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Welcome to the LSU Baton Rouge Psychiatry Residency Training Program in Baton Rouge!

PROGRAM OVERVIEW

Our residency program is the result of a joint venture between the LSU Health Sciences Center School of Medicine in New Orleans and Our Lady of the Lake Hospital (LOL) in Baton Rouge. This presents a very unique training experience with rewards and challenges for residents and the program administration that all play an important role in shaping our residents into competent, capable, and professional physicians.

We received initial accreditation from the [Accreditation Council on Graduate Medical Education](#) (ACGME) in 2010, and began our first class of residents on July 1, 2011. Our first class of residents graduated at the conclusion of the 2015-2016 academic year. We received full continued accreditation for ten years at our last site visit in February 2014.

Our Lady of the Lake is the largest hospital system in the state of Louisiana, with its home campus here in Baton Rouge. It attracts the best and brightest physicians, serves a diverse patient population, and has access to advanced technology and treatment options for patients. This, coupled with our relationships with the private and community sector guarantees our residents a dynamic training experience.

We are so glad that you are here, and we welcome you to the LSU Baton Rouge Psychiatry Residency Training Program....your home for the next 4 years!

VISION STATEMENT

In conjunction with Our Lady of the Lake hospital, the vision of the LSU Baton Rouge psychiatric residency program is to be a leader in the state and in the southeast in medical education and the provision of psychiatric services.

MISSION STATEMENT

The mission of the LSU-Our Lady of the Lake Psychiatry residency program is to assist physicians to meet their professional goals by providing ample opportunities for growth and learning, giving individual attention, instilling professional values, using innovative teaching approaches and maintaining an academically stimulating environment.

Our program vision is to uphold our mission statement, focusing on these 9 components:

- Provide a strong foundation in primary care
- Focus on education driven, rather than service driven, training
- Diverse experience in psychiatry and all its subspecialties, resulting in a well-rounded physician capable of dealing with any clinical situation
- A comprehensive didactic curriculum to include lectures, journal clubs, grand rounds, board reviews, assigned readings, and structured experiences in teaching medical students and junior colleagues
- Dedication to the practice of evidenced based medicine and a multidisciplinary approach with a focus on patient-centered care
- Exposure to multiple systems of care and settings of practice including hospital-based, community, private, and in-home care
- Emphasize our commitment to psychotherapy through didactics, clinical experience and supervision
- Ensure an awareness and dedication to community psychiatry.
- Providing a supportive, collegial atmosphere of approachable faculty and residents with high morale

OVERALL PROGRAM GOALS & OBJECTIVES

- 1) **Patient Care:** Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
 - a. Residents will be competent in the psychopharmacologic management of patients.
 - b. Residents must have demonstrated documented competence in ECT, group, psychodynamic and cognitive behavioral therapy.
 - c. Residents must successfully complete all clinical rotations as evidenced by completed faculty evaluation forms.
 - d. Residents must demonstrate competence and professional adherence to outpatient clinic administrative, therapy, and caseload requirements, including continuous treatment of a core of long-term patients for >12 consecutive months.

- 2) **Medical Knowledge:** Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences as well as the application of this knowledge to patient care.
 - a. Residents must demonstrate at least 100% attendance at all didactics and seminars.
 - b. Residents must successfully pass Step 3 by the end of their PGY-2 year, but preferentially by the end of the PGY-1 year.
 - c. Resident must demonstrate sufficient medical knowledge to appropriately care for their patients.
 - d. Residents must show competence through adequate results on the PRITE exam and will participate in remediation for scores below the 30%ile.

- 3) **Practice Based Learning & Improvement:** Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
 - a. Residents must participate in chart reviews to reflect on their practice
 - b. Each resident must complete the research/academic requirements that include participation in Journal club, making presentations as required, and the development of a project that culminates in a Grand Rounds presentation the last year of training.
 - c. PGY 2-4 resident must participate in a QI project annually and bring it to a successful conclusion.

- 4) **Interpersonal & Communication Skills:** Residents must demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families and health professionals.
 - a. Residents must demonstrate these skills as rated within core competency evaluations, portfolio entries, and 360 evaluations throughout training.
 - b. Residents must keep up with their medical records in a timely fashion.

- 5) **Professionalism & Ethics:** Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

- a. Residents must demonstrate professional and ethical behavior as rated within core competency evaluations throughout training.
 - b. Residents will be free from gross boundary violations during their training.
- 6) **Systems Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to call effectively on other resources in the system to provide optimal health care.
- 7) **Overall Performance:** Residents must demonstrate an overall satisfactory performance as evidenced by
- a. a core competency evaluation of each rotation and didactic seminar,
 - b. a successful promotion each year of their training
 - c. a satisfactory summative evaluation at the end of training.
 - d. Suitable progression in their milestone evaluations in all competencies

CURRICULUM OVERVIEW

Rotations

Our academic, clinical, and didactic curriculum has been specifically developed to meet the educational needs of the residents and to satisfy the requirements for residency training in psychiatry as outlined by the ACGME. Rotation schedules are always available on AMION. Didactics (including grand rounds) schedules are always available via our google calendars. Links to all can be found in the Addendum.

	1	2	3	4	5	6	7	8	9	10	11	12
PGY 1	Primary Care Rotations			Neurology		Inpatient Psychiatry						
PGY 2	Consultation Liaison			ED		Geri	Night float	C&A	C&A	Substance Abuse		For
PGY 3	Outpatient Psychiatry											
PGY 4	Woman's health, Clozapine clinic, Collaborative care medicine, One stop		CL	Jr Att	Electives							
	Outpatient Continuity Clinic											

Didactics: Thursday 1-5

First year	Second year	Third year	Fourth year
DSM	Neuroscience	CBT	CBT
Interviewing course	Cultural competency	Psychodynamic	Psychodynamic
DSM/ Psychopharm	C&A	Biologic psych	Biologic psych
Intro to Social Psychiatry	Supportive Psychotherapy	Existential therapy	History of Psychiatry
Case formulation	Addiction	Ethics	Narrative medicine
	Intro to Psychodynamic	Series of seminars, 4 hr	Positive psychology
	Intro to CBT	Writing course	Teaching and learning
	Recovery/Social Psych topics	Women's Health	Practice based learning and improvement
	Emergency/CL psychiatry	Transition to Practice	Transition to Practice
		Intro to prescribing	
		Wellness curriculum	
		Psych testing	
		Neuropsychiatry	
Journal club/QI	Journal club/QI	Journal club/QI	Journal club/QI

Grand Rounds

Occurs every Wednesday at 12:00. For the time being, Grand Rounds will continue at noon. We may be able to go back to in person grand rounds at some point this academic year. This schedule is always available on the google calendar. Outlook calendar invites are sent out on the 1st Monday of each month for that entire month.

ADEQUATE REST POLICY

In order to ensure residents have adequate rest between duty periods and after on-call shifts we adopt the following policies:

1. Our Duty Hours Policy contains the following relevant language:
 - a. Clinical and educational work hours are limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in house call, clinical and educational activities, as well as clinical work done from home and moonlighting.
 - b. Residents will have at least 8 hours off between shifts.
 - c. Residents will have 14 hours free of clinical work after 24 hours of in house call.
 - d. Clinical and educational workloads may not exceed 24 hours of continuous scheduled assignments (up to an additional 4 hours is allowed for transitions in care...).
 - e. Time spent at home doing on call activities must be logged and count towards the 80-hour limit.
 - f. Residents will have on average one day off in seven.
2. All employees of LSUHSC are under [Chancellors Memorandum 37](#) which is the LSUHSC Fitness for Duty Policy. This describes the expectations for employees to report to work fit and safe to work. It further defines what are considered unsafe/impaired behaviors, the requirement for self or supervisor referral to the Campus Assistance Program, and what steps are taken thereafter.
3. The institutional Policy of Professionalism and Learning Environment further amplifies the expectations for residents to be fit for duty and to take it upon themselves to be well rested.
4. Residents must take personal responsibility for and faculty must model behaviors that promote:
 - a) Assurance for fitness of duty.
 - b) Assurance of the safety and welfare of patients entrusted in their care.
 - c) Management of their time before, during and after clinical assignments.
 - d) Recognition of impairment (e.g. illness or fatigue) in self and peers.
 - e) Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
5. The moonlighting policy anticipates potential trouble areas and describes a method for monitoring the effects of moonlighting on residents.
6. Adequate sleep facilities are in place at each institution and our alertness management / fatigue mitigation policy and process encourages good sleep hygiene as well as recommending such strategies and pre-call strategies, strategic napping and post-call naps.
7. Foremost our Professionalism and Learning Environment Policy requires faculty to model behaviors that encourage fitness for duty as noted above and our Supervision Policy requires faculty to observe for signs of fatigue especially during transitions.

ADVERSE ACTION

Intervention, Remediation, Probation, & Termination

Our program follows the policy and procedures of [LSUHSC House Officer Manual](#) in regard to remediation, probation, and termination. Our Clinical Competency Committee will review information and make recommendations to the program director of any cases potentially requiring adverse action.

The conditions for reappointment, policies regarding termination, non-reappointment, and other adverse actions as well as due process, summary suspensions, and grievance procedures are found in the LSUHSC House Officer Manual.

Suspension

Any supervisor, Medical Director (for example, at one of the hospitals), or the Program Director has the right and responsibility to immediately suspend a resident's clinical privileges at any time if it is felt that patient care or welfare is being severely jeopardized by the resident, or if the resident is behaving unprofessionally. Such a decision must be reported to the Program Director immediately. The Program Director will comply with LSUHSC policies regarding summary suspension in conjunction with the Clinical Competency Committee..

Dismissal

The conditions for reappointment, policies regarding termination, non-reappointment, and other adverse actions as well as due process, summary suspensions and other grievance procedures are found in the LSUHSC House Officer manual and will be followed by the LSU Baton Rouge Psychiatry residency program's Clinical Competency Committee.

ALERTNESS MANAGE/FATIGUE MANAGEMENT

Policy and Process

Residents and faculty are educated about alertness management and fatigue mitigation strategies via on line modules, at orientation and in departmental conferences. Further, all faculty will be on the lookout for fatigued residents to ensure patient and resident safety. We make the following suggestions:

1. Warning Signs

- Falling asleep at conferences/rounds
- Restless, irritable w/ staff, colleagues, family
- Rechecking your work constantly
- Difficulty focusing on care of the patient
- Feeling like you just don't care
- Never drive while drowsy

2. Sleep Strategies

Pre-call Residents

- Don't start Call w/a SLEEP DEFICIT – GET 7-9 ° of sleep
- Avoid heavy meals / exercise w/in 3° of sleep
- Avoid stimulants to keep you up
- Avoid ETOH to help you sleep

On Call Residents

- Tell Chief/PD/Faculty, if too sleepy to work!
- Nap whenever you can for > 30 min and < 2°)
- BEST circadian window 2PM-5PM & 2AM- 5AM
- AVOID heavy meal
- Strategic consumption of coffee (t ½ 3-7 hours)
- Know your own alertness/sleep pattern!

Post Call Residents

- Lowest Alertness 6AM –11AM after being up all night
- Full Recovery from Sleep Deficit takes 2 nights
- Take 20 min. nap or Cup Coffee 30 min before driving

In addition, programs will employ back up call schedules as needed in the event a resident can't complete an assigned duty period.

Monitoring

- The institution and program will monitor successful completion of the online modules.
- Residents are encouraged to discuss any issues related to fatigue and alertness with supervisory residents, chief residents, and the program administration.

- Supervisory residents will monitor lower level residents during any in house call periods for signs of fatigue.
- Adequate facilities for sleep during day and night periods are available at all rotation sites and residents are required to notify Chief Residents and program administration if those facilities are not available as needed or properly maintained.
- At all transition periods, supervisory residents and faculty will monitor lower level residents for signs of fatigue during the hand off.
- The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Resident Survey (administered by the institution to all residents and as part of the annual review of programs) and the Internal Review process.

Strategic Napping

Strategic napping is utilized while on call or moonlighting to ensure that residents can avoid fatigue. Residents and moonlighters are encouraged to nap overnight especially between the hours of 10:00 PM through 8:00 AM to avoid excessive fatigue. The effectiveness of this process will be monitored by faculty responsible for patient care that the resident is involved in the following day. Difficulties will be reported to the program director for review.

Residents who are excessively fatigued such that they cannot adequately perform their job should exhibit professional behavior and make their attending aware. Please see Call policy, Frequency and Intensity of House call events, for how this is to be handled.

Any difficulties in management of alertness will be evaluated daily by supervising faculty and reported to the program director. Any reported problems will be reviewed at the PEC meeting.

Continuity of Care Ensured in the Case Where a Resident is Unable to Perform

If a resident is unable to perform his/her duties or is on vacation or sick leave, the faculty responsible for patient care assumes responsibility for continuity of care. The effectiveness of this policy will be reported to and reviewed by the program director, and any cases of deviation from this policy will be reviewed at the PEC meeting to ensure optimal patient care.

S.A.F.E.R

(Sleep, Alertness, and Fatigue Education in Residency)

Fatigued residents typically have difficulty with:

Appreciating a complex situation while avoiding distraction
 Keeping track of the current situation and updating strategies
 Thinking laterally and being innovative
 Assessing risk and/or anticipating consequences
 Maintaining interest in outcome
 Controlling mood and avoiding inappropriate behavior

Signs of fatigue include

Involuntary nodding off
 Waves of sleepiness
 Problems focusing
 Lethargy
 Irritability
 Mood lability
 Poor coordination
 Difficulty with short-term recall
 Tardiness or absences at work

High risk times for fatigue-related symptoms are:

Midnight to 6:00
 Early hours of day shifts
 First night shift or call night after a break
 Change of service
 First 2 to 3 hours of a shift or end of shift
 Early in residency or when new to night call

Fatigue can be modeled as the result of forces producing fatigue and forces reversing its effects, i.e. recovery.

