NSU
Florida
Dr. Kiran C. Patel College of Osteopathic Medicine
NOVA SOUTHEASTERN UNIVERSITY

Psychiatry Residency Handbook
2020-2021

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TABLE OF CONTENTS

WELCOME TO THE PSYCHIATRY RESIDENCY!................................................................................................2
EDUCATIONAL GOALS AND OBJECTIVES........................................................................................................3
CLINICAL ENCOUNTERS/CLINICAL SKILLS DURING RESIDENCY TRAINING............................................7
COMPARABILITY OF CLINICAL TRAINING..................................................................................................10
CLINICAL ROTATIONS.........................................................................................................................................10
BLOCK SCHEDULES...........................................................................................................................................11
DIDACTICS............................................................................................................................................................11
PGY 1....................................................................................................................................................................12
PGY 2....................................................................................................................................................................13
PGY 3....................................................................................................................................................................14
PGY 4....................................................................................................................................................................15
RESEARCH............................................................................................................................................................15
SEMI-ANNUAL REVIEW MEETING WITH THE PROGRAM DIRECTOR.......................................................15
PROMOTION AND ADVANCEMENT TO THE NEXT YEAR OF RESIDENCY TRAINING........................16
REQUIREMENTS FOR GRADUATION.............................................................................................................16
CLINICAL COMPETENCY COMMITTEE......................................................................................................17
PROGRAM EVALUATION COMMITTEE..........................................................................................................18
PATIENT SAFETY AND CARE COMMITTEE..................................................................................................19
NSU-KPCOM GME POLICIES AND PROCEDURES......................................................................................20
PSYCHIATRY RESIDENCY PROGRAM POLICIES AND PROCEDURES......................................................21
SAFETY AND SECURITY QUESTIONS FOR RESIDENTS, STAFF, AND PATIENTS..................................39
FERPA REFERENCE SHEET FOR RESIDENTS, STAFF, AND PATIENTS....................................................42
CLINICAL SKILLS VERIFICATIONS AND CLINICAL SKILLS ASSESSMENTS.........................................44
RECOMMENDED TEXTS AND REFERENCES...............................................................................................44
USE OF SMARTPHONE APPS.........................................................................................................................46
RESIDENT PREPARATION FOR EXAMINATIONS.........................................................................................47
APPENDIX A: SAMPLE PSYCHIATRY INTAKE TEMPLATE...........................................................................48
APPENDIX B: RESOURCES FOR PATIENTS.....................................................................................................51
APPENDIX C: RESIDENCY SITE CONTACT LIST............................................................................................54
APPENDIX D: HELPFUL TIPS FOR RESIDENTS............................................................................................54
APPENDIX E: “THE ONE MINUTE PRECEPTOR” .........................................................................................55
WELCOME TO THE NSU-KPCOM PSYCHIATRY RESIDENCY!

The Nova Southeastern University Dr. Kiran C. Patel College of Osteopathic Medicine (NSU-KPCOM) Psychiatry Residency Program, coordinated with the Orlando VA Medical Center (Orlando VAMC), is an exciting 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 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 her/his 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 goal of the NSU-KPCOM/Orlando VA Medical Center Psychiatry Residency Program is to prepare residents with the knowledge, skills, and attitude needed to provide patient care in the field of psychiatry. Emphasis is on the humane application of scientific knowledge and preparation of graduates for continuing lifelong self-directed learning; the cost-effective utilization of public resources; the responsiveness to needs of individuals and the community; and the highest standards of academic excellence and professional ethics.

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 Psychiatric Care: 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 psychiatric inpatient unit 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 three inpatient settings.

Outpatient Psychiatric Care: 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.

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 and the AdventHealth Orlando tertiary care hospital.

**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, 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 treating state prison inmates in outpatient, residential, and inpatient settings within the prison. 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 and Advent Health Orlando. Lastly, the resident will receive training in VA mental health disability examinations and conduct disability examinations under faculty supervision.

**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.

**Psychiatry Emergency Services:** 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.

**Neuro-modulation:** The resident will manage patients at the Orlando VA and Central Florida Behavioral Hospital 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), and deep brain stimulation (DBS).

**Telemedicine/Telepsychiatry:** With appropriate supervision, residents will routinely provide outpatient psychiatric and addictions care by telepsychiatry to Veterans at satellite VA clinics and to Veteran’s personal tablets and smartphones around central Florida through the Veterans Video Connect program. Residents will gain an appreciation for this increasingly common method of care delivery. Residents will be encouraged to explore the relationship between the format of care (i.e. telepsychiatry versus in-person) on patient adherence, patient disclosure, the therapeutic relationship and aspects of patient outcome.

**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:** One or two appointed senior residents will serve as Chief Residents; if two Chief Residents, each will serve for a 6-month period. 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 Coordinator. 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. In an empathic manner that facilitates information gathering and formation of a therapeutic alliance with patients of diverse backgrounds and cultures, demonstrate the ability to evaluate each patient for: acute psychosis and psychiatric emergencies including dangerousness to self or others; substance abuse; history of abuse or neglect; decision-making capacity; and potential relationships between medical and psychiatric symptoms and illnesses.

