\_\_

3. Allergies \_\_\_\_\_

4. Tobacco Use \_\_\_\_\_

5. Alcohol Use \_\_\_\_\_

6. Illicit Drug Use \_\_\_\_\_

### COMPLICATIONS OF ALCOHOL/DRUG USE

Legal \_\_\_\_\_ Medical \_\_\_\_\_

Job \_\_\_\_\_ Social \_\_\_\_\_

Family \_\_\_\_\_

Alcohol blackouts \_\_\_\_\_ Withdrawal sx \_\_\_\_\_

Chemical Dependency Tx \_\_\_\_\_

### MEDICAL REVIEW OF SYMPTOMS

\_\_\_\_\_

\_\_\_\_\_

### FAMILY MEDICAL AND PSYCHIATRIC HISTORY

\_\_\_\_\_

\_\_\_\_\_

### SOCIAL HISTORY

1. Development \_\_\_\_\_

2. Education \_\_\_\_\_

- 3. Military History \_\_\_\_\_
- 4. Legal History \_\_\_\_\_
- 5. Marital History \_\_\_\_\_
- 6. Vocational History \_\_\_\_\_
- 7. Current stressors \_\_\_\_\_

VITAL SIGNS: TEMP \_\_\_\_ BP \_\_\_\_ PULSE \_\_\_\_\_ RESP \_\_\_\_ SaO2= \_\_\_\_ %

MENTAL STATUS EXAMINATION

Appearance \_\_\_\_\_ Behavior \_\_\_\_\_  
 Affect \_\_\_\_\_ Mood \_\_\_\_\_  
 Speech \_\_\_\_\_ Gait/Station \_\_\_\_\_  
 Muscle Strength & tone \_\_\_\_\_ Psychomotor functioning \_\_\_\_\_  
 Perception, e.g., hallucinations \_\_\_\_\_  
 Thought content, e.g., delusions or obsessions \_\_\_\_\_  
 Thoughts of harming self or others \_\_\_\_\_  
 Thought processes, e.g., associations \_\_\_\_\_  
 Expressive & Receptive Language, e.g., naming objects \_\_\_\_\_  
 Cognitive ft: level of consciousness \_\_\_\_\_ Orientation \_\_\_\_\_  
 Attention/conc.: Serial 7's \_\_\_\_\_ Spells world backwards: Yes \_\_\_\_ No \_\_\_\_  
 Memory: Remote \_\_\_\_\_ Recent \_\_\_\_\_ Recalls \_\_\_\_\_ /3 words after 3min  
 Fund of knowledge (e.g., current events; vocabulary) \_\_\_\_\_  
 Abstract thinking \_\_\_\_\_  
 Judgment \_\_\_\_\_  
 Insight \_\_\_\_\_

CURRENT LAB & RADIOLOGIC STUDIES:

\_\_\_\_\_

ASSESSMENT: DSM-5 DIAGNOSES: (include 2-3 sentences justifying your diagnoses with information from the HPI and/ or Mental Status Exam) \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS

- 1. Further evaluation: \_\_\_\_\_
- 2. Psychopharmacological treatment: \_\_\_\_\_
- 3. Psychotherapeutic interventions: \_\_\_\_\_
- 4. Social/Family interventions: \_\_\_\_\_

Is Chemical Dependency treatment indicated? \_\_\_\_\_

Disposition: \_\_\_\_\_

Psychiatry Assessment Done By: \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX B: RESOURCES FOR PATIENTS

### COMMUNITY RESOURCE GUIDE

#### CHILD CARE CENTERS

"4C" Community Coordinated Care for Children	407-522-2252
Boys and Girls Clubs of Central Florida, Inc.	
Brevard County	1-321-242-0041
Osceola Branch	407-847-2833
Seminole County	407-332-8668
Orange County	407-295-1100
Orange County After School Zone Programs	407-841-6855
Crisis Nursery – Orange/Osceola	407-522-2288
Crisis Nursery -Lilley House – Seminole	407-262-7688
Frontline Outreach	407-293-3000
Orlando Day Nursery	407-422-5291
Winter Park Day Nursery	407-647-0505