Moves to limit fatigue-related problems include:

- The 80-hour limitation to which our programs are held will certainly help reduce the total number of hours worked.
- In general, the residency workload should allow for as little variation in work schedules as is feasible. Rapid or frequent shifts from day to night work are known to increase the risk of fatigue.
- Individual residents may need individualized schedules to accommodate idiosyncratic energy cycles.
- Many physical illnesses can present as fatigue and should be ruled out when daytime fatigue seems out of proportion to the resident's workload. The resident should be encouraged to consult his/her primary care physician. Sleep studies may be warranted.
- Depression and other psychiatric syndromes may first be manifest as fatigue. Proper diagnosis and treatment should be recommended.

ANNUAL IMMUNIZATIONS

LSU and OLOL require an annual Influenza vaccination each year by Nov 30. Failure to do so will result in having to wear a mask always through the entirety of flu season. In the spring of each year, residents are required to have a TB skin test and a Mask Fit Test. Usually during the month of July, OLOL will have a TB Mask Fit Testing fair in the hospital, and all residents are required to participate. All testing and vaccination are available to residents at OLOL Employee Health. You must submit proof of all annual immunizations and screenings to the Program Coordinator.

ATTENDANCE AT DIDACTICS

Attendance of 100% at all scheduled residency meeting functions is our goal. DIDACTICS ARE NOT OPTIONAL. **The ACGME requires 80% attendance/participation in didactic events, and this is inclusive of the time you miss for vacation and night float. Therefore there isn't room left to miss for other reasons.** If a resident is unable to attend a particular event, it is his/her responsibility to notify the coordinator so that the absence can be recorded properly.

CALL POLICY

It is the policy of the LSU Baton Rouge Psychiatry residency program that the call/night float experience be one that enhances the resident's education and is not driven by service needs.

On-call activities are educational experiences, and adequate time and faculty support are required so that learning, skill acquisition, mentoring, and supervision can and do take place.

Skill sets to be addressed include the following, with an emphasis on progressive independence, autonomy, and confidence in providing service in the on-call setting.

- Initial Assessment and Triage of presenting problems;
- Crisis Intervention skills;
- Case Presentation skills in the on-call environment;
- Consultation skills in the on-call environment;
- Decision-Making Strategies for Disposition of on-call presenting problems, particularly as applies to inpatient after hours concerns and outpatient clinic calls
- Appropriate hand-off procedures.
- Legal and ethical parameters that impact the on-call physician.
- Safety issues that apply to on-call settings, particularly in the ED.
- Team Leadership skills that apply to the on-call environment.

If a resident doesn't respond to a call within 15 minutes, the faculty back up will be called and will handle the clinical situation. However, the program director will be made aware of any such instance the next morning and will handle it administratively.

All call schedules are the responsibility of the chief resident(s). Schedules and call requests must be made in advance to the Chief resident(s) (by June 1 for the first six months and by November 1 for the second). Once the schedule has been published, the resident on the schedule is responsible to find a replacement if he/she is unable to cover. The Program Coordinator must be informed of all changes.

In case of emergency, the back up call schedule will be used. Chief residents will decide if the rationale for not covering one's call responsibilities rises to the level of needing to call in back up. If a chief has an emergency, the program director will make the decision as to whether their situation warrants calling in back up.

Call responsibility by year

PGY 1's	PGY 2	PGY 3	PGY 4
<p>Interns will work nights and weekends as required by off service rotations.</p> <p>On Psychiatry, they will work up to two weekends per month and get at least 6 days per month.</p>	<p>PGY 2's on CL will cover all weekends and holidays during their assigned months on a rotating basis with their CL partners.</p> <p>All services home call on Saturday nights, 5PM to 7AM.</p> <p>One month of night float in the Spring of PGY 2 year</p>	<p>PGY 3's will be the secondary CL person every 7th weekend.</p> <p>All services home call on Friday nights, 5PM to 7AM.</p> <p>Night float 2 weeks over the course of the year</p>	<p>Night float 2 weeks in the fall</p> <p>No holidays or weekends.</p>

CALL SCHEDULE SOFTWARE USE

We use an online software called *AMiON* (amion.com) as a repository of all of our call schedules. You can go to amion.com using the password *lsuololpsych* and view rotation, call, and leave schedules at any time. There is also an app available for your smart phone.

To view the block schedule which includes when residents are out, on call, or post-call:

1. Click on “Block”
2. Change First drop down menu to “PGY 1, PGY 2+”
3. Change second drop down menu to “Set 1”
4. From here you can view the entire schedule for the year for all residents one on page. Items listed in color indicate vacation, night float, retreats, and any other days that a resident will be out.

To view the call schedule:

1. Click on “Call”
2. The Resident Schedule for the current month is the default. You can use the arrows at the top to move to prior or future months.
3. The drop down menu sets offer different views for different call schedules, and also allows an option to view only one call service at a time.

To view the schedule for an individual resident:

1. Click on the icon with a person standing next to a set of blocks (My Schedule).
2. Select a resident’s name from the drop down menu for that PGY level.
3. Choose the month and click “Create schedule”.
4. From here, you can use the arrows to move back and from between prior, current, and future months.

Descriptions:

All Services (PGY 4) – Night Float

All Services (PGY 2) – Saturday night home call in the Fall, home call or night float in the Spring

All Services (PGY 3) – Friday night home call or night float

Clinics (PGY 3) – Weekend PGY 3 CL resident

Please report any errors, changes, or discrepancies in the schedule to Amanda Blackburn at 225-757-4210, 601-402-5363, or amcran@lsuhsc.edu.

CHIEF RESIDENT SELECTION AND ELIGIBILITY

Chief Residents are voted on by the residents. Rising PGY- 4 residents, in good standing, nominate themselves. Graduating residents or residents leaving for fellowship are not eligible to vote. Tied votes will be decided by the Program Director.

CLINICAL AND EDUCATIONAL WORK HOURS (formerly known as DUTY HOURS)

It is the job of the program to ensure that clinical and educational work hours are within the limits set forth by the ACGME. These limits are in place to protect residents from extreme fatigue during residency and allow for a well-rounded educational experience that goes beyond patient care or service needs. Clinical and educational work hours include time spent on clinical work, time spent on educational activities, home call (for the time one receives a call), and moonlighting.

Hours vary according to the rotation. Residents are always responsible for their patients during regular hours unless other coverage has been arranged. Coverage afterhours and on weekends is site specific and ensures work hour compliance. Attending physicians will cover clinical responsibilities during resident didactics.

Residents are encouraged and required to enter their hours accurately, even if that will result in a violation. This helps us monitor the rotations and make changes when required.

Please see the LSUHSC House Officer manual for institutional policy on Clinical and Education Work hours, which is in accordance with the ACGME Clinical and Education Work Hour (found on pages 37-39 of the ACGME “*Program Requirements for Graduate Medical Education in Psychiatry*”). Our program adheres strictly to these policies.

Types of Clinical and Educational Work Hours Used by our Program

Shift All hours worked that are not in our outpatient psychiatry clinic. This also refers to any required hours on holidays or weekends that are outside of At-Home Call.

Night Float Schedule night float weeks. Not to be confused with Call.

Call This type is used only for in-house call that requires a resident to be present in the hospital for the entire duration of the call period. Psychiatry does not use this type, as we do not have in-house call.

Conference These are entered by the Coordinator while residents are on psychiatry rotations. Residents do not enter their own psychiatry conference hours. These hours refer to department didactic activities where a resident was in attendance.

PGY 1 residents on off-service rotations are responsible for logging their own conference hours if they attend didactics in those departments.

Clinic Pertains only to PGY 3 and 4 residents in our outpatient clinic – Center for Psychiatry Services.

Vacation These are entered by the Coordinator. Residents do not log their own vacation time.

At Home Call This type pertains only to call that is specified as home call and does not require time in the hospital. If called in to the hospital while on home call, all active hours in the hospital are logged as “At Home Call – Called In”. The remainder are logged as “At Home Call – Not Called In”. It is rare for weekday home call to require a resident to be called in.

Moonlighting This is only for residents at a PGY 2 level or above who have their own medical license, DEA license, and malpractice, and who have received both institutional and program approval to participate in moonlighting activities.

Break/ This type was created to correct work hour violations. This is for times of the **Not Working** day when you are not working in the middle of a shift (i.e. lunch breaks). These will show up as gaps in your schedule. Please use this type to fill those gaps.

Research This is for dedicated research time for residents on the OLOL Research Scholars Track or PGY 4s who have research as part of their electives.

Location of Clinical and Educational Work

OLOL will always be your location. Department is always OLOL Psychiatry unless you are rotating with the LSU Internal Medicine or Emergency Medicine program, in which the department would be Baton Rouge Programs/BR.

Entry & Monitoring of Clinical and Educational Work Hours

Hour entry and monitoring is done through New Innovations, our electronic residency management database. **Residents are expected to enter hours on a weekly basis, but required to do so on at least a monthly basis.** Waiting any longer risks that you will not recall your exact work hours which can result in erroneous logs. Reports are not only used to track resident work hours, but they are also used in internal and institutional audits and reviews. Therefore, timely entry and correct entry of hours is extremely important.

Residents who fail to log hours or log erroneous hours are subject to disciplinary action by the program. New Innovations has great Help modules that can assist demonstrate how to log hours. You may also consult the Program Coordinator or an Upper Level resident for assistance. If a resident is fatigued, the faculty responsible for patient care will assess the resident and make provisions for resident and patient safety. Options may include early dismissal, ensuring adequate rest, the use of a strategic nap, or in mild cases the limited use of caffeine. The effectiveness of this process will be monitored and reviewed by the program director a, utilizing the data provided from the Clinical and Education Work Hour capturing system (New Innovations) and direct report from residents and faculty. Therefore, hours must be reported timely and accurately to ensure correct reports.

Hour reports are generated on a monthly basis by the Program Coordinator and available for the Program Director to review at any time, which must be reviewed no less than semiannually.

The LSU Health Sciences Center adopted the ACGME Clinical and Educational Work Hours (eff 7/1/17) that may be summarized as:

Maximum Hours of Clinical and Educational Work per Week

Clinical and educational hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities, clinical work done from home, and all moonlighting.

Mandatory Time Free of Clinical Work and Education

Residents must be scheduled for a minimum of one day free of work every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Clinical and Educational Period Length

- Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.
- It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
- Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of work to continue to provide care to a single patient. Justifications for such extensions of work are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
- Under those circumstances, the resident must:
 - Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,
 - Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
 - The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.
 - These additional hours of care or education are counted towards the 80-hour weekly limit.

Minimum Time Off between Scheduled Work and Education Periods

- Resident should have eight hours free of clinical and educational activities between scheduled work periods.
- Residents must have at least 14 hours free of clinical work and educational activities after 24 hours of in-house call.
- Residents must be scheduled for a minimum of one-day-in seven free of clinical work and required education (when averaged over four weeks).
- At-home call cannot be assigned on these free days.
- Circumstances or return-to-hospital activities with fewer than eight hours away from the hospital by residents must be monitored by the program director. This must occur within the context of the 80-hour and the one day in seven off requirement.

Maximum Frequency of In-House Night Float

Night float must occur within the context of the 80-hour and one-day-off-in-seven requirement. [The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.]

Maximum In-House On-Call Frequency

Residents must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

- Time spent in the hospital by residents on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
- At-home call must not be as frequent or taxing as to preclude rest or reasonable personal time for each resident.
- Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Residents are required to log in all clinical and educational hours in New Innovations Software program or its replacement program. Those who fail to log hours or log erroneous hours are subject to disciplinary action (GMEC Feb 2011). The institution as well as each program is required to monitor and document compliance with these requirements for all trainees. To accomplish this, the institution will implement the following policies and procedures:

1. Each program will need to sign a statement attesting to compliance with these requirements at all sites.
2. Each program will develop their own written clinical and educational work hours policy that is in keeping with the ACGME and Institutional policy. This policy will be distributed to all trainees and faculty with a copy provided to the GME Office. The policy must delineate specifically how compliance will be monitored and what actions will be taken to remedy problems. Yearly changes or revisions to policies must be forwarded to the GME Office.
3. Programs must monitor residents for fatigue. The institution will develop resources to educate faculty and residents about sleep deprivation and fatigue.
4. The institution will ask each participating institution to advise it where legally permissible of incidents or trends suggesting fatigue as a component of the problem.
5. If the program has developed and instituted a method to monitor for individual resident clinical and educational work hour compliance (eg work hour logs) it will regularly share this data with the institution.

6. The institution encourages programs to add questions on the clinical and educational work hour requirements to their monthly rotation evaluations in addition to other monitoring.
7. The institution will make it clear to residents that our Ombudsman is available to field questions or complaints about clinical and educational work hours and those such complaints will remain anonymous.
8. The resident agreement of appointment/contract includes a reference to clinical and educational work hours policy and an agreement to participate in institutional monitoring of clinical and educational work hours.
9. Special Focused Reviews may include detailed sections on clinical and educational work hours.
10. An annual web-based questionnaire will be administered to residents regarding clinical and educational work hours by the GME Office. Responses will be anonymous.
11. The GME Office will randomly audit programs.
12. Program specific data will be presented annually in the End of Year Program Review Minutes submitted to the GME Office for review.
13. Violations of clinical and educational work hours requirements by participating institutions may result in removal of residents from that institution.
14. Programs with violations will be subject to close, regular monitoring by GMEC.
15. Programs cited by the ACGME for clinical and educational work hour violations will have special monitoring programs implemented.
16. Moonlighting must be strictly approved in writing and monitored to assure resident fatigue does not become a problem.
17. Clinical and Educational Work Hours Hotline is established to monitor residents' complaints.