2. Perform, give an oral presentation of, and written documentation of, a complete psychiatric diagnostic evaluation including a complete history, mental status examination and, when indicated, physical examination.

3. Demonstrate the ability to monitor and document patients’ progress and alter diagnostic formulation and management in response to clinical changes.

4. Evaluate and recognize a patient needing urgent or emergent care, and initiate management focused on safety of patients and others, which may include acute psychiatric hospitalization as well as utilization of community resources and family support.

5. Demonstrate knowledge about relieving physical and emotional pain and ameliorating the suffering of patients while also preventing and treating complications of acute and chronic opioid treatment.

**Medical Knowledge**

1. Discuss the appropriate use and indications, benefits, and side effects of Electroconvulsive Therapy (ECT), Light therapy, and emerging new treatments such as Vagal Nerve Stimulation (VNS), Deep Brain Stimulation (DBS) and Repetitive Transcranial Magnetic Stimulation (rTMS).

2. Summarize the indications and contraindications, basic mechanisms of action, pharmacokinetics and pharmacodynamics, efficacy and cost, common and serious side effects, toxicity, drug-drug and drug-disease interactions, and issues relevant to special populations, of each class of psychotropic medications and demonstrate the ability to select and use these agents to treat mental disorders.

3. Demonstrate knowledge of the epidemiology, clinical features, course and prognosis, diagnostic criteria, differential diagnosis, and treatment strategies for the major classes of psychiatric disorders; for example, the clinical features of, and treatment for, intoxication with, and withdrawal from alcohol and drugs.

4. Comprehend and describe the principles, techniques, and indications for effective psychotherapies and behavioral medicine interventions and demonstrate clinical competence in providing cognitive behavioral therapy, psychodynamic psychotherapy, brief psychotherapy, supportive psychotherapy, and combined psychotherapy/pharmacotherapy.

5. Identify psychopathology, formulate and prioritize differential and working diagnoses utilizing DSM-5, assess patients’ strengths and prognosis, and develop appropriate biopsychosocial evaluation—including writing orders for laboratory, radiologic, and psychological testing—and treatment plans for psychiatric patients. This will include clinical skill in (a) recommending and interpreting common diagnostic and screening tests, (b) entering and discussing orders and prescriptions, and (c) obtaining informed consent for medications or tests/procedures.
Practice-based Learning and Improvement
1. Demonstrate the ability to access, appraise, and assimilate scientific evidence, utilizing relevant databases of psychiatric evidence-based medicine, to improve patient care, and accept, reflect on, and implement feedback on one’s own performance.

Interpersonal and Communication Skills
1. Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families, and collaboration with colleagues, other health professionals and inter-professional teams, including provision of effective patient handoffs that promote safety.

Professionalism
1. Demonstrate professional behaviors towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters with regards to reliability and responsibility, self-improvement and adaptability, upholding ethical principles, and commitment to scholarship.
   a. Demonstrate respect, empathy and concern for all patients, regardless of the patient’s problems, personal characteristics or cultural background
   b. Demonstrate courteous, professional behaviors towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters
   c. Value and behave in a manner consistent with the highest ethical standards of the profession, including confidentiality, truthfulness, reliability and responsibility, self-improvement and adaptability.

Systems-based Practice
1. Discuss the structure of the mental health care system, adhere to ethical principles in the care of psychiatric patients, and understand relevant legal issues, including a) respect for patient autonomy and confidentiality, b) the principles and procedures of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment.

2. Incorporate community and system resources for effective patient care.

CLINICAL ENCOUNTERS/CLINICAL SKILLS DURING RESIDENCY TRAINING

Key Diagnoses: The following diagnoses will be covered in the NSU-KPCOM 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 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 duty hours, and residents have overlapping site assignments
• All faculty at all sites receive faculty development and are educated regarding assessment of residents, and goals & 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**

**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 four sites and primarily based at Orlando VA Medical Center. Residents have one half-day weekly continuity of care clinic at a VA clinic during the PGY4 year. The PGY3 year is spent entirely in a VA outpatient clinic site.

**Electives:** Primary Care Mental Health Integration, Geriatric Psychiatry, Research, Administrative Psychiatry, Forensic Psychiatry, Child Psychiatry, Addiction Psychiatry, Community Psychiatry, and ECT 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 below is subject to change.*
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, Clinical Conferences, Journal Club, Workshops, and a weekly intensive academic half-day focusing on topics most relevant to each postgraduate year; for example, in the PGY 1 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 – 2020-2021 Academic Year

