

LSU Baton Rouge School of Medicine

PSYCHIATRY SECTION HANDBOOK 2025-2026



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Welcome to LSU BATON ROUGE PSYCHIATRY

Introduction

Psychiatric education in Baton Rouge has been on an upward trajectory for the past ten years. Our residency program has grown to 8 residents per year. Our regional campus will have about 30 students per year in 2025-26. We have started our child and adolescent psychiatry fellowship this academic year.

Our existence 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 (OLOL) in Baton Rouge. This presents a unique training experience with rewards and challenges for residents, fellows, and the program administration that all play an important role in shaping our residents into competent, capable, and professional physicians.

Our Lady of the Lake is the largest hospital in the state of Louisiana, with its home campus here in Baton Rouge. The OLOL Children's Hospital, which opened in 2019, will be a great home base for the child and adolescent fellowship. OLOL 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 in the private and community sectors, guarantees our residents a dynamic training experience.

We are so glad that you are here, and we welcome you to LSU Baton Rouge Psychiatry!

Adult Psychiatry Residency policies



VISION STATEMENT OF THE ADULT RESIDENCY PROGRAM

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 Baton Rouge Psychiatry residency program is to train outstanding clinicians who will contribute to the psychiatric workforce in Louisiana and beyond.

Principles that help drive our program's decisions

- A strong foundation in primary care
- A strong commitment to both service and education
- Diverse experiences in psychiatry and all its subspecialties, resulting in a well-rounded physician capable of dealing with a wide spectrum of clinical scenarios
- A comprehensive didactic curriculum to include lectures, journal clubs, grand rounds, resident led presentations, assigned readings, and structured experiences in teaching medical students and junior colleagues
- Commitment 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
- Emphasis on psychotherapy training through didactics, clinical experience and supervision
- An awareness and respect for community psychiatry
- The establishment of a supportive, collegial atmosphere of approachable faculty and residents with high morale
- Equity for all trainees in their access to education and opportunities for advancement.

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 supportive, group, psychodynamic and cognitive behavioral therapy.
 - c. Residents must successfully complete all clinical rotations as evidenced by promotion by the Clinical Competency Committee (CCC) annually.
 - d. Residents will demonstrate competence in the evaluation and treatment of patients from diverse backgrounds and ethnic, racial, sociocultural and economic backgrounds.
 - e. 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 attendance at all didactics and seminars.
 - b. Residents must successfully pass Step 3 by March their PGY-2 year, but preferentially by the end of the PGY-1 year before being able to advance to PGY3.
 - c. Residents must demonstrate sufficient medical knowledge to appropriately and safely 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 residents must participate in a scholarly activity (case report, poster presentation, QI project) annually and work to bring it to a successful conclusion.
 - d. All graduating residents (and transferring child fellowship candidates) must present a grand rounds presentation to the program.
 - e. All graduating residents will have completed and presented a poster presentation at least once at an academic meeting.

- 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.
 - c. Residents are expected to abide by the APA Principles of Medical Ethics

- 6) **Systems Based Practice:** Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health as well as the ability to call effectively on other resources 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,
 - e. Successful completion of 3 clinical skills verification exams.

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 and didactics (including grand rounds) schedules are always available via New Innovations. Links to all can be found in the Addendum.

	1	2	3	4	5	6	7	8	9	10	11	12
1	Primary Care Rotation				Neurology		Inpatient Psych					
2	CL Psychiatry				EMBH	C&A	NF	Add.	Geri	For	Elect	
3	Outpatient psych											
4	CL	Jr Att	Electives									
	Continued Outpatient Clinic											

Grand Rounds

Occurs every other Wednesday 12:00-1pm. Presentations for outside speakers will continue virtually but local presentations will occur in person. **All residents should attend grand rounds in-person unless they are on an off-site rotation or are on medicine/neurology.** This schedule is always available on QGenda and the program website. Outlook calendar invites are sent out on the 1st Monday of each month for that entire month.

All Resident Meetings

There will be an all-resident meeting the second Wednesday of every month (in place of Grand Rounds).

DIDACTICS

PGY 1	PGY 2	PGY 3	PGY 4
Interviewing Psychosis module Affective disorders module Anxiety Disorder module Substance abuse module Motivational interviewing	Psychopharmacology Supportive psychotherapy CL Geriatrics CBT Implicit Bias	Psychopharmacology Psych testing Bariatric evals Woman’s Health Narrative medicine Ethics Psychodynamic therapy Social Disparities in Mental Health Transitioning to practice	Psychopharmacology Narrative medicine ACT Didactic teaching History of medicine Psychodynamic therapy Transition to practice Medical Student teaching
Hospital-based Case Conference		Clinic-based case conference	
Process group Patient safety Journal club Neurology/Neuroscience			
Wellness afternoons			

****[Lecture Schedule - Google Sheets](#)****

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.