This policy applies to every site where trainees rotate.

CLINICAL AND EDUCATION WORK HOUR (DUTY HOUR) VIOLATIONS

New Innovations automatically calculates duty hours and activates a violation if a resident has exceeded maximum duty hours in each period. Violations inevitably occur during residency, but it is our program's goal to structure a resident's work schedule so that these violations do not occur on a regular basis. If a violation does occur, you must report this appropriately in New Innovations by selecting a cause for the violation from the drop-down menu provided, and entering comments as to the nature of the violation. It is important to note that you are not penalized for violations. Report any concerns to the program coordinator or director regarding situations that could potentially cause a violation.

CLINICAL SKILLS VERIFICATION

Components of the Clinical Skills Evaluation and Scoring Criteria

The [American Board of Psychiatry and Neurology](#) (ABPN) requires that residents demonstrate mastery of the following three components of the core competencies to apply for certification in the specialty of psychiatry. They are:

1. **Physician-Patient Relationship:** For performance to be scored acceptable, the resident must develop rapport with the patient, respond appropriately to the patient, and follow cues presented by the patient.
2. **Conduct of the Psychiatric Interview:** For performance to be scored acceptable, the resident must obtain sufficient data for formulating a DSM Axes I-V differential diagnosis; obtain psychiatric, medical, family, and social histories; screen for suicidal and homicidal ideation; use open- and close-ended questions as appropriate; and perform an adequate mental status examination.
3. **Case Presentation:** For performance to be scored acceptable, the resident must present an organized and accurate history and an organized and accurate summary of the mental status findings.

All 3 competency components are to be assessed in the context of a patient evaluation that is conducted in the presence of an ABPN-certified psychiatrist. A resident must pass a total of 3 CSVs to graduate from the program.

Training programs may elect to do more than 3 CSVs if necessary. They may also assess additional competency components in the evaluation, e.g. differential diagnosis, treatment planning. But the minimum requirements must be met.

Timing of the Evaluations

The program will offer a clinical skills verification each of the first three years of the program and will consider it essential to moving to the next level of training that the CSV examination each year has been passed. It is anticipated that all three CSV exams will successfully completed by the time the resident enters his/her fourth year of training. For residents wishing to enter into a fellowship after their 3rd year of training, you must have at least 2 passing CSVs to apply. However, it is recommended that at the time of application, your CSVs are completed.

Selection of Patients

The selection of patients is at the discretion of the residency program director, and any patient type, in any clinical setting may be used. The program will use a patient from the inpatient setting the first year of the program, an adolescent from the second year of training, and an outpatient for the third year of training.

Evaluators

Each of the three evaluations must be conducted by an ABPN-certified psychiatrist. At least two of the evaluations must be conducted by different ABPN-certified psychiatrists. The evaluator must observe the resident's performance and score the resident on the physician-patient relationship; psychiatric interview, including mental status examination; and case presentation.

Duration of Each Evaluation

At a minimum, each evaluation session should last at least 45 minutes. The resident should be given a minimum of 30 minutes to conduct the psychiatric interview. Thereafter, he/she should have a minimum of 10-15 minutes to present the case. If appropriate, the evaluator may give feedback to the resident.

Evaluation Forms

Evaluations will be completed on one of the two ABPN-approved forms. The evaluations can be completed on paper or electronically in New Innovations. Forms are available in New Innovations and in the program office.

Determination of Acceptable Performance

The individual evaluator will determine if the resident performed acceptably on each of the three competency components. An acceptable score is required for all three components. Regardless of when during training the resident takes the evaluation, the standard for acceptable performance remains the same. Because the resident may take each of these clinical skills evaluations multiple times if necessary (which will not affect the resident's admissibility to the ABPN certification examination), there should not be pressure to score a resident's performance as acceptable on an evaluation. If a resident is unsuccessful in completing the evaluations, any remediation activities are the responsibility of the training program.

Submission of Documentation to the ABPN

At the time of application for certification, the ABPN requires attestation from the residency program director of an ACGME-accredited psychiatry program. Documentation must include a statement that the resident performed acceptably on three clinical skills evaluations and must include the full names of the ABPN-certified evaluators and the dates of the evaluations. It is recommended that the program retain the evaluation forms as part of the resident's training file. The ABPN reserves the right to audit the evaluation process. The evaluations are valid for five years following completion of residency training.

Board eligibility

It is the goal of the LSU Baton Rouge Psychiatry residency program that all of our graduates will be eligible and eventually achieve Board Certification. The American Board of Psychiatry and Neurology (ABPN) governs this process. Guidelines require that graduating residents successfully complete 3 (three) clinical skills verification exams during their training and that a letter to that effect be forwarded to them at the completion of the residency. Furthermore, program must complete a pre-CERT application on each graduating resident to ensure they are eligible to sit for their written boards at the completion of the program.

PROGRAM COMMITTEE STRUCTURE

Faculty Meetings

All core faculty members are asked to participate in the quarterly faculty meetings as well as one of the subcommittees of the program. During faculty meetings, faculty will hear announcements about the department as well as committee reports. A topic related to faculty development will be presented as well.

Program Evaluation Committee (PEC)

The Program Evaluation Committee (PEC) is composed of the Program Director, Associate Residency Training Directors, Chief Residents, recruitment chair and the Residency Coordinator. Ad hoc or invited guests may also attend the meetings at the discretion of the program director. The Program Director chairs the activities of the committee.

The PEC subcommittee (Leadership), which consists of the program director, associate directors, clinic director and program coordinator, under the direction of the Program Director, is responsible for planning, developing, implementing and evaluating all significant educational activities of the residency program. They meet every two weeks.

The PEC is responsible for the annual evaluation of the program and for assuring that areas of non-compliance with ACGME standards are corrected. Data from resident and faculty evaluations must be included in this annual evaluation and action plan. For that purpose, the committee meets annually and involves the chief residents.

Clinical Competency Committee (CCC)

This committee evaluates and tracks the residents' progress in core competencies; its membership includes all core faculty. There is one for PGY 1's, PGY 2's and then PGY3&4's. The committee will be responsible for reviewing evaluations for each resident and will meet quarterly. From the collected evaluations and verbal input of committee members, the committee will monitor each resident for their appropriate level of milestone development. The committee is responsible for reporting the Milestone evaluations to the ACGME semi-annually.

If progression appears to be in jeopardy, the committee will advise the program director as to its recommendation. This committee can require actions including remediation, probation, repetition

of rotations, non-promotions, or referral to the Employee Assistance Program for psychiatric evaluations and/or treatment, or other remediating measures

If the CCC decides the above actions are insufficient, it can propose suspension, non-renewal of contract, immediate termination, or reclassification of training level lower than the resident's current training level

In all cases, all evaluation and review proceedings shall be as private as possible to protect the resident and faculty members involved, as well as maintaining objectivity. Institutional Due Process is described in detail in the LSUHSC House Officer Manual. The determination of the committee is to be considered as advisory to the program director and Department Chair, who shall be regularly apprised of their actions.

The committee is also responsible for determining methods of evaluating for all the milestones are available and in use. Their feedback on the instruments and methods being employed will be referred to the PEC.

Resident Liaison Committee (RLC)

This committee meets monthly with the chief residents, two members of each resident class, and the Program Coordinator. The purpose is to allow the residents the opportunity to present issues or suggestions in a formal way to the program administration. The program director attends as needed to address concerns or bring in information. The chief residents meet regularly with the program director to ensure the transfer of information back and forth.

Curriculum Committee

Curriculum Committee is tasked with the development and assessment of the didactic and clinical curriculum such that all courses and rotations must be presented and approved. The purpose is to continually update and improve the curriculum and is ultimately responsible for approving goals and objectives for each proposed rotation and didactic course. Additionally, the committee will promote faculty development by developing a faculty development plan with faculty retreats and ongoing training and education. Often 1-2 residents are chosen to serve on this committee.

Recruitment and Selections Committee

The recruitment and selections committee operates primarily September to March and is tasked with the recruitment of new residents. Their responsibilities include the design of the recruiting process and the choice of applicants who will receive interviews. They also oversee the ranking of applicants for ERAS and the match process. At the end of the recruitment season, they will evaluate the process and make recommendations for next year. Membership is a mix of the faculty. Resident representation is also expected in the process. The chief resident will be included in the ranking process and other residents' input is included from their own feedback meeting with recruitment chair.

Diversity Committee

Newly formed this year, this committee will look at issues of recruitment and retention of residents and faculty with diverse backgrounds as well as issues of equity in the treatment of residents, students, faculty and patients.

COMMUNICATION WITH ATTENDING POLICY/SUPERVISORY CHAIN

All Psychiatry clinical rotations have an attending directly responsible for patient care and team issues. Two attending physicians are available after hours and on weekends—one to back up the resident on CL and outpatient clinics, one to back up the resident for inpatient and ED calls. All call schedules are available on AMION. If for any reason, the appropriate attending cannot be reached, call Kathleen Crapanzano M.D. (225-572-9894) or Lee Tynes, M.D. (337-281-2192).

COMPLIANCE MODULES

LSUHSC requires that all employees, residents, and students complete online compliance modules at different intervals throughout your employment/training. All residents are given a KDS account ([Knowledge Delivery System](#)), and access to the account is sent to you directly from the LSUHSC Office of Compliance from Roy Clay. When you receive these emails, it is important you save the email for later reference so that you can complete your modules timely.

Modules for residents include the following: Code of Conduct, HIPPA Privacy, HIPPA Security, Safety, Security & Confidentiality, FERPA, Bloodborne Pathogens, Drug Free Workplace, ADA, FMLA, Driver Education & Safety, Violence in the Workplace, Sexual Harassment, False Claims, EEO, Code of Conduct, and Ethics Training.

CONTINUITY OF CARE IN CASE OF RESIDENT EMERGENCY

If a resident is unable to perform his/her duties or is on vacation or sick leave, the faculty responsible for patient care assumes responsibility for continuity of care during the day. For nights and weekends, there is a backup call schedule available on AMION. The effectiveness of this policy will be reported to and reviewed by the program director, and any cases of deviation from this policy will be reviewed at the PEC meeting to ensure optimal patient care.

CORE CURRICULUM SERIES

The American Medical Association (AMA) has created a series of GME competency modules for residents and fellows to complete. These modules are an integral part of the educational component of your residency/fellowship with LSU School of Medicine and are to be completed during your first, second, and third year of training. Completion of these modules is MANDATORY for promotion to the next house officer level and graduation.

The GME Competency Education Platform gives residents tools to develop and measure their knowledge and skills to help meet ACGME competency education requirements. The short courses reduce the time needed for education, thus reducing the stress on residents. Residents can keep track of completed courses and obtain their own printable certificates verifying they passed the

post-assessments. Each course contains interactive elements so residents can apply their learning to real-time situations, and automated email due-date reminders keep residents on track. With 24-hour access and content optimized for mobile, residents can complete courses and assessments at their convenience. Residents can review their current testing status or see detailed reports on completed assignments in their progress file.

The modules are available online and have been designed to be completed in approximately 10-30 minutes each. They consist of a presentation of several slides, videos, charts, etc. in addition to a short test. The presentation should be viewed before taking the test. If you do not score at least 80% on any assigned module, that module will be locked and you must request permission from the Program Coordinator to unlock that module.

DRESS CODE

Our Lady of the Lake takes professional dress seriously and demands adherence to a dress code. There is always room for tasteful styling, but these are some general rules to keep you in the “safe zone” on attire when interacting with patients. Your clothing and demeanor should feel authentic for you and help you build trust with your patients.

Bottoms:

- Dress slacks are always great, khakis are less formal but appropriate.
- If you think the skirt/dress might be too short, it is.
- Avoid high slits, casual pants, jeans, or legging-type pants (without a long top).

Tops:

- Button down shirts, tasteful blouses.
- Sweaters without statements on them
- Ties/bowties are acceptable but not required
- Avoid Low cut or midriff baring tops, and it is a good idea to assure your shirt is still visible if you button your white coat.
- Note: You will often be leaning over when taking care of patients, make sure to evaluate your outfit accordingly.
- Scrubs and lab coat provided by program are acceptable in the hospital. Other scrubs are discouraged. Optional embroidered black jackets are also acceptable attire.
- Scrubs should not be worn in clinic settings (OR, ED, on call/post call are all acceptable times to wear scrubs).

Shoes:

- Closed toe, comfortable, generally neutral colors. Sneakers are only ok if you are also wearing scrubs.
- Wear heels at your own peril.

Personal Toilette:

- Neat, “done” hair (just don’t look like you rolled out of bed). Men, regular hair cuts or trims are requested
- Always deodorant and never perfume.
- Tasteful makeup.
- Facial hair is acceptable if kept neat, clean and trimmed.

- Avoid loud lipstick, excessive eyeshadow/eyeliner, overly decorated nails, hats, long and dangly jewelry.

DRIVER SAFETY & RISK MANAGEMENT

It is presumed that all LSUHSC employees require travel as part of their performance duties (i.e. traveling between 1 location and another). This is absolutely true for residents who must commute to required rotation sites.