<table>
<thead>
<tr>
<th>Thursday Afternoons</th>
<th>1st Trimester 7/1/20-10/21/21 (16 weeks)</th>
<th>2nd Trimester 10/28/20-2/3/21 (15 weeks)</th>
<th>3rd Trimester 2/10/21-5/25/21 (16 weeks)</th>
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<tbody>
<tr>
<td>12:00 PM—1:00 PM M &amp; M, Clinical Conferences, Group Supervision &amp; Special Topics</td>
<td>SEE SEPARATE CALENDAR SCHEDULE</td>
<td>*Note: Residents will complete the VA Prevention &amp; Management of Disruptive Behavior (PMDB) course levels 1 through 4 (online and in person), the MH Environment of Care online course, and the Suicide Prevention online course. All must be completed prior to rotating on an inpatient psychiatry unit.</td>
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<tr>
<td>1:00 PM—2:00 PM Essentials Series</td>
<td>Emergency Psychiatry</td>
<td>Inpatient Psychiatry</td>
<td>Normal Development &amp; Human Sexuality</td>
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<tr>
<td>2:00 PM—3:00 PM Essentials Series</td>
<td>Consultation Liaison</td>
<td>Introduction to Psychopharmacology</td>
<td>Intro to Psychotherapy</td>
</tr>
<tr>
<td>3:00 PM—4:00 PM Essentials Series</td>
<td>Psychiatric Interviewing &amp; DSM5</td>
<td>Introduction to Psychopharmacology</td>
<td>Research &amp; Project and History of Psychiatry</td>
</tr>
<tr>
<td>4:00 PM—5:00 PM Core Clinical Skills</td>
<td>Patient Handovers; Patient Safety; Reporting Medical Errors; Residents-As-Teachers Seminar; How to access and appraise scientific literature and apply Evidenced-Based Medicine (FRISBE); Quality Improvement Project; Crisis Prevention Interventions; Trauma Informed Care Training</td>
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**Journal Club:** Once a month on Tuesdays at 12:00 PM; including annually, a didactic series on how to access and appraise scientific literature and apply evidenced-based medicine.
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<tbody>
<tr>
<td>12:00 PM—1:00 PM</td>
<td>SEE SEPARATE CALENDAR SCHEDULE</td>
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<tr>
<td></td>
<td>Grand Rounds, M &amp; M, Clinical Conferences, Group Supervision, PRITE Review, Special Topics &amp; Buprenorphine Training, Journal Club</td>
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<tr>
<td>1:00 PM—3:00 PM</td>
<td>Individual Psychotherapies</td>
<td>Individual Psychotherapies</td>
<td>Individual Psychotherapies</td>
<td>Individual Psychotherapies</td>
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<tr>
<td>3:00 PM—4:00 PM</td>
<td>Mood; Anxiety; Psychosis; Eating; Somatic</td>
<td>Substance Use; Trauma</td>
<td>Special Populations: Child, Geriatric, Prison, Community</td>
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<tr>
<td>4:00 PM—5:00 PM</td>
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*Note: Residents will complete the online buprenorphine DEA X waiver eight-hour course no later than early in their addiction psychiatry rotation.*
# PGY 3 DIDACTICS – 2022-2023 Academic Year

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<tr>
<th>Tuesday Afternoons</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Trimester 7/6/22-10/19/22 (16 weeks)</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Trimester 10/26/22-2/8/23 (15 weeks)</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Trimester 2/15/23-5/31/23 (16 weeks)</th>
<th>6/8/23 &amp; 6/15/23</th>
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<tbody>
<tr>
<td>12:00 PM—1:00 PM</td>
<td>SEE SEPARATE CALENDAR SCHEDULE</td>
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<tr>
<td>Grand Rounds, M &amp; M, Clinical Conferences, Group Supervision, PRITE Review &amp; Special Topics</td>
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<td></td>
<td>Annual Clinical Skills Assessment + Clinical Skills Verification</td>
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<tr>
<td>1:00 PM—2:00 PM</td>
<td>Residents as Teachers Seminar—PGY III</td>
<td>Advanced Topics in Neuroscience &amp; Biological Psychiatry</td>
<td>Advanced Topics in Neuroscience &amp; Biological Psychiatry</td>
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<tr>
<td>Essentials Series: Intermediate II</td>
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<tr>
<td>2:00 PM—3:00 PM</td>
<td>Family Therapy</td>
<td>Group Psychotherapy</td>
<td>Marital &amp; Couples Psychotherapy</td>
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<tr>
<td>3:00 PM—4:00 PM</td>
<td>Continuous Case Seminar</td>
<td>Continuous Case Seminar</td>
<td>Continuous Case Seminar</td>
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<tr>
<td>Advanced Psychotherapy Series with PGY 4 residents</td>
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<tr>
<td>4:00 PM—5:00 PM</td>
<td>Quality Improvement Seminar &amp; Project, Part 2</td>
<td>Quality Improvement Seminar &amp; Project, Part 2</td>
<td>Quality Improvement Seminar &amp; Project, Part 2</td>
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PGY 4 DIDACTICS – 2023-2024 Academic Year

<table>
<thead>
<tr>
<th>Tuesday Afternoons</th>
<th>1st Trimester</th>
<th>2nd Trimester</th>
<th>3rd Trimester</th>
<th>June 2024</th>
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<tbody>
<tr>
<td>12:00 PM—1:00 PM</td>
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<tr>
<td>Grand Rounds, M &amp; M, Clinical Conferences, Group Supervision, PRITE Review &amp; Special Topics</td>
<td>SEE SEPARATE CALENDAR SCHEDULE</td>
<td></td>
<td></td>
<td>Annual Clinical Skills Assessment + Clinical Skills Verification</td>
</tr>
<tr>
<td>1:00 PM—2:00 PM</td>
<td>Elective Didactic Coordinated by Chief Resident</td>
<td>Elective Didactic Coordinated by Chief Resident</td>
<td>Elective Didactic Coordinated by Chief Resident</td>
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<tr>
<td>2:00 PM—3:00 PM</td>
<td>Transition to Practice</td>
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<tr>
<td>3:00 PM—4:00 PM</td>
<td>Continuous Case Seminar</td>
<td>Continuous Case Seminar</td>
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<tr>
<td>4:00 PM—5:00 PM</td>
<td>OPEN</td>
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</table>