#### ADULT & CHILD INVESTIGATIVE/ PROTECTIVE SERVICES

DCF Abuse Hot Line	1-800-96-ABUSE
Child Protection Team of Orange & Osceola	407-317-7430
Kids House of Seminole County – Seminole CPT	407-324-3036
Protective Services:	
Devereux	407-367-1503
One Hope United	407-367-1600
Community Based Care of Seminole	407-688-9650

#### BURIAL EXPENSE ASSISTANCE

Orange County Health and Family Services	407-836-6500
Division of Youth and Family Services	
Osceola County Human Services Department	

#### CITIZENSHIP/ IMMIGRATION SERVICES

Catholic Charities of Central Florida	407-658-0110
US Citizenship and Immigration Services	1-800-375-5283
Haitian Outreach	407-294-3519 x 13

This limited reference list of agencies is not an endorsement by Orlando Health. In that it is not an exhaustive list, you can consult your phone directory, or call the "211" Resource Line for additional providers. Contact agencies directly to discuss services and fees.

#### EMPLOYMENT & JOB TRAINING

*One Stop Career Center, Work Force Central Florida	
Orange County	407-531-1227
Osceola County	407-705-1555
Orange County Community Action Division	407-886-4701 (Service/Intake)
Orlando Tech Adult Community Education (ESOL)	407-893-7204
Christian Help- Central Florida Employment Council	407-834-4022
Primrose Center	407-898-7201
Goodwill Industries	407-235-1500
Center for Independent Living	407-623-1070
Christian Service Center for Central Florida Men's Fresh Start Program	407-425-2523

#### FINANCIAL ASSISTANCE/ UTILITIES & RENT

Catholic Charities of Central Florida	407-658-0999
Child-Care Subsidy Hotline (Child Care Aware)	1-800-424-2246
Child Support Enforcement Hotline	1-877-696-6775, press 2
Child Support Enforcement Program	1-800-622-5437
Christian Service Center for Central Florida, Inc.	
Orange County	407-425-2523
Ocoee County	407-656-6678
Community Service Center of Central Florida, Inc.	407-851-5920
Crisis Assistance Program/ Orange County	407-836-6500
DCF/Economic Self-Sufficiency	1-866-762-2237
Florida Public Service Commission's Division of Consumer Affairs Telephone Bill Payment Assistance	1-800-342-3552
Haitian Outreach	407-294-3519, ext. 13
Jewish Family Services of Greater Orlando, Inc.	407-644-7593
Low Income Home Energy Assistance Program	407-836-7429
Orange County Health and Family Services Division of Youth and Family Services	407-836-6500
Osceola County Council on Aging, Inc.	407-846-8532

#### COUNSELING AND MENTAL HEALTH

Alcoholic's Anonymous Hotline (24hr/7 days a week)	407-260-5408
After Court Solutions	407-944-1155
Behavioral Support Services	407-830-6412
Catholic Charities of Orlando	407-658-1818
Center for Drug Free Living	407-245-0045
Devereux:	
Orange County	321-281-3840
Episcopal Counseling Center	407-423-3327
Florida Health Partners (Medicaid/Medipass)	1-866-717-3816
Harmony Behavioral Health (Staywell, Healthease, Wellcare)	1-877-712-5340
Howard Phillips Healing Tree	407-317-7430
Intervention Services	407-331-8002
Jewish Family Service Center	407-644-7593
Eckerd Community Care	407-339-7451
Lakeside Behavioral Health - Orange	407-875-3700
NAMI [National Alliance on Mental Illness] Orange & Seminole Counties	407-253-1900
Narcotic's Anonymous	407-425-5157
Orange County Youth and Family Services	407-897-6370
Park Place Behavioral Health – Osceola	407-846-0023
Positive Paths, LLC	407-894-8894
Seminole Behavioral Health Center (Fern Park)	407-831-2411
Seminole Behavioral Health Center (Adult)	407-321-4357
Victim Service Center of Orange County	
Counseling	407-644-2577
Sexual Assault Hotline	407-497-6701
South Seminole Psych Triage	407-262-2200
We Care Crisis Hotline (24hr/7 days a week)	407-425-2624