Successfully completion of the Driver Safety module and its requirements is the first step of a 2-step process to obtain approval to drive on state business or to renew your approval to drive on state business. You have already completed the first 2 steps before arriving by providing a certified copy of your driving record. The second step is completion of the online modules and that must be done within the first 90 days of employment. For out-of-state driver's licenses, these residents must furnish LSUHSC with a certified copy of their driving record each year in order to renew contracts.

If you get into an accident while on state business, there is a strict process for reporting the accident to ensure that your LSUHSC secondary liability coverage is activated. Your personal insurance is the primary insurer. The LSUHSC Office of Risk Management provides coverage in excess over any other collectible insurance.

EMAIL

The program will be communicating with you mostly through your LSUHSC email. Residents must check email regularly throughout the work day. Residents are required to use LSU email accounts. The department, university, and ACGME will send emails to your LSU account. Personal email accounts will not be used for work purposes. You are expected to respond promptly to emails, and to use professional language and conversation in email communication. Please be mindful of HIPAA regulations when communication with your colleagues regarding patient care. Identifying information about patients should not be communicated over email.

All new residents must activate their LSUHSC email accounts online and on their smartphones PRIOR to July 1.

EMPLOYMENT & BENEFITS

As a resident in this program, you are a full-time employee of the LSU Health Sciences Center. Your employment is managed by [Human Resources](#) on the main campus in New Orleans. Benefits are managed by Human Resources – the program cannot assist you with benefits. Please contact HR in New Orleans at 504-568-4834 with questions.

EVALUATION OF RESIDENTS

The program uses a 360 approach to the evaluation process. End-of-Rotation evaluations should be submitted no later than 2 weeks after the completion of a rotation. All evaluations are reviewed by the Program Director and the Clinical Competency Committee. All forms are available to view in New Innovations and in the program office. All documents related to a resident's progress and/or performance in the program will be kept in the resident's promotion file with the program coordinator

CSV evaluations—done throughout program on rotations.

Faculty Evaluation of Resident – Completed at the end of each rotation in New Innovations. Form is specific to the rotation.

Resident Evaluation of Rotation – Completed at the end of each rotation in New Innovations. Reviewed annually by the program director

Resident Evaluation of Program – Completed annually in the spring in New Innovations.

Resident Evaluation of Faculty – Completed annually in the spring in New Innovations.

Resident Peer Evaluation – Completed annually in the spring in New Innovations.

ACGME Resident Survey – Distributed electronically from the ACGME in the spring each year.

LSU GME End of Year Survey – Distributed electronically from the GME office in the spring each year.

360 Patient & Treatment Team Feedback – Distributed on paper and electronically in the clinics, on the psychiatric units, and with the mental health team in the emergency department.

Semi-annual reviews: The ACGME requires that programs perform a semiannual review of all residents for each year of residency. This is a formal process that requires a one-on-one meeting in the fall and spring of each year with a Program Director. Evaluations of the resident, in service exam scores, learning plans, self-reflection, milestones, career plans and goals, etc. are all discussed at length during this meeting. The Program Coordinator will contact you to arrange these meetings twice a year, typically in January and July.

HOLIDAY COVERAGE

Residents and Fellows will follow the holiday schedules of the institutions (hospitals, etc) where they are rotating. Time off for holidays is determined by the policies of each individual rotations and patient coverage needs. We will attempt to spread call coverage out equally over the course of the residency. This year, we are instituting a two week holiday coverage schedule that will allow for an extra week off either the week of Christmas or New Year's.

INCOMPLETE/DELINQUENT MEDICAL RECORDS for inpatient

(Excerpted from OLOL Policy Incomplete/delinquent Medical Records process)

It is the policy of the Health Information Management department of OLOL that staff members will be promptly notified of their incomplete/delinquent medical record status.

Physicians-in-training (residents and fellows) are also accountable for completion of medical records in a timely manner with the assistance of the Graduate Medical Education (GME) Department.

The GME department will evaluate medical delinquent records weekly in coordination with HIM procedure. It will communicate to any physician-in-training that is in good standing that has deficiencies greater than 21 days past the initial assignment of the deficiency

When there are deficiencies greater than 28 days past the initial assignment of the deficiency, the physician-in-training will have 3 days to complete all delinquencies before losing Good Standing status.

Upon losing good standing status, the physician-in-training will not be allowed to participate in patient care at OLOL until all medical records are completed. Additionally, their program directors shall be notified of the Good Standing status revocation.

Physicians-in-training who have deficiencies of greater than 60 days past the initial assignment of the deficiency will have their badge access and information systems access terminated and their deficiencies will be reassigned to the responsible medical staff member. Physicians-in-training who return will have a mandatory computer training prior to participating in any patient care or non-patient care educational activity.

Periodic reviews of all physicians-in-training who have had their good standing revoked shall be presented to the Health Information Management (HIM) meeting and other meetings as appropriate.

INCOMPLETE/DELINQUENT MEDICAL RECORDS for outpatient

(Excerpted from OLOL Lake Physicians' Group Open Encounters Policy)

The expectation is for all closeable open encounters to be completed and closed by the physician or advanced practitioner within 24 hours.

The Medical Director or designee will ensure that all providers complete documentation and that patient encounters are closed *prior* to approval of scheduled time off (Ex. Vacation) and leaves of absence.

Providers will be notified weekly of any open encounters. All providers will have three business days, after notification, to close all encounters.

If the open encounters are not rectified by close of business on the 3rd day, physicians will be pulled from work until they are done.

INFORMED PATIENT CARE

All residents and faculty will introduce themselves to patients and inform the patient of their respective role upon initial presentation, and repeatedly as warranted during patient care. If a patient expresses a wish not to be under the care of a resident, this request will be honored.

IPASS PROTOCOL

OLOL uses the IPASS handoff system for transitions of care. Residents are expected to use it on hospital handoffs.

I	Illness Severity	<ul style="list-style-type: none"> • Stable, “watcher”, unstable
P	Patient Summary	<ul style="list-style-type: none"> • Summary statement • Events leading up to admission • Hospital course • Ongoing assessment • plan
A	Action List	<ul style="list-style-type: none"> • To do list with timeline and ownership
S	Situation awareness and contingency planning	<ul style="list-style-type: none"> • Know what’s going on • Plan for what might happen
S	Synthesis by receiver	<ul style="list-style-type: none"> • Receiver summarizes what was heard • Asks questions • Restates key action/to do items

I Pass Handoff Essentials: *Better handoffs. Safer care*

Structured verbal hand off

- Begin with overview of the entire service
- Need proper environment—limit interruptions
- Use IPASS mnemonic
- Employ closed loop communication

Printed Handoff document

- Supplements verbal handoff
- May import elements from EMR
- Keeps information current with updates

High level skills

Patient Summary

- Be concise and focused
- Establish working diagnosis
- Include semantics with qualifiers
- Ensure check-back with receiver

Contingency plans; “If this happens, then…”

- Problem solve before things go wrong
- Know potential therapist or interventions
- Identify most worrisome patients
- Articulate chain of command.

RESIDENT LEAVE POLICIES

LSUHSC Policies

The total amount of leave granted to residents each academic year is according to [the LSUHSC House Officer Manual](#). According to policy, leave does not accumulate; if it is not used by June 30 of each year, it is forfeited. On the following page, a detailed breakdown of the leave available at each PGY level is provided.

July to December vacation requests are due no later than May 31. January to June requests are due no later than October 31.

Other Limitations

- No leave will be granted during the Resident Retreats or PRITE.
- Residents who are graduating or taking a fellowship position are expected to work until June 30 unless leave is approved.
- Leave will not be granted the last 2 weeks of June, except for PGY3/4s who are transferring into a fellowship, moving, or job interviewing.
- Thanksgiving, Christmas, and New Years are the most frequently requested times for leave. Leave will be granted on a first-come, first-served basis, after approval from your rotation supervisor is obtained.
- You will not be allowed to have holiday time off every year of residency. And we cannot “give days back” for paid holidays during your requested vacation time.
- Leave will not be granted for the month of July, unless extenuating circumstances occur.
- No more than one week of a 1 month rotation can be approved for leave. This includes any combination of leave whether vacation, educational, or sick/emergency leave. Leave in excess of 1 week can affect your board eligibility and cause delays or even additional training. Please speak with the Program regarding any concerns about this matter.
- In case of illness or emergency, the chief residents will arrange for call coverage through the back up schedule, but the resident is expected to make up those days upon return.

LSUHSC House Officer Earned Leave

Vacation for PGY 1 (21 days):

- 3 weeks available (including weekends according to LSUHSC policy). No leave on Inpatient Medicine, Outpatient Medicine, or Pediatrics. You are limited to 3 days on Emergency Medicine. No more than 7 days total can be used on Neurology. The remaining leave must be used on Inpatient Psychiatry and MUST be approved by your attending first in accordance with their supervision schedules. This includes holidays and weekends.

Vacation for PGY 2 (28 days):

- 4 weeks available (including weekends according to LSUHSC policy). You are limited to a total of 7 days on CL over the course of the academic year, and a total of 7 days in the ED over the course of the academic year. This is inclusive of all leave – vacation, educ, sick. For the remainder of the rotations which are only 4-6 weeks each, you are limited to one week. If at all possible, please avoid vacation on CL, as this leaves the bulk of the work load for your CL partner(s). Weekend CL coverage must be worked out with the team each month, including if anyone is planning on taking vacation.

Vacation for PGY 3, 4 (28 days):

- 4 weeks available (including weekends according to LSUHSC policy). We ask that you split this, using 14 days in the Fall and 14 days in the Spring. In each semester, 7 of those days must be consecutive. Abuse of this system, which includes attempting to not use vacation days on weekends when you are in the home call or night float pool, will NOT be tolerated.

Educational Leave for All Residents (5 days):

- 5 consecutive or non-consecutive days.
- The program must be informed of the nature of your request, and be provided with confirmation of registration at meetings/conferences if attending.
- Educational leave can also be used by PGY1s for Step 3 studying and for taking the actual exam. Only the days leading up to and the days of the actual exam are permitted for educational leave.

Sick/Emergency Leave for All Residents (14 days):

- Sick leave can be used for doctor's appointments, illness or treatment of illness, planned procedures or recovery from such
- For immediate instances on sick days, the resident must notify their attending immediately, and then notify the Coordinator so that this can be changed in the payroll system and in AMiON.
- For pre-planned leave of 1-2 days on a current rotation, the resident is responsible for first speaking directly with their attending to have the leave approved. We will not inquire about the nature of the request unless it exceeds 2 consecutive days.
- For any sick/emergency leave more than 2 consecutive days, please speak with the Program because it may be necessary to request documentation from a physician.
- There is a back-up call schedule for emergencies when a resident is unable to work. Please be advised that should you need to use the back-up system, you will be expected to make up that call later. This make-up date will be chosen for you. We understand that illnesses and emergencies happen from time to time, but please be considerate of your peers. Do not abuse this system. It has been put in place for illnesses and emergencies, not for call switches.

Extended Leave

Any leave beyond the limits set by LSUHSC can be designated as Family and Medical Leave (FMLA as specified in [Chancellor's Memorandum 50](#)), Maternity Leave, or Leave Without Pay (LWOP). Note that in these circumstances, your residency must be extended to account for the leave as well as retain your ABPN eligibility upon graduation. Please speak directly with the Program regarding this matter.

FMLA: PGY 1 residents are not eligible for FMLA. FMLA requires 12 months of continuous employment as the first criteria for eligibility. As of July 1, of your PGY 2 year, you are eligible to qualify for FMLA. This is a process that is conducted through LSUHSC Human Resources in New Orleans and requires certification from a physician. The resident is solely responsible for this process. Before considering FMLA, please speak with the Program to discuss your options. Note that FMLA must first exhaust all remaining vacation and sick leave. If you do not have enough leave to carry you through the physician's recommended period, you must take Leave Without Pay (LWOP).

LWOP: Life circumstances may require an extended absence from residency. LWOP is processed through the Residency Program. You must discuss this with the Program before considering this option. This also applies to residents who are graduating or taking a fellowship position that must depart from the program early and have no remaining vacation days - you will be given LWOP for those days.

Maternity/Paternity Leave: Leave due to the birth of a child must first exhaust remaining vacation and sick leave. If the requested leave must extend beyond accrued leave, the resident must seek FMLA or LWOP (details are provided above). As soon you are ready to share with the program that you will be taking Maternity Leave, discuss your options and submit the necessary paperwork in a timely fashion to avoid delays or denials.

LEVELS OF SUPERVISION & PROGRESSIVE RESPONSIBILITY

Policy and Process

Several of the essential elements of supervision are contained in the Policy of Professionalism detailed elsewhere in this document. The specific policies for supervision are as follows.

Levels of Responsibility Defined

- **Direct Supervision by Faculty** - faculty is physically present with the resident being supervised. All incoming interns will start their supervision at direct level.
- **Direct Supervision by Senior Resident** – same as above but resident is supervisor.
- **Indirect with Direct Supervision IMMEDIATELY Available – Faculty** – the supervising physician is physically present within the hospital or other site of patient care and is **immediately** available to provide Direct Supervision.
- **Indirect with Direct Supervision IMMEDIATELY Available – Resident**-- same but supervisor is resident.
- **Indirect with Direct Supervision Available** -- the supervising physician 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 provide Direct Supervision.
- **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

PGY 1 residents may not initially be unsupervised in the hospital setting, although they can progress quickly to indirect supervision according to the ACGME Psychiatry RRC.

Monitoring

The institution will monitor implementation of the policies through Annual Review of Programs and Internal Reviews. The institution monitors supervision through a series of questions in the Annual Resident Survey. The program will monitor this through feedback from residents and monitoring by Chief Residents and Program Directors. Supervision will be added to the annual review of programs.