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 for Research 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 CSA/CSV (the annual CSA must include diagnostic formulation and treatment plan)
- Review performance on PRITE
- Review performance on Columbia Psychotherapy Test
- Review all resident evaluations
- Review progress on Milestones
- Review Clinical Competency Committee progress report
- Residents must maintain a supervision log, have it signed and dated by self and faculty at each session, and reviewed by the Program Director at a semi-annual meeting
- Review portfolio (see below) including clinical log, with log book provided to residents by coordinator as needed
• Review Clinical and Educational Work Hours (i.e. Duty Hours)
• Review didactic attendance
• Monitor resident’s patient care performance improvement indicators
• Review resident’s journal of ethical dilemmas faced during training
• 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 70%) 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 [Policy regarding Renewal and Promotion](#)

**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. OSCE, 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. Grievance policy:

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

Refer to the policy regarding Resident Performance, Renewal, Promotion, and Discipline for details, when the hospital and consortium 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 Coordinator 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 PG year 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 Coordinator 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 Hospital:**
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.

**AdventHealth Orlando:**
AdventHealth Orlando has established protocols, processes, procedures, and other initiatives intended to improve patient care outcomes that residents will be aware of.

**Central Florida Behavioral Hospital:**
Residents have opportunities to participate in interprofessional quality improvement activities.

**Lake Correctional Institute:**
Residents may have the opportunity to participate on committees and in activities that are relevant to their training.
The following GME policies are available at https://osteopathic.nova.edu/postgrad-edu/nsu-kpcom-graduate-medical-education.html

Accommodations for Residents with Disabilities Policy

Closures and Reductions Policy

Confidential Counseling and Behavioral Health Services Policy

Disasters Policy

Clinical and Educational Work Hours including Fatigue Mitigation and Transitions in Care Policy

Electronic or Written Information Provided to Applicants Policy

Grievances 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/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

Qualifications/Eligibility of Applicants Policy

Recruitment and Selection of Residents and Fellows Policy

Renewal and Promotion Policy

Special Review Protocol Policy

Supervision of Resident Physicians

Vacation and Leaves of Absence Policy

Vendor Interactions Policy
**PSYCHIATRY RESIDENCY PROGRAM POLICIES AND PROCEDURES**

**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**

The maximum time away from the psychiatry residency program is 16 weeks over the four years of the psychiatry program training. For the purpose of this policy, a week will be considered a 5-day workweek.

If the time lost exceeds 16 weeks, the trainee may be required to extend his/her training to fulfill requirements. Similarly, a resident who misses more than 80 days, for any reason, should expect to have their training extended.

Remuneration for time off (beyond the specified paid vacation and health coverage) is not guaranteed and will be at the discretion of the Program Director. Remuneration for extended training 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 Program Director and the DIO prior to the initiation of the additional time.

**Vacation/PTO and Sick Time**

Each resident is allowed up to 15 vacation/personal days per year of training that expire on July 1 of the following year if not used. Each resident is allowed up to 5 days of sick time per year of training that can roll over into subsequent years of training.

**No Vacation Days**

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

These days have been highlighted on the master schedule and are not included on available vacation days on the master schedule. Please review the following dates and when vacations are allowed:

- a. In-Training Exams
- b. Objective Structured Clinical Examinations - OSCE's
- c. Orientation

Additionally, no scheduled leave may be taken during the Inpatient Medicine Rotation.

Due to external requirements or constraints, there may be additional rotations with restricted time off. Efforts will be made to minimize the rotations in which scheduled leave is not allowed.

**Procedure**

Follow the procedure described in the NSU KPCOM GME Vacation and Leaves of Absence Policy.
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 individual psychotherapy supervisors and group therapy supervisors. 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:

- 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 and 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.
- Prior to discharge from any level of care, including from the Emergency Department
Policy: Transitions of Care

Purpose/Intent
The Psychiatry Residency Program, in partnership with NSU KPCOM sponsoring institution and GMEC, 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 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 Psychiatry Residency Program designs clinical assignments to optimize transitions in patient care, including their safety, frequency and structure.
5. The 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 IPASS (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 PGY-1 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., IPASS: Illness severity, Patient Summary, Action List, Situation Awareness and Contingency Planning, Synthesis by Receiver). On some services, a different standard protocol may be used (e.g., SBAR: Situation, Background, Assessment, and 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: ___

Rotation: _______________________________

Date Description: _______________________

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<tr>
<th>Handoff in IPASS format</th>
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<th>UNSATISFACTORY</th>
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<td>P Patient Summary</td>
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<td>Summary statement, events leading up to admission, hospital course and ongoing assessment; plan</td>
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<td>A Action List</td>
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<td>To do list, timeline and ownership</td>
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<td>Know what’s going on and plan for what might happen</td>
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<td>S Synthesis by Receiver</td>
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<td>Receiver summarizes what was heard, asks questions and restates key action/to do items</td>
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Additional Notes (Areas of improvement):

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

_____________________________________________________________________________________

Faculty Physician Signature ________________________  Date __________
**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 Coordinator must be notified by BOTH email and phone call/text message.
2. The Supervising Attending Physician must be notified by BOTH email and phone call/text message.