#### DOMESTIC VIOLENCE (\*speak with staff regarding shelter)

24-Hour Crisis Hotline	1-800-500-1119
No Abuse, Inc.	407-228-9503
Harbor House/ Orange County [Helpline/Hotline]	407-886-2856
Help Now of Osceola, Inc. [Helpline/Hotline]	407-847-8562
Safe House of Seminole County [Helpline/Hotline]	407-302-5220
	407-330-3933

#### FINANCIAL ASSISTANCE/ UTILITIES & RENT (cont)

Osceola County Human Services Department	407-742-8400
Salvation Army/Kissimmee	407-518-9111
Salvation Army/Orlando	407-423-8581
Senior Resource Alliance	407-514-1800
Social Security Office/ Orlando	407-897-2970
Supplemental Security Income [SSI]	1-800-772-1213
Urban League	407-841-7654

#### FOOD ASSISTANCE

Catholic Charities of Central Florida	407-658-0999
Christian Help – Central Florida Food Pantry	407-834-4022
Christian Service Center	407-425-2523
Coalition for the Homeless of Central Florida	407-426-1250
Community Food and Outreach Center	407-650-0774
Community Service Center of Central Florida, Inc.	407-851-5920
DCF/ Economic Self-Sufficiency	1-866-762-2237
Good Shepherd	407-644-5350
Harvest Time International	407-328-9900
Jewish Family Services of Greater Orlando, Inc.	407-644-7593
Joy Metropolitan Community Church	407-894-1081
Loaves & Fishes	407-886-6005
Meals On Wheels (Seniors First)	407-292-0177
Osceola Christian Ministry Center	407-944-9968
Osceola County Council on Aging, Inc.	407-846-8532
Salvation Army	407-423-8581
Second Harvest Food Bank of Central Florida	407-295-1066
The Sharing Center	407-260-9155
*W.I.C. Supplemental Food Program	
Orange County WIC Program	407-836-2623
Osceola County WIC Program	407-343-2085
Seminole County WIC Program	407-665-3705

**HOUSING/ SHELTERS****\*Housing**

Center for Affordable Housing	407-323-3268
Coalition for the Homeless	407-426-1250
Transitional Housing Program	407-426-1261
Emergency Housing Fund	1-877-891-6445
H.A.N.D.S.	407-447-5686
Habitat for Humanity	407-648-4567
Kissimmee Housing Authority	407-742-8400
Orlando Housing Authority	407-894-1500
U.S. Department of Housing [HUD]	407-648-6441

**\*Shelters**

B.E.T.A. (Women in Crisis)	407-277-1942
Center for Affordable Housing	407-323-3268
Central Care Mission (for men)	407-299-6146
Coalition for the Homeless	407-426-1250
Transitional Housing Program	407-426-1261
Covenant House [Teen Crisis]	407-482-0404
Family Promise of Greater Orlando (formally Interfaith Hospitality Network)	407-893-4580
Habitat for Humanity	407-648-4567
H.A.N.D.S.	407-447-5686
House of Hope [Teens/ Faith- Based]	407-843-8686
Interfaith Hospitality	407-893-4580
Kissimmee Housing Authority	407-742-8400
Orlando Housing Authority	407-894-1500
Orlando Union Rescue Mission, Inc.	407-423-2131, Ext. 121
Rescue Outreach Mission of Sanford, Inc.	407-321-8224
Salvation Army of Orange County	407-423-8581
Women's - Ext. 204	
Men - Ext. 219	
U.S. Department of Housing [HUD]	407-648-6441
Women's Residential & Counseling Center	407-425-2502

This limited reference list of agencies is not an endorsement by Orlando Health. In that it is not an exhaustive list, you can consult your phone directory, or call the "211" Resource Line for additional providers. Contact agencies directly to discuss services and fees.