Faculty responsibilities for supervision and graded responsibility

Residents must be supervised in such a way that they assume progressive responsibility as they progress in their educational program. Progressive responsibility is determined in several ways including:

1. GME faculty on each service determine what level of autonomy each resident may have that ensures growth of the resident and patient safety
2. The Program Director assesses each resident's level of competence in frequent personal observation and semi-annual review of each resident
3. Where applicable, progressive responsibility is based on specific milestones:

- a. For progression from direct supervision to indirect supervision with direct supervision available (by either faculty or PGY-2 resident or higher),
 - i. In accordance with the Psychiatric RRC, PGY-1 residents will have to demonstrate competence in the ability and willingness to ask for help when indicated; gathering an appropriate history; the ability to perform an emergent psychiatric assessment; and presenting patient findings and data accurately to a supervisor who has not seen the patient
 - ii. The program director is ultimately responsible for certifying the competencies required to move to indirect supervision, based on inpatient faculty assessments.
 - iii. Progression to this level of supervision is a requirement for promotion to PGY-2
 - iv. For the ability to work with indirect supervision, a PGY-1 resident must do the following:
 1. The program will offer training on expectations for asking for help and getting supervision during orientation
 2. Upon arrival on the wards, the resident will have a psychiatric evaluation of a patient observed in completeness by an attending and an assessment completed on New Innovations
 3. After successful completion of these requirements, the program director will certify the resident as ready for indirect supervision
 - b. For the ability to provide supervision to a PGY-1 resident, a higher-level resident must have successfully completed all the first-year rotations, and must be given permission by the training director based on the recommendation of the Clinical Competence Committee.
 - c. The ability to progress to the level of oversight is reserved for third and fourth year residents. The decision to grant this level of supervision will be based on a review of the resident's progress in his/her annual evaluation by the Clinical Competency committee and the resident will be given permission by the training director based on that recommendation. The ability to function at this level of supervision is a requirement for progression to the third year of the curriculum.
4. The expected components of supervision include:
- a. Defining educational objectives
 - b. The faculty assessing the skill level of the resident by direct observation
 - c. The faculty defines the course of progressive responsibility allowed, starting with close supervision and progressing to independent as the skill is mastered
5. Documentation of supervision by the involved supervising faculty must be customized to the settings based on guidelines for best practice and regulations from the ACGME, JCAHO and other regulatory bodies. Documentation should generally include but not be limited to:
- a. progress notes in the chart written by or signed by the faculty
 - b. addendum to resident's notes where needed
 - c. counter-signature of notes by faculty

- d. a medical record entry indicating the name of the supervisory faculty
6. In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency based and includes evaluation of both professionalism and effectiveness of transitions.
 7. For supervision to be provided on inpatient units:
 - a. Direct faculty supervision will be available for all evaluations, physical examinations, medication orders, and group and individual psychotherapy sessions until the resident has been judged capable of working with indirect supervision
 - b. After a resident has been accorded the right to practice with only indirect supervision, a faculty member will always be available either at the Tau Center or in the hospital during the work day
 - c. Throughout the rotation, the resident will call the faculty member to discuss each admission and the expected plan of care
 - d. A general treatment plan will be developed by the resident in conjunction with his faculty supervisor and orders related to that plan of care may be written throughout the day. Deviations from that plan related to a change in the patient's condition should be discussed with the faculty member.
 8. For supervision of residents to be provided in the Emergency Room (PGY 2 and above):
 - a. After a resident has been accorded the right to practice with only indirect supervision, an assigned faculty member will always be available either at the Tau Center or in the hospital during the work day and/or by phone in the evenings
 - b. Throughout the rotation, the resident will call/discuss with the faculty member to discuss each emergency room evaluation and the expected plan of care
 - c. While on night float, the following levels of graded responsibility will take place:
 - i. PGY 2's must call faculty for every admission. They cannot discharge from the ED at night. They can call faculty with any questions or concerns
 - ii. PGY 3's must call faculty for every admission. They must call faculty for every discharge. They can call faculty with any questions or concerns
 - iii. PGY 4's do not have to call faculty unless they have questions or concerns.
 - d. A general treatment plan will be developed by the resident in conjunction with his faculty supervisor and orders related to that plan of care may be written throughout the shift. Deviations from that plan related to a change in the patient's condition should be discussed with the faculty member
 9. For supervision to be provided in outpatient settings:
 - a. The opportunity to practice in an outpatient setting will be given to PGY-2's and higher who have progressed to at least indirect supervision. They will have direct supervision immediately available in the clinic during all clinic hours.
 - b. The model of supervision in the outpatient clinic during the 3rd year will be oversight (assuming a resident has been certified for that level) and individual supervision on their cases will occur every day and psychotherapy supervision will occur two hours per week
 - c. Residents in the clinic will be provided an orientation that includes the indications for asking for immediate help

10. For supervision to be provided on call:

- a. PGY-2 though 4's who have progressed to oversight status can provide on call services. Their assignments for call will not violate any duty hour requirements.
- b. PGY-2 through 4's, who have not progressed to oversight status may take call on site with indirect supervision. Their assignments for call will not violate any duty hour requirements.
- c. Supervision will include a faculty member available to supervise any case in person or to discuss any situation on the phone.
- d. Rules for faculty supervision are as follows:

	Admissions	Discharges
PGY 2	Must call faculty to review ALL admissions and any situation they are unsure of (unless directed otherwise by a particular faculty on call)	Not allowed to discharge from the EMBH at night.
PGY 3	Must call faculty with any questions or concerns, but do not have to call with every admission or orders	If they want to discharge someone from the EMBH at night, they must call faculty to discuss and get their sign off.
PGY 4	Must call faculty with any questions or concerns, but do not have to call with every admission or orders	They may discharge from EMBH at night without calling faculty in real time, but must discuss the case in AM at checkout.

Levels of supervision and progressive responsibility

Inpatient Services

<u>PGY</u>	<u>Direct by Faculty</u>	<u>Direct by senior residents</u>	<u>Indirect but immediately available - faculty</u>	<u>Indirect but immediately available - residents</u>	<u>Indirect available</u>	<u>Oversight</u>
I	X	X	X	X	X	
II			X	X	X	
III				X	X	
IV					X	

Emergency Room

<u>PGY</u>	<u>Direct by Faculty</u>	<u>Direct by senior residents</u>	<u>Indirect but immediately available - faculty</u>	<u>Indirect but immediately available - residents</u>	<u>Indirect available</u>	<u>Oversight</u>
I	X	X	X	X	X	
II			X	X	X	X (spring)
III				X	X	X
IV					X	X

Outpatient Clinic Settings

<u>PGY</u>	<u>Direct by Faculty</u>	<u>Direct by senior residents</u>	<u>Indirect but immediately available - faculty</u>	<u>Indirect but immediately available - residents</u>	<u>Indirect available</u>	<u>Oversight</u>
I	N/A	N/A	N/A	N/A	N/A	N/A
II	X		X	X		
III					X	X
IV						X

Consult Services

<u>PGY</u>	<u>Direct by Faculty</u>	<u>Direct by senior residents</u>	<u>Indirect but immediately available - faculty</u>	<u>Indirect but immediately available - residents</u>	<u>Indirect available</u>	<u>Oversight</u>
I	N/A	N/A	N/A	N/A	N/A	N/A
II			x	x	x	x
III					x	x
IV					X	x

Procedure Rotations (ECT)

<u>PGY</u>	<u>Direct by Faculty</u>	<u>Direct by senior residents</u>	<u>Indirect but immediately available - faculty</u>	<u>Indirect but immediately available - residents</u>	<u>Indirect available</u>	<u>Oversight</u>
I	N/A	N/A	N/A	N/A	N/A	N/A
II	X					
III	X					
IV	X					

Progressive responsibility of residents

1. **PGY-1's:** while working on inpatient units, all orders and clinical decisions will have to be staffed by staff physician or senior resident in a timely manner (although not required before an order can be entered). All patients must be seen every day by a faculty member.
2. **PGY-2's:** All consults must be staffed by faculty member. Follow ups that were checked out by the weekday team will be discussed with faculty. Whether they will be seen or not by faculty will be at their discretion.

In the fall of the 2nd year, when residents are doing their first month of emergency psychiatry, they will check out every patient to a faculty attending for a review of the assessment and disposition. Faculty will go and interview anyone being considered for discharge in person.

For 2nd year residents (in the 2nd half of the year) who are working in the EMBH during the day, faculty should be involved for any patient who is being considered for discharge. The decision whether to approve the plan and whether to interview the patient themselves will be up to the faculty member's level of comfort with the assessment and proposed follow up plan.

While on night float, PGY 2's are not allowed to discharge from the ED as there are no onsite faculty members. Second year residents will have to clear a higher bar of comfort than third year residents for faculty to approve a discharge given their more limited experience.

3. **PGY-3's:** Clinic work and weekend calls can be handled without calling faculty if the resident feels comfortable with the scenario. EPIC messages will be sent to the primary physician on all call received during the call period. All new patients must be seen in person by a faculty member, but follow ups can be staffed at the end of the day.

For 3rd year residents who are on night float, faculty should be consulted (in person or by phone) for any patient who is being considered for discharge. The decision whether to approve the plan will be up to the faculty member's level of comfort with the assessment and proposed follow up plan.

4. **PGY-4's:** 4th year residents who are working in the EMBH at night or during the day may discharge a patient after a complete assessment, to include collateral information. However, they are encouraged to call faculty on any case about which they have questions or concerns.
5. **Frequency and Intensity of Call Events:** The frequency and intensity of call events will be captured in the duty hour reporting in New Innovations. If a resident is too fatigued to complete a shift, the faculty responsible for patient care the following day will assess the resident and make provisions for resident and patient safety. Options may include early dismissal, ensuring adequate rest, the use of a strategic nap, or in mild cases the limited use of caffeine. The effectiveness of this process will be monitored by the program director and reviewed at the monthly REC meeting, utilizing the data provided from the duty hour capturing system and direct report from residents and faculty.

LIASON & OVERSIGHT POLICY

While residents are rotating at other sites and on different services, it is the program director's responsibility to ensure that the rotations are occurring successfully and that rotations are meeting stated goals and objectives. To that end, the following liaison and oversight procedures are in place:

1. The program director will meet with chief residents regularly to get feedback from them as to the quality of the experiences and any potential problems they are experiencing. She will also review all rotation evaluations and respond to problems.
2. The residents will complete a rotation evaluation on each rotation. Results will be compiled and reviewed at least annually during the program self-evaluation.
3. The program director will educate the rotation directors of all program policies and make them aware of any deviance or problems reported by residents.
4. The program director will be available by phone 24/7 to respond to resident and faculty concerns or problems. Her phone number will be readily available to faculty and residents.
5. Faculty will be given feedback as to the perceived quality of the teaching experience during their annual evaluation by the program director or sooner if the problem requires immediate remediation.
6. Evaluation of the quality of the rotations and the educational experience will be part of the annual program evaluation.
7. The program director will stay in regular contact with other rotation/program directors to allow communication of problems to be shared.

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

Interns are granted a temporary license (permit) from the [Louisiana State Board of Medical Examiners](#) (LSBME) when starting at LSU. This license is strictly for the purposes of training. A \$100 renewal fee must be paid in the Spring of each year to renew the permit. A resident can use the training permit for the duration of the residency. Checks are collected from residents and the Program Coordinator hand delivers them to the LSBME office in New Orleans. This \$100 fee is eligible for reimbursement for residents thru the OLOL educational reimbursement fund. Once you have passed Step 3, you must log in through your FSMB account and have your transcript sent to the LSBME. Your PGY 3 license cannot be renewed without it.

Residents are *not* required to seek permanent licensure during residency. After a resident has passed USMLE Step 3 and completed your intern year for American medical graduates (and three years of training for International medical graduates), he/she can apply for permanent medical licensure. This will allow the resident to obtain a DEA license and participate in moonlighting if desired and approved by the program. Online verification of a physician's license status is available to the public.

LIBRARY ACCESS

Residents and faculty have access to the extensive online library resources of the LSU Library. We also have an onsite librarian in the MEIB building, first floor, who will be able to help with any library services needed. If you have any issues with this, please let the Program Coordinator know so that this can be resolved timely.

MALPRACTICE COVERAGE

All residents are provided malpractice coverage by the State of Louisiana while employed as a resident at LSUHSC.

- Insurance Carrier: State of Louisiana is self-insured through a State Health Care Provider Fund
- Policy Number/State Provision Number: LA R.S. 40:1299.39.1 et seq
- Liability Coverage Limit: \$500,000.00 per occurrence
- Aggregate: \$500,000.00 per occurrence
- Tail Coverage: Yes, tail coverage continues to apply to any incidents during the physician's employment with the LSUHSC.
- Coverage Terminates only at the end of employment with the LSUHSC

Residents who choose to moonlight will be responsible for securing and paying for their own malpractice coverage.

MENTORSHIP PROGRAM

The purpose of the Psychiatry residency mentorship program is to provide a semi-formal process by means of which residents in all training years have an opportunity to interact with a faculty member and receive guidance and support during their training. Resident mentors for new interns will be assigned by the chief residents soon after the match. New interns are encouraged to use that relationship for support and questions with back up from the program director.

From a faculty perspective, the mentoring relationship is different from the traditional supervisory relationship, which emphasizes teaching and training. The mentor-mentee relationship is meant to provide the resident with a sounding board, and exert a facilitating influence on the resident's adaptation to the training program. A major goal is to promote growth and maturation of the resident as he/she moves through the training experience of becoming a competent psychiatrist. A resident can formally request a faculty member serve as a mentor or informally develop a relationship on his/her own.