Upon notification of an unexpected absence, the Program Coordinator 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 paperwork/documentation.

**How Unexpected Absences Should Be Reported**

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

Residency Coordinator: Pam Zerblas
- Cell: 352-223-8948
- E-mail: pamela.zerblas@va.gov

Supervising attending physician
- Send BOTH email and call/text

Coordinator will contact the following 2 people

Residency Program Director
Supervising Physician/Preceptor

As soon as possible after an unexpected absence has occurred, residents should follow through with proper paperwork/documentation.
Policy: Resident Well-Being

The NSU-KPCOM 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 new Employee Assistance Program, Health Advocate, 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:** [http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources/Additional-Resources](http://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being/Resources/Additional-Resources)

- **Mayo Clinic and American Foundation for Suicide Prevention Video:** [https://www.youtube.com/watch?v=i9GRxF9qEBA](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).
Policy: Resident Fatigue and Responsibility for Safe Work Environment and Transitions in Care

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.

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. Orlando VA Medical Center will provide sleep facilities for those too fatigued to safely return home. As necessary, NSU 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 are 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
Psychiatric 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 make adjustments as needed, and to report any non-compliance with ACGME work hour restrictions to the GMEC on a monthly basis. Psychiatric 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 PGY-1 and PGY-2 years at Orlando VA Medical Center. There will be no call during the PGY-3 continuous outpatient experience. PGY-4 residents will take back up call and will be available to consult with the on-call resident by telephone or to come to the hospital to assist him/her 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 his/her judgment, it is necessary.

- Residents will take weekday call Monday through Friday from 4:30pm to 8:00pm. They will take weekend call Saturday 8:00am to 8:00pm, Saturday 8:00pm to 8:00am Sunday, and Sunday 8:00am to 8:00pm.

- 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
Resident will be assigned to a night float which provides coverage to the inpatient psychiatric services at Orlando VA Medical Center. Night float will cover 8:00 PM to 8:00 AM on a Q-6 schedule (Sunday night through Friday night) to never exceed four 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 Psychiatric 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. PGY-2 resident or higher
2. Exceptional performance, based on milestones, program standards, in-training examinations (greater than 75th percentile), professionalism, attendance, and a minimum of 2 supporting faculty letters of recommendation
3. Moonlighting does not interfere with the program’s ability to provide safe effective patient care
4. Unrestricted Medical License in the State of Florida.
5. Resident has personal medical malpractice insurance or can provide proof of individual coverage by the facility at which moonlighting occurs
6. Approval by the Program Director

The resident must comply with NSU KPCOM written policies and procedures regarding moonlighting which are in compliance with 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.
**Policy: Use of MedHub**

**Purpose**
In an effort to communicate easily and regularly with faculty and residents, the 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’s on call duties and backup coverage
- Block schedules for each resident’s supervision
- In “Conferences,” conference 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” and “Clinical Skills Assessments”

**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 psychiatric evaluations
  - 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
  - Confidential journal documentation of 5 ethical dilemmas faced in clinical practice during 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. They will also participate in an educational program related to physician impairment and substance abuse.
4. Residents are expected to take responsibility for determining if they are fit for patient care duties and to recognized signs of impairment, including illness and fatigue.
5. The residency program has fatigue mitigation processes to manage potential negative effects of fatigue, including naps and back-up call schedules, as appropriate to each program. The residency program has processes to manage continuity of care.
6. Participating hospitals provide sleep facilities and transportation options for those too fatigued to safely return home.
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 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.
8. The residency has policies to ensure and monitor effective structured hand-over processes that promote continuity of care and patient safety.
9. 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:
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 inpatients and outpatients 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 do more than just my job, including being available to offer assistance 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 but 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 patients and in relationships 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 conduct myself ethically and professionally and keep my position as a physician in the care of patients and in relationships between myself and other members of the medical staff. I will avoid unduly familiar relationships in the workplace.

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 never lie.

Resident Printed Name: _________________________________

Resident Signature: _________________________________ Date: ________________

Program Director Printed Name: _________________________________

Program Director Signature: _________________________________ Date: ________________
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**:

   **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
- 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 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.

AdventHealth Orlando: (coming soon)

3. 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 Hospital:**
The resident should immediately notify the attending physician and the VA 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 Coordinator 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 Institute:**
The resident should immediately notify the attending physician and the VA Program Coordinator. 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.

**AdventHealth Orlando:**
The resident should report the exposure to the Attending Physician or other immediate supervisor if it occurred between 7 a.m.-3:30 pm Monday through Friday. The resident should report the incident to the Employee Clinic at 407-303-7135 or visit the clinic at 2604 N. Orange Ave, Orlando, FL. If the incident involved a needlestick, the resident should call the Needlestick Hotline at 407-200-4702. For incidents occurring during non-regular hours, weekends, or holidays, the resident should report to the nearest AdventHealth Emergency Department.
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.