**MEDICAL/HEALTH RESOURCES (continued)**

Medicaid Information	1-888-419-3456 "3"
OH Faculty Practice OB/GYN	321-841-5281
OH Faculty Practice-Pediatrics	407-237-6319
OH Teen Health Center/Teen Express	407-237-6319
Orange County Public Schools-Hearing Evaluations	407-897-6422
Primary Care Access Network (PCAN)	407-836-7226
Shepherd's Hope (Uninsured)	407-876-6699

**Preschool Developmental Evaluations**

Orange County (OCPS:407-317-3200)	407-317-3503
Osceola County	407-891-1178
Seminole County	407-320-9406

**United Cerebral Palsy**

407-852-3300

**Pediatric Prescribed Extended Care (PPEC):**

Bright Start	
Orange & Osceola County	407-857-1212
Seminole & Volusia County	407-321-9570
Children's First	407-513-3000
Pediatric Health Choice	407-298-8810

**PREGNANCY/ PARENTING RESOURCES/ BABY ITEMS**

Accept Pregnancy Centers, Inc.	407-654-0820
Bargain Box (clothing)	407-644-4043
B.E.T.A., Inc.	407-277-1942
C.H.A.D.D./ADHD Support Group	407-578-6200, Ext. 209
Child Support Enforcement Program	1-800-622-5437
Car Seats/Florida Highway Patrol	407-737-2300 x1008
Center for Pregnancy	407-514-4517
Christian Service Center	407-425-2523
Compassionate Friends (Bereaved Parents)	407-227-2862
DNA Center	1-800-362-2368
Florida Adoption Information Center	1-800-962-3678
Frontline Outreach	407-293-3000
Goodwill	407-857-0659

This limited reference list of agencies is not an endorsement by Orlando Health. In that it is not an exhaustive list, you can consult your phone directory, or call the "211" Resource Line for additional providers. Contact agencies directly to discuss services and fees.

**LEGAL ASSISTANCE**

Child Support Enforcement/Services	800-622-5437
Legal Aid	
Orlando	407-841-8310
Osceola	407-847-0053
Seminole	407-834-1660
Mid Florida County Community Legal Services	407-841-8843
Harbor House Legal Support - Domestic violence & protective injunctions	407-836-2001

**MEDICAL/HEALTH RESOURCES**

Access Lynx Transportation	407-423-8747
Center for Autism and Related Disorders/CARD	407-823-6011
Central Florida Family Health Center (Medicaid)	
Alafaya office	407-322-8645
Hoffner office	407-367-0923
Lake Underhill office	407-956-4320
Sanford office	407-322-8645
Southside office	407-956-4660
Children's Medical Services/ Tri-County	407-856-6519
Community After-Hours Medical Clinic (no insurance)	407-303-7298
Community Health Center, Inc.	
Apopka (central scheduling)	407-886-5232
Developmental Services, Med Waiver/Respite	407-245-0440
Florida Kid Care/Healthy Kids Insurance	1-888-352-5437
Grace Medical Home (uninsured)	407-936-2785
Health Departments	
Orange County	407-836-2600
Osceola County	407-343-2000
Seminole County	407-665-3400
Healthcare Center for the Homeless	407-428-5751
Healthy Families	
Orange	407-649-9595
Osceola	407-343-2112
Seminole	407-833-7672
Healthy Start	
Orange	407-254-6822
Osceola	407-343-2100
Seminole	407-665-3277
Howard Phillips Center	407-317-7430
Early Steps/ Developmental Center	
Hug Me	407-888-1330
Medicaid Call Center	1-866-762-2237