MANDATORY NOTIFICATION OF FACULTY POLICY

Policy and Process

In certain cases, faculty must be notified of a change in patient status or condition. The table below outlines those instances in which faculty must be called by PGY level. The following situations require mandatory direct communication with the faculty responsible for patient care, during routine working hours, or after hours and weekends:

Condition	PGY 1	PGY2	PGY 3	PGY 4
Death	X	X	X	X
Suicide attempt	X	X	X	X
Violence requiring physical restraints	X	X	X	X
Pregnancy (initial notification)	X	X	X	X
Transfer of care to another medical or surgical service	X	X	X	X
Any serious adverse event from pharmacologic or psychotherapeutic intervention	X	X	X	X
Any complex decision making process that the resident doesn't feel qualified to undertake without immediate input from faculty	X	X	X	X
DNR or other end of life decision	X	X	X	X
Emergency surgery	X	X	X	X
Acute drastic change in course	X	X	X	X
Unanticipated invasive or diagnostic procedure	X	X	X	X
Decision to admit or to refuse admission	X	X	X	
Decision to discharge	X	X		
Use of a prn for Psychiatric emergency	X			

Monitoring

Chief Residents, faculty, and programs will monitor by checking for proper implementation on daily rounds, morning reports, and other venues. Faculty will make the program director aware of any violations of this policy. The institution will be aware of deviations of this policy as part of the annual review of the program or if an egregious incident occurs with a resulting poor outcome, the DIO will be made immediately aware by the program director. Reported events will be reviewed by the Program Director.

MONTHLY SCHEDULE CERTIFICATIONS

As part of your administrative responsibilities to the program, you must certify your rotation schedule on a monthly basis with the Program Coordinator. This is done electronically, and you will receive an email near the end of each month asking you to review your schedule your accuracy. These reports are used to conduct hospital and institutional audits, so it is very important that it is accurate and submitted timely. Schedule certifications are then sent by the Program Coordinator to the Office of Graduate Medical Education and Payroll Departments at LSUHSC New Orleans so that paychecks can be issued.

MOONLIGHTING

Moonlighting is defined to as any activity outside the scope of the residency program (including volunteer or clinical work) that is not required as part of training. The LSU Baton Rouge Psychiatry residency program permits moonlighting for independently licensed, independently insured, upper levels residents. However, this work must not exceed the 80hr/week maximum Duty Hour limit set for by the ACGME. Residents must also score above the 30%ile on the PRITE exam or make special arrangements with the program director to be approved.

Before considering or pursuing moonlighting, please speak with the program director. Formal written request for approval and receipt of approval must be appropriately documented with the correct forms. The LSUHSC Form PM-11 must be submitted to the Associate Dean for Faculty Affairs in New Orleans.

NATURAL DISASTER PLAN

If OLOL activates its emergency plan, residents on C-L and in the ED as well as the scheduled in-house call resident will be on the activation team. Residents scheduled to be on Substance Abuse, outpatient Child and Adolescent and in-house call will be on the recovery team. Residents will be contacted and directed to their assignments in this event. Depending on the nature and scope of the disaster, other residents may be called upon to help in an unpredictable fashion.

PHARMACEUTICAL OR OTHER INDUSTRY INTERACTIONS

Background

The pharmaceutical industry manufactures products that are indispensable for the treatment of mental disorders, yet there is concern within academia as a whole, and this program specifically, about the interface between industry representatives and psychiatry residents. The issue at hand involves not only the possibility of bias, conflict of interest, or the appearance of quid pro quo prescribing practices due to the provision of gifts, meals, etc., but also the culture that the program wishes to embrace with regards to the nature, frequency and quality of interactions between residents and industry. As ongoing contact with industry representatives will occur throughout a physician's career, the program also recognizes that part of the program's mission should be to provide residents with instruction and guidance on critically evaluating information provided by industry.

Per the LSU Vendor/industry relations policy, relations to vendors and all other private entities are covered by the Code of Government Ethics and the policies promulgated by the LSUHSC Conflict of Interest Committee via various Chancellors Memoranda. All state employees are bound by the ethics statutes with the most relevant being Louisiana Code of Governmental Ethics Title 43, Chapter 15 number 6 page 14 – Gifts. To paraphrase - “no public employee shall solicit or accept directly or indirectly anything of economic value as a gift or gratuity from any person if the public employee does or reasonably should know such a person conducts activities or operations regulated by the public employee’s agency or has substantial economic interests which may be substantially affected by the performance or nonperformance of the public employee’s duty. “ When in the various training sites the resident is further bound by the rules and policies of that institution

Guiding Principles

1. For-profit companies can only donate resources that is not tied to any quid pro quo, such as an unrestricted educational gift.
2. To ensure that the gifts are truly for educational purposes (and therefore for the benefit of patients in the long run) and not a marketing interaction, the following conditions must be met:
 - a. Gifts must be for enhancing education or patient care.
 - b. If the gifts are meant to incidentally enhance education (e.g., provision of meals), then they must be within the bounds of accepted community expectations, and must play a clearly enhancing role in the process of education or patient care.
 - c. If the gift directly benefits education, then greater allowances can be made with respect to monetary value.
 - d. The gifts must not be explicitly tied to any marketing activities directed at the residents.
 - e. Textbooks, modest meals and other gifts are acceptable if they serve a genuine educational value. Cash payments are not acceptable.
 - f. Individual gifts of minimal value are permissible as long as they are related to the physician’s work (ie pens and notepads)
 - g. No gifts should be accepted if there are strings attached.

3. Provisions should be made in the curriculum to help residents develop self-monitoring and skills to critically read literature gathered and presented under the sponsorship or funding of pharmaceutical companies, as well as to deal effectively with these conflicts of interest situations after they leave the program.
4. Residents are free to attend local vendor sponsored events outside of work hours as long as they comport with the LSUHSC Vendor/industry relations policy. These will not be required by the program.
5. These policies and guidelines apply to all residents, fellows, and students within the LSU Baton Rouge Psychiatry residency program.
6. Nothing in this policy should be considered to supersede the LSU School of Medicine Vendor/Industry relations policy in the House officer manual

PAYROLL AND RATE OF PAY

Residents are paid via direct deposit from LSUHSC New Orleans on a bi-weekly basis. The LSUHSC House Officer pay scale increases as you progress through the PGY levels. Residents can make changes to withholding and direct deposit accounts at any time. Please see the Program Coordinator for any questions regarding payroll.

Salaries for 2020-2021

PGY 1	\$54,815
PGY 2	\$56,652
PGY 3	\$58,591
PGY 4	\$60,850

CLINIC PROTECTED TIME POLICY

The following are guidelines for clinic protected time.

- a. If you are on clinic call during your “protected time”, you have to be present in clinic.
 - b. Your notes must always be caught up. Protected time is to help you be sure you have that done.
 - c. Your prior authorizations need to be caught up.
 - d. You should check My Chart every weekday, near the end of the day
 - e. Protected time is good time to write letters, make phone calls...
 - f. If there are any readings required by various seminars, protected time is a good time to do it.
 - g. If you are involved in a research project or writing up a case report..., protected time is good time to work on it.
 - h. If you have doctor’s appointments or need an inspection sticker or have to meet a repairman at home, protected time is good time to do it.
 - i. If a faculty member needs to meet with you, protected time is a good time to do it.
2. What is not acceptable for protected time:

- a. Doing anything to the exclusion of keeping up with your work or readings. Unless you can prove to me otherwise, I expect everyone to read their stuff and be up to date on their work by virtue of having this time. Work comes first before your “work life balance” activities
- b. Not being reachable by phone
- c. Not checking your MyChart near the end of the day.
- d. Not being available for work related requests because “you had plans at that time” (and the plans aren’t a doctor’s appointment, but rather a plan to work out for example...).
- e. Abuse of protected time will result in an individual being required to stay in clinic during that time.

PSYCHIATRY RESIDENT IN TRAINING EXAM (P.R.I.T.E.)

The In Service exam for Psychiatry is administered by the [American College of Psychiatrists](#) in the fall of each academic year for all residency programs. *Psychiatry Resident In Training Exam (P.R.I.T.E.)*. All residents must take this exam each year. The 2019 exams will be on October 3 and 4, 2019. Vacation is not allowed on these dates.

This exam assesses overall medical knowledge in Psychiatry and Neurology. It is an indicator of areas of comparative strength and deficits and guides the resident in his/her continued reading and study.

The exam allows a resident and a program to assess medical knowledge, to compare one’s progress over time, and to compare a resident and program to his/her peers nationally. The program uses the data from the PRITE for Milestone evaluations and to review/update its didactic curriculum.

POLICY ON P.R.I.T.E. PERFORMANCE

1. Our goal is for all residents to score at or above the average standard score in all three categories of the PRITE (Psychiatry, Neurology, and Neuroscience) for their respective cohorts.
2. Residents who score below the average standard score in any of the 3 areas will be given the opportunity to participate in extra study materials and provided mentoring if requested.
3. Residents who score below the equivalent of the 30%ile in any of the three sections will be given a warning, and a repeat score that low could be grounds for academic probation. The resident will meet with the program director (or designee) and a remediation plan will be put in place that will include weekly assignments to be turned in to the program coordinator. If the resident is currently moonlighting, all moonlighting activities must cease at an agreed upon date with the program director until a plan for remediation can be discussed. If a resident wishes to moonlight, permission will not be granted until the remediation plan is deemed successful.

PROFESSIONALISM & LEARNING ENVIRONMENT POLICY

Adopted from the LSUHSC SOM GME Policy and Procedure Manual (Oct 2017)

In keeping with the *Common Program Requirements effective 7/1/2011* our GME program wishes to ensure:

1. Patients receive safe, quality care in the teaching setting of today
2. Graduating residents provide safe, high quality patient care in their future practice
3. Residents learn professionalism and altruism along with clinical medicine in a humanistic, quality learning environment

To that end, we recognize that patient safety, quality care, and an excellent learning environment are about much more than duty hours. Therefore, we wish to underscore that any policies address all aspects of the learning environment, including:

1. Professionalism including accepting responsibility for patient safety
2. Alertness management
3. Proper supervision
4. Transitions of care
5. Clinical responsibilities
6. Communication / teamwork

Residents must take personal responsibility for (and faculty must model behaviors that promote):

1. Assurance for fitness of duty
2. Assurance of the safety and welfare of patients entrusted in their care
3. Management of their time before, during, and after clinical assignments
4. Recognition of impairment (e.g. illness or fatigue) in self and peers
5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

The program further supports an environment of safety and professionalism by:

1. Providing and monitoring a standard Transitions Policy as defined elsewhere
2. Providing and monitoring a standard policy for Duty Hours as defined elsewhere
3. Providing and monitoring a standard Supervision Policy as defined elsewhere
4. Providing and monitoring a standard Master Scheduling Policy and process in New Innovations
5. Adopting an institution wide policy that all residents and faculty must inform patients of their role in the patient's care.
6. Providing and monitoring a policy on Alertness Management and Fatigue Mitigation that includes:
 - a. Online modules for faculty and residents regarding signs of fatigue
 - b. Education about fatigue mitigation and alertness management including pocket cards, back up call schedules, and promotion of strategic napping
7. Assurance of available and adequate sleeping quarters when needed

8. Requiring that programs define what situations or conditions require communication with the attending physician

Process for implementing Professionalism Policy

The programs and institution will assure effective implementation of the Professionalism Policy by the following:

1. Program presentations of this and other policies at program and departmental meetings
2. Core Modules for program director and residents on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment
3. Institutional Fitness for Duty and Drug Free Workplace policies.
4. Institutional Duty Hours Policy which adopts the ACGME Duty Hours Language
5. Language added specifically to the Policy and Procedure Manual, the House Officer manual and the Resident Contract regarding Duty Hours Policies and the responsibility for and consequences of not reporting Duty Hours accurately.
6. Comprehensive Moonlighting Policy incorporating the new ACGME requirements
7. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management

Monitoring Implementation of the Policy on Professionalism

The program and institution will monitor implementation and effectiveness of the Professionalism Policy by the following:

1. Evaluation of residents and faculty including:
 - a. Daily rounding and observation of the resident in the patient care setting.
 - b. Evaluation of the resident's ability to communicate and interact with other members of the health care team by faculty, nurses, patients where applicable, and other members of the team.
 - c. Monthly and semi-annual competency-based evaluation of the residents.
 - d. Institutional Annual Reviews of the program and Internal Reviews.
 - e. Successful completion of modules for faculty and residents on Professionalism, Impairment, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and others.
 - f. Program and Institutional monitoring of duty hours and procedure logging as well as duty hour violations in New Innovations.

RECRUITMENT AND RETENTION OF MINORITIES UNDERREPRESENTED IN MEDICINE

Racial and ethnic disparities have persisted despite extensive efforts from institutions such as the Association of American Medical Colleges (AAMC) and the National Academy of Medicine, both of which have specific initiatives to support diversity among physicians. Other institutions have created senior leadership positions to support and recruit minority students, but these investments have not directly translated into the appropriate increase of underrepresented minority (URM) medical students and faculty in academic medicine.

The LSU- OLOL psychiatry residency program follows the LSU School of medicine employment terms which state as follows that our program will “select from eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills and personal qualities such as motivation and integrity. [We] do not discriminate with regard to sex, race, age, religion, color, sexual orientation, national origin, disability, or veteran status. “

However, to increase the numbers of underrepresented minority medical students, residents, and faculty, specific and targeted interventions to achieve equity must be instituted.