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.

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.
<table>
<thead>
<tr>
<th>Can a student ask to have their directory information not be released?</th>
<th>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.</th>
</tr>
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<tbody>
<tr>
<td>How does FERPA affect letters of recommendation?</td>
<td>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.</td>
</tr>
<tr>
<td>How is a student who has exercised confidentiality of directory information to be treated in the classroom?</td>
<td>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.</td>
</tr>
<tr>
<td>Are comments and notes related to a discussion you had with a student considered part of the education record?</td>
<td>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.</td>
</tr>
<tr>
<td>Can email be used to communicate grades with students</td>
<td>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.</td>
</tr>
</tbody>
</table>

**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 AND CLINICAL SKILLS ASSESSMENTS

Resident clinical performance will be assessed during multiple “Clinical Skills Verifications (CSV)” and “Clinical Skills Assessments (CSA)” 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. Both of the CSV and CSA consist 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, and PGY 2 and PGY 3 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.
  - Psychiatryonline (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):

• **Diagnostic and Statistical Manual of Mental Disorders DSM-5.** American Psychiatric Association, 2013.


• **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

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**


2. COMLEX Step 3: https://osteopathic.org/residents/preparing-for-licensure-exams/comlex-3/


   - 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.


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__________________________________
_____________________________________________________________________________________

48
6. Illicit Drug Use

COMPLICATIONS OF ALCOHOL/DRUG USE

<table>
<thead>
<tr>
<th>Legal</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td>Social</td>
</tr>
<tr>
<td>Family</td>
<td>Withdrawal sx</td>
</tr>
<tr>
<td>Alcohol blackouts</td>
<td></td>
</tr>
<tr>
<td>Chemical Dependency Tx</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect</td>
<td>Mood</td>
</tr>
<tr>
<td>Speech</td>
<td>Gait/Station</td>
</tr>
<tr>
<td>Muscle Strength &amp; tone</td>
<td>Psychomotor functioning</td>
</tr>
<tr>
<td>Perception, e.g., hallucinations</td>
<td></td>
</tr>
<tr>
<td>Thought content, e.g., delusions or obsessions</td>
<td></td>
</tr>
<tr>
<td>Thoughts of harming self or others</td>
<td></td>
</tr>
<tr>
<td>Thought processes, e.g., associations</td>
<td></td>
</tr>
<tr>
<td>Expressive &amp; Receptive Language, e.g., naming objects</td>
<td></td>
</tr>
<tr>
<td>Cognitive ft: level of consciousness</td>
<td>Orientation</td>
</tr>
<tr>
<td>Attention/conc.: Serial 7's</td>
<td>Spells world backwards: Yes ___ No ___</td>
</tr>
<tr>
<td>Memory: Remote</td>
<td>Recent</td>
</tr>
<tr>
<td>Fund of knowledge (e.g., current events; vocabulary)</td>
<td></td>
</tr>
</tbody>
</table>
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"
  407-522-2232
  Boys and Girls Clubs of Central Florida, Inc.
  1-321-242-0041
  Orange County
  407-847-2833
  Seminole County
  407-322-8668
  Orange County
  407-295-1100
  Orange County After School Zone Programs
  407-841-5355
  Crisis Nursery - Orange/Seminole
  407-522-2258
  Crisis Nursery - Orange/Seminole
  407-262-7688
  Frontline Outreach
  407-293-1000
  Orlando Day Nursery
  407-322-5291
  Winter Park Day Nursery
  407-647-6505

ADULT & CHILD INVESTIGATIVE/PROTECTIVE SERVICES
- DCF Abuse & Neglect Hotline 1-800-962-5400
- Child Protection Team of Orange & Seminole
  407-317-7430
- Kids Hope of Seminole County - Seminole CPT
  407-322-3076
- Protective Services:
  Devereux
  407-362-1503
  Hope United
  407-367-1609
  Community Based Care of Seminole
  407-688-9500

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 6

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.

COUNSELING AND MENTAL HEALTH
- Alcoholics Anonymous Hotline
  1-800-662-1752
- After Court Solutions
  407-994-1155
- Behavioral Support Services
  407-830-0412
- Catholic Charities of Orlando
  407-658-1818
- Center for Drug Free Living
  407-245-0045
- Devereux
  321-281-3840
- Episcopal Counseling Center
  407-243-3273
- Florida Health Partners (Medicaid/Medigap)
  1-866-717-3816
- Harmony Behavioral Health
  1-877-712-5346
- (Staywell, Healthtree, Wellcare)
- Howard Phillips Polk Tree
  407-317-7430
- Intervention Services
  407-321-9902
- Jewish Family Service Center
  407-644-7593
- Eckerd Community Care
  407-339-7451
- Lakeside Behavioral Health - Orange
  407-875-7390
- NAMI (National Alliance on Mental Illness)
  407-253-1900
- Orange & Seminole Counties
  407-422-5157
- Narcomics Anonymous
  407-322-5157
- Orange County Youth and Family Services
  407-897-6370
- Park Place Behavioral Health - Orlando
  407-846-6002
- Positive Paths, LLC
  407-894-8804
- Seminole Behavioral Health Center (Kern Park)
  407-831-2411
- Seminole Behavioral Health Center (Adult)
  407-321-4357
- Victim Services Center of Orange County
  407-644-2577
- Sexual Assault Hotline
  407-497-6701
- South Seminole Psych Triga
  407-262-2390
- We Care Crisis Hotline
  407-425-2624