**PREGNANCY/ PARENTING RESOURCES/ BABY ITEMS (cont)**

Healthy Families	
Orange	407-649-9595
Osceola	407-343-2112
Healthy Start Services	
Orange	407-254-6822
Osceola	407-343-2000
Seminole	407-665-3200
JMJ Life Center, Inc.	
Orange County	407-839-0620
Osceola County	407-891-6969
Life for Kids and A Center for Women	407-629-5437
Mommy and Me Groups	407-648-7899
Mothers of Multiples/Twins [Parent support]	407-872-4000
Mustard Seed	407-875-2040
Nathaniel's Hope	407-857-8224
Neighborhood Center for Families [in home educ/support]	407-523-3004
Orange County Public Schools	407-317-3200, Ext. 2988
Teen Parent Program	
Orlando Health Obstetric Clinic	407-841-5281
OH Breastfeeding Education Center (pump rentals)	321-843-2229
Parent Helpline (24/7)	1-800-FLA-LOVE
Planned Parenthood of Greater Orlando	407-246-1788
Sanford Crisis Pregnancy Center	407-323-3384
TLC Women's Center	407-294-4314
WPH Birth Registry	321-841-1640
WPH Lactation Specialist	
Mother/Baby	321-843-8196
NICU	321-841-2140
WPH Perinatal/Neonatal Bereavement Support Group	407-649-6947

**Children's Home Society**

Orange County	321-397-3000
Osceola County	407-846-5220
Seminole County	407-688-9650

**W.I.C. Supplemental Food Program**

Orange County WIC Program	407-836-2623
Osceola County WIC Program	407-343-2085
Seminole County WIC Program	407-665-3705

**SUBSTANCE ABUSE ASSISTANCE**

Ala-non/ Ala-Teen	407-896-4929
Alcohol 24-Hour Hotline	1-800-ALCOHOL
Alcoholics Anonymous Hotline	407-260-5408
All Dimensions	407-944-1155
Center for Drug Free Living/Orange County	407-245-0014
Center for Drug Free Living/Osceola County	407-846-5285
Crossroads (Seminole County)	407-321-4357
Grove Counseling Center Inc./ Seminole County	407-327-1765
Heart to Heart	407-767-0416
or	407-262-7492
Jewish Family Service Center	407-644-7593
Lakeside Behavioral Health	407-875-3700
Narcotics Anonymous Hotline	407-425-5157
Park Place Behavioral Health Care	407-846-0023
S.T.E.P.S Residential Substance Abuse Treatment	407-522-2144
The Bridge	407-926-8134
Turning Point of Central Florida	407-740-5655
We Care Crisis, 24 hr. Hotline	407-425-2624

# Need Help?

DIAL **2 1 1** TODAY

Looking for affordable housing, quality day care or utility assistance? Are you struggling with a personal crisis or need help with an aging parent? **Simply dial 2-1-1**, United Way's free, 24-hour crisis hotline and information and referral helpline which links people in need with assistance from more than 2,000 local health and human service programs. Staffed by highly trained, multilingual operators, 2-1-1 is your connection to finding help with:

- **Food, Housing and Clothing**
- **24-hour Crisis and Suicide Counseling**
- **Youth and Child Care Issues**
- **Physical and Mental Health Services**
- **Elder Services**

**And much, much more**

If you want to give help, dial 2-1-1 to learn about meaningful volunteer opportunities.

*United Way 2-1-1 and Elder Helpline is a community service provided by Heart of Florida United Way.*



Or dial 407-839-HELP (4357)

TDD Dial 7-1-1 for the Florida Relay Service

United Way 

**UNITED WAY**  
**2-1-1**  
Get Connected. Get Answers.

Call for free information and referrals for community resources 24-7 • 365 days

DIAL **2 1 1**

Or dial 407-839-HELP (4357)