For our resident recruitment process,

- We attempt to invite a group of applicants for interviews that represent people of all backgrounds on the basis of the totality of their application. A blemish on the application (from a failed class or step exam) is not sufficient to rule them out as a possible candidate.
- Diversity of our residents is listed as an aim of our program and this is shared with applicants when they come interview. Diversity in our residents allows for us to more easily recruit resident of diverse backgrounds as well.
- After completion of our rank order list, it is reviewed to ensure an adequate representation of gender and racial/ethnic makeup throughout the top and bottom of the list.

For our faculty recruitment process,

- We often hire our own graduates which will allow for potential diversity as they matriculate.
- Most of our faculty are OLOL employees and OLOL is an EEOC employer with an interest in diversity as well.

RESIDENT EVALUATION & ADVANCEMENT CRITERIA POLICY

From the collected evaluations and verbal input of committee members, the Clinical Competency Committee (CCC) will monitor each resident for satisfactory progression toward timely promotion to the next PGY level. If progression appears to be in jeopardy, the committee may establish a remediation plan, propose a probationary period, requirements regarding additional training, or decide upon termination of a resident.

For successful advancement in the program, the resident must successfully complete all clinical rotations with satisfactory evaluations from faculty. Any assigned remediation plans must be successfully completed. The CCC must review all documentation from the resident file and agree with the decision to promote the resident. The Program Director has the authority to make the final decision regarding promotion, advancement, or adverse action.

The following procedures are guidelines for resident evaluation.

1. Residents will be routinely evaluated monthly by faculty and staff on each rotation.
2. Residents will complete annual peer evaluations.
3. The Program Coordinator is responsible for reminding the supervisors and instructors to complete the evaluation form and making sure that each completed form is reviewed with the resident in person.
4. Residents will be given a semi-annual summative evaluation by the Program Director or her designee. At that time, the Program Director (or her designee) completes a competency based evaluation tool and progress summary report and reviews it with each resident every 6 months. Milestone evaluations are part of this process.
5. Evaluation forms may be submitted electronically through New Innovations. The Program Coordinator will maintain these forms as part of the resident's file.
6. A competency based self-assessment must be completed as part of the annual 360 evaluation and prior to meeting for the semi-annual review in June.
7. If a resident is judged by any of his/her supervisors/teachers to be having difficulties, the supervisors are asked to document these issues carefully and attempt to correct the problem. If the problem continues, the Program Director is to be alerted. The Program Director may either counsel the resident in ways to improve his/her performance, require the resident to do remediation, require probation, and/or ask the Evaluations Committee to make other recommendations.

RESIDENT GOALS & OBJECTIVES FOR ADVANCEMENT

PGY I

Assignments to Inpatient Psychiatry

1. Residents will independently obtain medical and psychiatric histories and present their findings in the medical record.
2. Residents will independently perform mental status examinations, and present their findings in the medical record.
3. Residents will independently develop a differential diagnosis and diagnostic plan.
4. Residents should independently assess patients who might require seclusion and/or restraint and order seclusion and/or restraint when indicated for patient and/or staff safety.
5. Residents will select diagnostic studies in conjunction with supervising faculty.
6. Residents will arrive at a working diagnosis supported by clinical and laboratory findings in conjunction with supervising faculty.
7. Residents will develop and implement a biopsychosocial treatment plan and write orders under direct faculty supervision.
8. Residents will supervise medical students in any activity in which the students are allowed to act independently.

PGY II

Assignments to Forensic, Consultation/Liaison, Child and Adolescent, Geriatric, Community/Substance Abuse, and Emergency Psychiatry

1. Residents will independently obtain medical and psychiatric histories and present their findings in the medical record.
2. Residents will independently perform mental status examinations, and present their findings in the medical record.
3. Residents will independently develop a differential diagnosis and diagnostic plan.
4. Residents should independently assess patients who might require seclusion and/or restraint and order seclusion and/or restraint when indicated for patient and/or staff safety.
5. Residents will select diagnostic studies in conjunction with supervising faculty.
6. Residents will arrive at a working diagnosis supported by clinical and laboratory findings in conjunction with supervising faculty.
7. Residents will develop and implement a biopsychosocial treatment plan and write orders under direct faculty supervision.
8. Residents will supervise medical students in any activity in which the students are allowed to act independently.
9. Residents will supervise medical students and first year residents in any activity in which the students/ residents are allowed to act independently.
10. Residents will present a grand rounds presentation which will include a review of a topic of interest to the resident.
11. Residents will be able to do a competency assessment.
12. Residents will be able to initiate supportive therapy on appropriate patients

PGY III

Assignments to Outpatient Psychiatry

1. Residents will independently obtain medical and psychiatric histories and present their findings in the medical record.
2. Residents will independently develop a differential diagnosis and diagnostic plan.
3. Residents will select diagnostic studies independently in most cases.
4. Residents will arrive at a working diagnoses supported by clinical and laboratory findings independently in most cases.
5. Residents will develop and implement a biopsychosocial treatment plans and write orders independently in most cases.
6. Residents will be competent in the psychopharmacological management of long term outpatients.
7. Residents will strive for competence in the provision of supportive, CBT and psychodynamic psychotherapy.
8. Residents will be able to appropriately assess risk for outpatients and choose the correct level of care to meet their needs.
9. Residents will supervise medical students or lower level residents in any activity in which the students/residents can act independently.
10. Residents will present a grand rounds presentation related to a bio-psycho-social case formulation.

PGY IV

Assignments to Junior Attending and Electives

1. Residents will independently obtain medical and psychiatric histories and present their findings in the medical record.
2. Residents will independently perform mental status examinations, and present their findings in the medical record.
3. Residents will independently develop a differential diagnosis and diagnostic plan.
4. Residents will independently select diagnostic studies.
5. Residents will independently arrive at a working diagnosis supported by clinical and laboratory findings, generally independently.
6. Residents will independently develop and implement a biopsychosocial treatment plan.
7. Residents will appropriately teach and supervise junior residents and students.
8. Residents will be able to evaluate a patient and write up a disability assessment.

RESIDENT RETREAT

A resident retreat will occur every spring for all residents. No leave should be scheduled by residents on this day as this is a MANDATORY event for ALL residents and interns. The interns also have a fall retreat. Clinical coverage on the services will be provided by the faculty on these days.

RESIDENT SAFETY POLICY

The purpose of this policy is to promote a safe and healthy training environment, to minimize the risk of injury in training, to provide a procedure to report unsafe training conditions, and to provide a mechanism to take corrective action. Resident, patient, and staff safety is an important topic to be discussed on every resident rotation and policies and procedures related to safety should be part of the orientation to every rotation. Additional training in techniques to manage potentially dangerous situations will be provided to all interns during their inpatient OLOL Psychiatry rotation by the education department and these techniques are universal and appropriate for use in other clinical situations. All clinical situations in which a resident believes there is risk for violence should be discussed with a supervisor as soon as possible.

1. All psychiatry resident experiences with verbal threats, physical intimidation, and physical assault by patients should be reported to the supervisor and the Program director's office.
2. The site director will assure that the incident is documented, that debriefing occurs, that opportunities to fix situations are identified, and that, if appropriate, the situation is discussed in an educational setting. Additionally, the site director will consider an alternate disposition and/or provider for the patient who initiated the assault or threat.
3. In case of assault:
 - a. The resident notifies his/her attending at the training site and/or the on call attending if the incident happened while the resident was on call.
 - b. The primary attending works with the resident to decide if a medical evaluation is necessary. At that time, a decision is made as to whether the resident can continue with his/her duties or will be discharged from his/her duties for the rest of the day.
 - c. The primary attending then notifies the chief of service, the program chief resident and the program director.
 - d. The chief of service considers an alternative disposition and/or provider for the patient who initiated the threat or assault. The patient is evaluated for continued dangerousness.
 - e. The primary attending conducts a timely debriefing with the resident.
 - f. The training director immediately assesses the resident's needs following an assault. She will collaborate with the resident to determine whether ongoing supervision with a chosen supervisor or referral for psychiatric care and evaluation is warranted. In addition, the program director and the chief resident will collaborate to determine if debriefing/support is necessary for other residents.
 - g. The training program coordinates administrative issues that may arise such as scheduling time off or rearranging the call schedule. The program checks to ensure the policy has been followed to remove the burden from the resident.

RESIDENT SENTINEL EVENT POLICY

The suicide of a patient is well known as an occupational hazard for mental health professionals. According to reports, 25% to 60% of psychiatrists will have a patient die by suicide during their career and 1/3 of psychiatry trainees experience a patient suicide during residency. In studies of clinicians who had a patient die by suicide, up to 38% of psychiatrists reported severe distress. Reaction to a patient's suicide by clinicians can range from severe distress about treatment decisions, anger, and guilt to serious self-doubt about one's choice of profession. Psychiatrists are often more vulnerable than other health care professionals because their connection to the patients is unique compared to their colleagues from other fields. There's a certain unique emotional connection and empathic attachment that these clinicians make with their patients which exposes them to trauma when the latter take their own lives.

In the event of a resident patient suicide, the following checklist of activities will be followed and completed with documentation placed in the resident's GME file. The Checklist is to be completed after any serious suicide attempt, adverse event or completed suicide. An attending should be involved in the process, and the completed form should be returned to the program director.

Patient adverse event checklist

- All residents and the attending involved with patient were notified.
- Immediate check-in with the resident by a senior resident and/or attending occurred.
- Discussion about how patient family interactions should be handled (junior resident, senior resident, attending) occurred.
- Resident was assisted with immediate duties and given option to leave (If during business hours, treatment team and senior resident will facilitate this. If on call, back up call system may be utilized).
- Resident was offered days off as appropriate and offered up to 5 days without call.
- Team debriefing was completed, including involved attending, all involved residents, involved medical students, and nursing if appropriate within 1 week of event. (Optional)
- Individual meeting between involved resident and designated check-in/support person occurred within one week of event.
- Follow up meeting with check-in support person within 8 weeks following event was held.
- Additional treatment was arranged for resident if indicated (resident/check-in person decide together).
- Completed checklist submitted to program director within 10 weeks

LSUHSC SCHOOL OF MEDICINE SOCIAL MEDIA GUIDELINES

At LSUHSC School of Medicine – New Orleans (SOM), social networking (both on LSUHSC-provided services and on commercially available services) can help support our mission of medical education, research, and service to the community. The SOM is committed to facilitating a successful social media strategy for its faculty, staff, and students.

The following guidelines are for all individuals affiliated with the SOM including but not limited to faculty members, residents, students, and staff employees who participate in social media. Social media includes personal blogs and other websites, including but not limited to WordPress, Facebook, LinkedIn, Twitter, Instagram, and YouTube. These guidelines apply to anyone posting to his or her own sites, university sponsored sites, or commenting on other sites.

General Principles:

1. Follow all applicable LSUHSC policies. For example, you must not share confidential or proprietary information about LSUHSC and you must maintain patient privacy. Among the policies most pertinent to this discussion are those concerning patient confidentiality; computer, e-mail and internet use; HIPAA and FERPA; photography and video; and release of patient or student information to media.
2. Be professional, use good judgment and be accurate and honest in your communications; errors, omissions, or unprofessional language or behavior reflect poorly on LSUHSC, and may result in liability for you or LSUHSC. Be respectful and professional to fellow employees, business partners, competitors, faculty, students, and patients.
3. Social media is “real life.” Behavior in social media is no different from e-mail, public speech, classroom lecture, conversation with friends, or a poster on a wall, with the exception that it is always available in cyberspace. Anything considered inappropriate offline is likely also inappropriate online. When in doubt, it is better not to share.
4. If you are a member of the SOM community, but acting in social media as an individual, make it clear that you are expressing your own opinion and not that of the SOM or LSUHSC.
5. Ensure that your social media activity does not interfere with your work commitments.

Responsibility to Patients and Trainees:

1. The SOM strongly discourages “friending” of patients on social media websites. Providers (faculty, house staff, or other staff) in patient care roles generally should not initiate or accept friend requests except in unusual circumstances such as the situation where an in-person friendship pre-dates the treatment relationship.
2. The SOM strongly discourages personnel in management or supervisory roles from initiating personal “friend” requests with trainees they manage. “Friend” requests may be accepted if initiated by the trainee, and if the supervising personnel do not believe such contact will negatively impact the work relationship or pose potential bias regarding the trainee.

Responsibility to Institution:

1. Write in the first person. Where your connection to the SOM and LSUHSC is apparent, make it clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC. In those circumstances, you should include a disclaimer such as: “The views expressed on this [blog; website] are my own and do not reflect the views of the SOM or LSUHSC.” Consider adding this language in an “About me” section of your blog or social media profile.
2. If you identify your affiliation to the SOM or LSUHSC, your social media activities should be consistent with our high standards of professional conduct.
3. If you communicate in public about the SOM or LSUHSC or the SOM- or LSUHSC-related matters, you must disclose your connection with SOM and/or LSUHSC and your role at the institution. When acting as a representative of the SOM clearly identify you or your group’s relationship to the SOM and link back to the appropriate SOM or LSUHSC web page to reinforce the connection to the SOM or LSUHSC.
4. The SOM does not endorse people, products, services and organizations. On social media websites where your affiliation to the SOM is known, it should be made clear that you are speaking for yourself and not on behalf of the SOM or LSUHSC when personal recommendations are made.
5. Unless approved, your social media name, handle and URL should not include the SOM or LSUHSC’s name or logo.
6. Represent yourself accurately and be transparent about your role at the SOM or LSUHSC. Consider that you are in an academic environment and the implications of utilizing a LSUHSC-provided platform that automatically identifies you in your role at the SOM or LSUHSC. If you present inaccurate information, correct it immediately.
7. When creating or managing a social media account for a SOM entity (such as a training program social network), ensure access credentials are shared by at least two people in case one team member is unreachable or no longer at the University.
8. When representing the SOM or LSUHSC, follow relevant style guidelines when creating profile/avatar images, graphics, or written content. Speak in accordance with your role at the university. If you have questions, contact the appropriate public affairs personnel.