DOMESTIC VIOLENCE (*speak with staff regarding shelter)
- 24-Hour Crisis Hotline
  1-800-501-1119
- No Abuse, Inc.
  407-228-9503
- Harbor House of Orange County
  1-800-799-0113
- Help Now of Osceola, Inc.
  1-800-555-8507
- Safe House of Seminole County
  1-800-891-8582

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
  407-751-1800
- 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
  407-846-4012
- Christian Service Center
  407-425-2523
- Coalition for the Homelss of Central Florida
  407-426-1520
- Community Food and Outreach Center
  407-650-0774
- Community Service Center of Central Florida, Inc.
  407-851-3929
- DCF Economic Self-Sufficiency
  1-866-752-2327
- Good Shepherd
  407-644-5530
- Harvest Time International
  407-328-9600
- Jewish Family Services of Greater Orlando, Inc.
  407-644-7630
- Joy Metropolitan Community Church
  407-894-1081
- Loaves & Fishes
  407-846-6005
- Meals On Wheels (Seniors First)
  407-292-0177
- Christian Ministry Center
  407-944-0968
- Osceola County Council on Aging, Inc.
  407-416-8532
- Salvation Army
  407-423-8581
- Second Harvest Food Bank of Central Florida
  407-295-1066
- The Sharing Center
  407-269-9155
- W.I.C. Supplemental Food Program
  407-815-2623
- Osceola County WIC Program
  407-343-2085
- Seminole County WIC Program
  407-665-3705

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.
HOUSING/ SHELTERS

Homeless
Center for Affordable Housing
Coalition for the Homeless
407-323-3268
Emergency Housing Program
Transitional Housing Program
407-426-1250
1-877-891-6445
H.A.N.D.S.
Habitat for Humanity
407-648-4567
Kindred Housing Authority
407-742-8400
Orlando Housing Authority
407-894-1500
U.S. Department of Housing (HUD)
407-648-6464

*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
Coalities for the Homeless
407-426-1250
Transitional Housing Program
407-426-1261
Covenant House [Teen Crisis]
407-482-0404
Family Promise of Greater Orlando
407-893-4588
(formalnly Interfaith Hospitality Network)
Habitat for Humanity
407-648-4567
H.A.N.D.S.
407-647-5683
House of Hope [Teens/ Fails Based]
407-843-8686
Interfaith Hospitality
407-893-4588
Kindred Housing Authority
407-742-8400
Orlando Housing Authority
407-894-1500
Orlando United Rescue Mission, Inc.
407-423-2134, Ext. 121
Rescue Outreach Mission of Sanford, Inc.
407-321-8224
Salvation Army of Orange County
407-423-8381
Women's Residence
407-648-6464
Women's Residential & Counseling Center
407-425-2502

LEGAL ASSISTANCE

Child Support Enforcement/Services
407-622-5347
Legal Aid
407-814-8130
Ocoee
407-643-6053
Seminole
407-834-1669

Mid Florida Community Legal Services
407-814-8485
Harbor House Legal Staff
850-836-2001
Domestic Violence & Protective Injunctions

MEDICAL/HEALTH RESOURCES

Access Lynx Transportation
407-423-8417
Center for Autism and Related Disorders/CARD
407-823-6911
Central Florida Family Health Center (Medicaid)
Alafaya office
407-322-8645
Hoffner office
407-367-9023
Lake Underhill office
407-954-4330
Sanford office
407-322-8645
Southside office
407-954-4260

Children's Medical Services/Tri-County
407-856-6519
Community After Hours Medical Clinic (no insurance)
407-303-7928

Community Health Center, Inc.
Apogia (central scheduling)
407-886-5222
Developmental Services, Med Waiver/Respite
407-243-0450
Florida Kid Care/Healthy Kids Insurance
1-888-352-2347
Grace Medical Home (uninsured)
407-956-2780
Health Departments:
Orange County
407-836-2600
Ocoee County
407-343-2060
Seminole County
407-665-4400

Healthcare Center for the Homeless
407-828-3731
Healthy Families
Orange
407-649-9565
Ocoee
407-343-2112
Seminole
407-833-7672

Healthy Start
Orange
407-254-6822
Ocoee
407-343-2100
Seminole
407-665-3277

Howard Phillips Center
Early Steps / Developmental Center
407-717-9500
Hug Me
407-888-1330
Medicaid Call Center
1-866-762-2237

PREGNANCY/PARENTING RESOURCES/BABY ITEMS

Healthy Families
Orange
407-649-9565
Ocoee
407-343-2112

Healthy Start Services
Orange
407-254-6822
Ocoee
407-343-2000
Seminole
407-665-3200

LMI Life Center, Inc.
Orange County
407-839-0620
Ocoee County
407-891-4699
Life for Kids and A Center for Women
407-629-5417
Moms and Me Groups
407-648-7899
Mothers of Multiples/Twins [Parent support]
407-872-0000