TDD Dial 7-1-1 for the Florida Relay Service

## APPENDIX C: RESIDENCY SITE CONTACT LIST

Name	Address	Phone	Email
<b>Orlando Veterans Affairs Medical Center</b>			
Jose R. Torres-Miranda, MD Program Director	N/A	850-228-6537	<a href="mailto:jose.torres-miranda@va.gov">jose.torres-miranda@va.gov</a>
Yara Bonet Pagan, MD Associate Program Director	N/A	407-242-0732	<a href="mailto:yara.bonetpagan@va.gov">yara.bonetpagan@va.gov</a>
Yara Moustafa, MD, PhD Associate Program Director	N/A	352-989-9390	<a href="mailto:ymoustafa@teamcenturion.com">ymoustafa@teamcenturion.com</a>
Pam Zerblas GME Program Manager	N/A	407-496-7810	<a href="mailto:Pamela.Zerblas@va.gov">Pamela.Zerblas@va.gov</a>
<b>Central Florida Behavioral Hospital</b>			
Nasreen Razack-Malik, MD Site Director	6601 Central Florida Pkwy. Orlando, FL 32821	321-246-8526	<a href="mailto:nasreenorlando@yahoo.com">nasreenorlando@yahoo.com</a>
<b>Florida Department of Corrections – Lake Correctional Institution</b>			
Yara Moustafa, MD, PhD Site Director	19225 US Hwy 27 Clermont, FL 34715	352-989-9390	<a href="mailto:ymoustafa@teamcenturion.com">ymoustafa@teamcenturion.com</a>
<b>Florida Department of Corrections – Florida Women’s Reception Center</b>			
Nicholas Alford, DO Site Director	3700 NW 111 Pl. Ocala, FL 34482		<a href="mailto:nalford@teamcenturion.com">nalford@teamcenturion.com</a>
<b>Florida Department of Corrections – Lowell Correctional Institution</b>			
Beltran Pages, MD Site Director	N/A	850-228-6537	<a href="mailto:bpages@teamcenturion.com">bpages@teamcenturion.com</a>
<b>Florida Department of Corrections – Central Florida Reception Center</b>			
Beltran Pages, MD Site Director	N/A	850-228-6537	<a href="mailto:bpages@teamcenturion.com">bpages@teamcenturion.com</a>

## APPENDIX D: HELPFUL TIPS FOR RESIDENTS

**What to Wear:** Dress professionally and wear your white coat.

**VA Orientation:** Residents who are scheduled for the VA will meet at a location noted on your schedule for a mental health orientation followed by CPRS training. ***It is imperative that you give yourself more than enough time to arrive at the VA early. Punctuality is extremely important.***

**Note that there are various locations for the Orlando VA Health Care System:**

Orlando VA Medical Center at Lake Nona: 13800 Veterans Way, Orlando, FL 32827

Lake Baldwin VA Clinic: 5201 Raymond Street, Orlando, FL 32803

Clermont VA Clinic: 805 Oakley Seaver Drive, Clermont, FL 34711

Kissimmee VA Clinic: 2285 North Central Avenue, Kissimmee, FL 34741

Deltona VA Clinic: 1200 Deltona Boulevard, Deltona, FL 32725

Tavares VA Clinic: 1390 East Burleigh Boulevard, Tavares, FL 32778

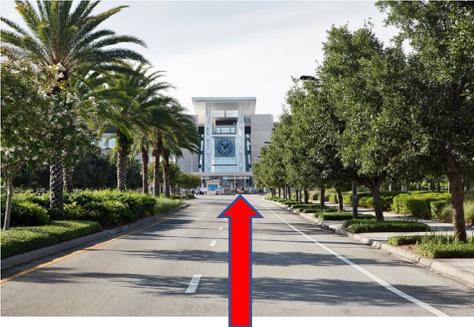
Viera VA Clinic: 2900 Veterans Way, Viera, FL 32940

William V. Chappell Jr. Veterans Outpatient Clinic: 551 National Health Care Drive, Daytona Beach, FL 32114

At the OVAMC, please remember to lock the computer when you step away and “log out” when you leave for the day. If not, this creates a serious security risk.

**Parking:** At the Lake Nona VA, park in the East Garage (employee parking garage). At the Lake Baldwin campus, you can park anywhere in the rear of the building that does not have a restricted or reserved sign.

MAIN ENTRANCE, Clinic Side



EAST GARAGE



APPENDIX E: "THE ONE MINUTE PRECEPTOR"

The following web address will direct you to the information on how to precept residents and students:  
<https://www.ohio.edu/medicine/about/offices/academic-affairs/faculty-development/teaching/clinical.cfm>