RESIDENT SELECTION

The LSU Baton Rouge Psychiatry residency program abides by all policies of the NRMP and LSUHSC regarding residency recruitment and selection and participation in ERAS (see LSUHSC Applicant Handout). Our Residency Recruitment committee is responsible for decisions as to our internal interview criteria and ranking process. We review applications from US public, private, and osteopathic medical schools. We will also consider foreign medical graduates.

STEP 3 EXAM USMLE/COMLEX

USMLE STEP 3 EXAM POLICY

According to Louisiana state law, a resident cannot be promoted to their 3rd year of training without having passed the [USMLE Step 3 exam](#). The LSBME will not issue you a permit to continue to the 3rd year without having received a copy of your USMLE transcripts verifying that you passed Step 3.

All psychiatry residents are encouraged to register for and take Step 3 by the end of their PGY I medicine rotations. All residents should take Step 3 by September of PGY2 year. If necessary, residents are required to attempt a second time by December of their PGY 2 year and a third attempt by April 15. It is highly recommended and suggested that you take and pass Step 3 in the intern year.

When a resident fails the exam, the resident will be required to discuss a remedial plan with program director. If the resident fails again, individual tutoring or a review course will be arranged for the resident. During the orientation process, the program director meets individually with each new intern to discuss the Step 3 process in detail.

STEP 3 PROTOCOL

Payment & Registration

The program will pay for the entire amount once your testing dates are confirmed and forwarded to the program as long as you register by June 30 of your intern year and you are up to date on your administrative responsibilities. Be sure to forward your confirmation of dates to the Program as soon as you receive the email. If you find yourself in a tough financial situation where you cannot afford to pay for the exam all at once (or cannot get it scheduled in a decent time frame) please speak to the Program Director or Program Coordinator.

Scheduling

Each intern is allotted 5 educational days to study for and take the exam. You cannot use educational days after the last exam date – if you wish to extend your time off after Step 3, you will need to adjust your vacation dates. Both the USMLE and COMLEX exams are 2 day exams.

Study Materials

You may use Educational Reimbursement Fund to purchase study materials. Favorites in the past have been the Uworld Question banks. Be sure to submit your reimbursement for study materials to the Program Administrative Assistant at ldeloc@lsuhsc.edu

Promotion

The LSBME will not allow promotion to PGY 3 without a passing score on Step 3.

USMLE Step 3 (\$850) <https://www.fsmb.org/step-3/>

Application is done through your FSMB account. Step 3 is not offered the first 2 weeks of January or on major holidays. This is a 2-day computer based testing, though the 2 days do not have to be consecutive as long as the 2 days are not more than 14 days apart. Dates are selected using a scheduling permit via Prometric. Your registration will be completed within 5-7 business days of receipt of your online application (with fees) and receipt of the Certification of Identity Form.

There is an option to register for FCVS when registering for Step 3, which is an additional \$375 not covered by the program. This is required when you get your permanent license in the case that you want to moonlight after your intern year. But not required for residency.

COMLEX Level 3 (\$875) <https://www.nbome.org/exams-assessments/comlex-usa/comlex-usa-level-3/>

Starting in September 2018, COMLEX-USA Level 3 will be a two-day computer-based examination implementing an enhanced COMLEX-USA Master Blueprint and test specifications. It will consist of multiple-choice questions and an expanded number of clinical decision-making cases that can include constructed response (short answer) test items. Some questions and cases may include images, videos, or audio exhibits.

Process of Registration, Reimbursement, and Score Reports

Please know that your adherence to deadlines and completion of administrative tasks are all part of the Professionalism and Interpersonal/Communication Skills milestones which are evaluated by the Clinical Competency Committee at least twice annually.

1. Forward initial receipt of payment to Program Coordinator.
2. Program will check the status of all administrative requests (see a list below) and let the resident know of any outstanding items.

Administrative Requests

- duty hours in New Innovations
- LSU HR modules (from Roy Clay)
- LSU Core Curriculum modules (AMA)
- Immunizations (flu, TB skin, TB mask)
- License renewal fee
- Monthly schedule certifications
- Vacation requests deadlines
- Any other admin request that is outstanding at the time of submission
- Outstanding MR requests from OLOL, BRGMC, or CAHSD
- Submission of timesheets to Neuromedical Center

3. Program will reimburse once all administrative requests are up to date.
4. Forward your confirmation of testing dates to the Program Coordinator and work out the use of your 5 Educational Days.
5. In one week (sometimes two but not very often) you will receive your reimbursement via direct deposit into the account you chose in Concur

6. You will receive an email indicating that your score report is available for download as a PDF. Download, save, and forward a copy to the Program Coordinator.

According to Louisiana state law, a resident cannot be promoted to their 3rd year of training without having passed the USMLE Step 3 exam. The LSBME will not issue you a permit to continue to the 3rd year without having received a copy of your USMLE transcripts verifying that you passed Step 3.

All psychiatry residents are STRONGLY encouraged to register for and take Step 3 by the end of their intern year. All residents should take Step 3 by September of PGY2 year. If necessary, residents are required to attempt a second time by December of their PGY 2 year and a third attempt by April 15. *The program will not pay for any Step 3 exams scheduled after June 30 of the intern year.*

If a resident fails the exam, the resident will be required to discuss a remedial plan with program director. If the resident fails again, individual tutoring or a review course will be arranged for the resident. During the orientation process, the program director meets individually with each new intern to discuss the Step 3 process in detail.

Registration for [USMLE](#) and [COMLEX](#) exams is completed on line. Please send confirmation of your registration (for reimbursement and scheduling purposes) to the Program Coordinator. All interns have 5 protected days off for this examination for the days of and the days leading up to the exam.

THERAPY REQUIREMENTS

PGY 2's: will have at least one therapy patient on Thursday mornings with no required minimum number of therapy hours over the course of the year.

PGY 3's: will participate in group and individual therapy in the clinic. Residents are expected to carry about 5 patients per week but will be required to complete 120 hours of individual therapy by the end of the academic year.

PGY 4's: must have completed 75 hours of individual therapy by the end of the academic year.

TRANSITIONS POLICY

The transitions policy is created in recognition that multiple studies have shown that transitions of care (handoffs) create the most risk or medical errors (ACGME teleconference July 14, 2010.) In addition to the below specific policies, promotion of patient safety is further ensured by:

1. Provision of complete and accurate rotational schedules in New Innovations; every effort will be made to design schedules that minimize the number of transitions in patient care.
2. Use of the Website AMION with accurate and complete listings of who is on call and responsible at any given time.
3. Presence of a backup call schedule for those cases where a resident is unable to complete their duties.
4. The ability of any resident to be able to freely and without fear of retribution report their inability to carry out their clinical responsibilities due to fatigue or other causes.

Policy and Process

Residents receive educational material on Transitions in Orientation and as a Core Module. In any instance where care of a patient is transferred to another member of the health care team, an adequate transition must be used. It is strongly recommended that transition communication follow the “IPASS” framework (I- illness severity, P- Patient summary, A- Action list, S- Situation awareness and contingency planning, S- Synthesis by receiver). There are different transitions that must be addressed with different clinical implications. Please see the summary below. The process by which this information is distributed is via Orientation presentations to residents.

The rotation supervisor will include an evaluation of the resident’s performance of this procedure in the monthly assessments of rotating residents. The evaluation should assess the resident’s skill in providing information as well as in receiving transition information. The handoff process will be witnessed at least once each rotation by the supervising faculty member.

Emergency Department: There are three shift change/handoffs each day in the EMBH – at 8 AM after night float shift, at 5 PM when faculty are leaving, at 8 PM when night shift resident is coming on. All hand offs are done in person.

Inpatient units: Residents are responsible for completing (or assisting the medical student in completing) an iPass handoff in EPIC on each patient on their service. If there are any calls related to an inpatient at night, the situation should be entered into EPIC iPASS as well

Consultation-Liaison service: The CL service keeps a daily iPass checkout in EPIC. Furthermore, they do internal, in person handoffs on Friday afternoons for weekend coverage.

Outpatient clinic: residents in the clinic may send a message to the on call resident if they believe a patient may have reason to call. If the person on call does receive a call from a clinic patient, it will be documented in EPIC and a message sent to the resident who is caring for that patient. When residents are leaving the clinic, in person hand offs are given on each patient to the resident who is taking over their care.

WELL-BEING, BURNOUT, AND GETTING HELP

The well-being of our residents is a priority. Our goal is to promote a culture of wellness across Emory Psychiatry sites and train happy and confident physicians. Below are avenues through which the program and department fosters a supportive and enriching environment to ensure resident well-being throughout their training. In addition, the Department of Psychiatry has a Wellness Subcommittee comprised of residents, faculty, and staff that focuses on optimizing ways in which the department can create and sustain a culture that fosters wellness.

Psychiatry training program initiatives and events

- Open door policy with program director and program coordinator
- Resident to resident mentorship program.
- Monthly resident liaison committee meetings with feedback directly to program director
- Weekly protected time for PGY 3's and 4's.
- The LIFE curriculum in the PGY 3 year (from DUKE)
- Quarterly Wellness half days.
- Process group for PGY 3's and 4's.
- List of recommended therapists
- Annual intern retreat in the fall, all resident retreat in the Spring
- Fatigue awareness training at orientation and check in at all semi-annual reviews.
- LSUHSC Campus Assistance Program referrals if needed.
- Free access to the OLOL health club/exercise room

Taking care of the caretakers

Taking care of yourselves is good for you and good for patients. Self-care is a vital part of professionalism, and a skill that needs to be learned and supported during training. As part of this effort, we aim to train you in a model of graduated responsibility, a model in which you are not alone! We offer support from training directors, supervisors and peers (including a monthly S group). We also want to ensure that you are taking steps to promote well-being and prevent burnout, and are aware of resources available to you in that effort.

You are encouraged to:

- Attend medical, mental health, and dental care appointments, including during working hours, in coordination with your supervisor and our coordinator
- Perform self-screenings for burnout, depression, anxiety and other problems (see team page)
- Exercise, eat well and get plenty of sleep!
- Practice mindfulness and self-compassion.
- Keep up with your avocational activities
- Find meaning in your work; identify your particular passions
- Ensure you are working no more than 80 hours a week
- Not spend too many evenings at work (2 max on average)
- Seek supervision for help with organization and efficiency (especially for documentation)
- Enhance professional relationships through organized psychiatry and other activities (LPMA, AACAP, APA, etc.)
- Turn off your phone when you are away
- Do not give your cell phone or beeper number to patients

If something is getting in the way of being able do these things, we want to know!

How to get help

Campus Assistance Program (CAP)

The mission of the LSUHSC Campus Assistance Program (CAP) is to support the mental, emotional, and physical well-being of students, faculty, staff, and immediate family members in order to promote the overall health and effectiveness of the LSUHSC-NO community.

The Campus Assistance Program is a free service provided by LSU Health Sciences Center at New Orleans to assist faculty, staff, residents, students and their immediate family members in resolving personal, academic or work related problems. Faculty, staff or residents who are enrolled or employed with LSUHSC-NO programs in other cities are also eligible for CAP services.

LSUHSC-NO recognizes that everyone, at some time, needs a “helping hand” or assistance. Whether you have a simple or a complex problem, the Campus Assistance Program can help.

A counselor is on call 24 hours a day to assist in time of crisis. If you feel you have an emergency or need immediate assistance at any time, contact the counselor on call by following the instructions on the main line (504) 568-8888.

Emergencies – Please go to your nearest emergency room.

Consultation for non-mental health issues – Our coordinator, Amanda Blackburn, is always available to talk about concerns. However, if it is something that you do not want to discuss within the program Ashley Walker acometa@lsuhsc.edu of the GME office is a resource for residents

LSU Baton Rouge is committed to maintaining a culture where parties may raise concerns about possible errors or wrong doing without fear. Do not hesitate to talk to any of us or to ask who to talk to with concerns.

ONLINE RESOURCES (from the Emory Department of Psychiatry website)

[Road to Resilience](#) Road to Resilience is a podcast that brings you stories and insights to help you thrive in a challenging world. This podcast explores what is possible when science meets the human spirit.

[The Happiness Lab](#) In this podcast, Yale professor Dr. Laurie Santos will share surprising and inspiring stories that will alter the way that you think about happiness.

[The Whole Health Cure](#) Each week, host Dr. Sharon Bergquist talks with renowned researchers, physicians, nutritionists and wellness experts exploring the science behind true health to help you live to your fullest physical, emotional, and spiritual potential.

ADDENDUM: Helpful Links

LSUHSC GME Policy Manual

https://www.medschool.lsuhs.edu/medical_education/graduate/PolicyManual/PolicyManualOctober2017.pdf

House officer resources to include the LSU House officer manual

https://residents.lsuhs.edu/no/new_residents.aspx

ACGME Milestones for Psychiatry

<http://www.acgme.org/Portals/0/PDFs/Milestones/PsychiatryMilestones.pdf?ver=2015-11-06-120520-753>

ACGME Program Requirements for Graduate Medical Education in Psychiatry

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400_psychiatry_2017-07-01.pdf?ver=2017-05-25-083803-023