Mentored Seed
407-875-9200
Nathanial's Hope
407-857-8224
Neighborhood Center for Families [in home support]
407-523-3004

Orange County Public Schools
407-317-3200, Ext. 2988
Teen Parent Program
407-881-5381

Breastfeeding Education Center [pregnancy/parenting]
321-843-2229

Parent Helpline (24/7)
1-800-FHI-1905

Sanford Pregnancy Center
407-323-3384
TLC Women's Center
407-294-4314

WPH Birth Registry
321-847-1649
WPH lactation Specialist
321-843-8196
N.C.U.
321-843-8081

WPH Perinatal/Neonatal Bereavement Support Group
407-649-6047

Children's Home Society
Orange County
321-397-3000
Ocoee County
407-846-5220
Seminole County
407-688-9650

WLC Supplemental Food Program
Orange County WIC Program
407-835-2623
Ocoee County WIC Program
407-343-2085
Seminole County WIC Program
407-665-3705

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Mental Health Resources (continued)

Mental Health Resources (continued)

Medicaid Information
1-888-419-3456

OH Faculty Practice GIBLYN
321-841-5281

OH Faculty Practice-Pediatrics
407-237-6319

OH Teen Health Center/Teen Express
407-237-6319

Primary Care Access Network (PCAN)
407-836-7228

Shorreden's (Uninsured)
407-876-6699

Preschool Developmental Evaluations
Orange County (COPS:407-317-3200)
407-317-3393

Ocoee County
407-609-3378

Seminole County
407-320-9006

United Cerebral Palsy
407-852-3300

Pediatric Prescribed Extended Care (PPEC): Bright Start
Orange & Ocoee County
407-857-1212

Seminole & Volusia County
407-321-9370

Children's First
507-512-9900

Pediatric Health Choice
407-298-8810

PREGNANCY/PARENTING RESOURCES/BABY ITEMS

Pregnancy Centers, Inc.
407-654-0820

Bargain B.U.S. (clothing)
407-644-0943

B.E.T.A, Inc.
407-227-1942

C.H.A.D.D./ADHD Support Group
407-578-6200, Ext. 209

Children's Supplemental Educational Program
1-800-622-5437

Child Safety Highway Patrol
407-737-2300 ext. 108

Center for Pregnancy
407-514-4517

Christian Service Center
407-522-2823

Compassionate Friends (Breasted Parents)
407-277-2862

DNA Center
1-800-363-2368

Florida Adoption Information Center
1-800-963-9368

Frontline Outreach
407-293-3000

Goodwill
407-857-0659

Pregnancy/Parenthood of Greater Orlando
407-246-1788

Sanford Hospital
407-330-2229

TLC Women's Center
407-294-4314

WPH Birth Registry
321-841-1649

WPH lactation Specialist
321-843-8196

WPH Perinatal/Neonatal Bereavement Support Group
407-649-6047

Children's Home Society
Orange County
321-397-3000

Ocoee County
407-846-5220

Seminole County
407-688-9650

WLC Supplemental Food Program
Orange County WIC Program
407-835-2623

Ocoee County WIC Program
407-343-2085

Seminole County WIC Program
407-665-3705

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

Revised: 5/26/08
Need Help?

DIAL 211 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 services 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
APPENDIX C: RESIDENCY SITE CONTACT LIST

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paul A. Deci, MD</td>
<td>13800 Veterans Way, Clinic Building Education Suite Orlando, FL 32827</td>
<td>407-840-6929</td>
<td><a href="mailto:paul.deci@va.gov">paul.deci@va.gov</a></td>
</tr>
<tr>
<td>Pamela Zerblas, Psychiatry Residency Coordinator</td>
<td>13800 Veterans Way, Clinic Building Education Suite Orlando, FL 32827</td>
<td>352-223-8948</td>
<td><a href="mailto:pamela.zerblas@va.gov">pamela.zerblas@va.gov</a></td>
</tr>
</tbody>
</table>

Central Florida Behavioral Hospital

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasreen Razack-Malik, MD Site Director</td>
<td>6601 Central Florida Pkwy, Orlando, FL 32821</td>
<td>321-246-8526</td>
<td><a href="mailto:nasreenorlando@yahoo.com">nasreenorlando@yahoo.com</a></td>
</tr>
</tbody>
</table>

Florida Department of Corrections – Lake Correctional Institution

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBD Site Director</td>
<td>19225 US Hwy 27 Clermont, FL 34715</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AdventHealth Orlando

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlos Ruiz, MD Site Director</td>
<td>615 E. Princeton St. Orlando, FL 32803</td>
<td>407-303-7817</td>
<td><a href="mailto:doctorcarlosruiz@bellsouth.net">doctorcarlosruiz@bellsouth.net</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:josephine.succi@adventhealth.com">josephine.succi@adventhealth.com</a></td>
</tr>
</tbody>
</table>

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 EMR 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
Crossroads VA Clinic: 925 South Semoran Boulevard, Winter Park, FL 32792
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 VAMC, you must remember to lock the computer when you step away and “log out” if you are leaving 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) or in the West Garage but only on floors 3A, 4, or 4A. 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: www ohio edu medicine about offices academic affairs faculty development teaching clinical cfm