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 by April 1. Once the schedule has been published, the resident on the schedule is responsible for finding 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. All schedules can be found on our google docs spreadsheet

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 have 4-6 days off per month and will know their schedule by the first of the month.</p> <p>PGY 1's on inpatient will work holidays their attendings are working.</p>	<p>PGY 2's on CL will cover all weekends and holidays during their assigned months on CL or as per the call schedule (and holidays on EMBH)</p> <p>PGY 2's will work all holidays that their attending is scheduled to work</p> <p>All services home call on Saturday nights, 5PM to 7AM.</p> <p>Four weeks of night float in the PGY 2 year</p>	<p>PGY 3's will be the secondary CL person every 6-8th weekend and holidays</p> <p>All services home call on Friday nights, 5PM to 7AM.</p> <p>Night float 2 weeks (or more, if needed) over the course of the year</p>	<p>Night float 1-2 weeks in the fall</p> <p>First night (all night) in house call with PGY 2's doing their night float month.</p> <p>No holidays or weekend work.</p>

INPATIENT PSYCHIATRY EXPECTATIONS

1. All interns and med students will work 2 weekends a month with their faculty.
2. All interns must stay on the unit to finish their notes. This will allow them to have more time to interact with staff and patients. If they have a doctor's appointment or emergency, they can finish notes at home, but otherwise this is a hard and fast rule.

CHIEF RESIDENT SELECTION AND ELIGIBILITY

Chief Residents are determined from the rising PGY 4's. The term of office is April 1 to March 31. Rising PGY- 4 residents in good standing can choose to be considered for a shared role as chief resident. The ultimate decision as to who can be a chief resident is the program director.

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 our google spreadsheet. If for any reason, the appropriate attending cannot be reached, call Kathleen Crapanzano, MD. (225-572-9894), Sydney Melancon, MD (504)256-6744 or Melissa Watson, MD (225)505-3267.

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 (but may distribute to other residents to assist) for continuity of care during the day. For nights and weekends, there is a backup call schedule available on our google docs spreadsheet. 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.

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. The standard should be that one does not finish their week on Fridays until all clinic notes are done.
 - c. Your prior authorizations need to be caught up.
 - d. You should check My Chart every weekday, near the end of the day, and respond to correspondence from patients or families as needed.
 - e. If there are any readings required by various seminars, protected time is a good time to do it.
 - f. If you are involved in a research project or writing up a case report..., protected time is good time to work on it.
 - g. If a faculty member needs to meet with you, your protected time is a good time to do 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, if all academic and work-related activities are complete.
2. What is not acceptable for protected time:
- a. Doing anything to the exclusion of keeping up with your work or readings. Unless you have a good reason. We expect everyone to read their assignments and be up to date on their work by virtue of having this time.
 - 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.

CORE CURRICULUM SERIES

LSUHSC requires that all employees, fellows, 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.

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. Link to complete the modules: <https://edhub.ama-assn.org/gcep/pages/login>.

Promotion to the next level of training cannot occur until modules are completed for the year.

MENTORSHIP PROGRAM

The purpose of the 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. Career goals may also be discussed. Residents are encouraged to develop relationships with faculty members they feel can help them meet those goals.

NATURAL DISASTER PLAN

If OLOL activates its emergency plan, the MBH leadership will meet to develop our own response plan. Residents on C-L, child and adolescent (resident or fellow), and in the ED rotations as well as the scheduled in-house call resident will be up to stay in house if the disaster necessitates it. Residents scheduled to be on Substance Abuse, child and adolescent (resident or fellow), forensic and geriatrics will potentially be needed for 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.

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 2025 exams will be the week of September 22-25, 2025. Vacation is not allowed on these dates.**

This exam assesses overall medical knowledge in Psychiatry, Neuroscience, and Neurology. It is an indicator of areas of comparative strength and deficits. This 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 developed for the resident to follow. 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.

PROGRAM COMMITTEE STRUCTURE

Faculty Meetings

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

An annual meeting will be offered to all faculty who participate in the program.

Program Evaluation Committee (PEC)

The Program Evaluation Committee (PEC) is composed of the Program Director, Associate Residency Training Director, core faculty, chief residents, 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, section chief, and the 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 week or as needed.

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. The CCC determines promotion of each resident 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.

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.

Multicultural Committee

This committee will look at issues of advocacy, education, and culture around the variety of cultures, races, and human differences in the world!

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. 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 be able to do a capacity assessment.
11. 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.

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.

Holiday block scheduling

Holiday coverage for non-major holidays is determined by whatever the policy of the site/rotation.

For inpatient psychiatry, residents are expected to work the holidays that their faculty are assigned to work. No vacation requests will be honored for holidays (including Thanksgiving) on these rotations if the faculty is scheduled to work.

For PGY 2 residents, OLOL holidays must be covered, and a schedule will be provided.

For PGY 3 and 4's, if you request a vacation for a week where there are other holidays (ie Thanksgiving), you must request the entire week to ensure you won't be on back up, night float or CL call.

For Christmas and New Year's, we have a holiday block schedule where residents will work either the week of Christmas or the week of New Year's. No vacation requests will be honored for this two-week period. Residents will rotate between the two weeks over the course of their training. This leave is in addition to ACGME required vacation.

Requesting individual days off

The full week blocks of leave for each resident must be submitted by April 1 of each academic year for the following year. Residents are able to request the 7 individual days off as needed throughout the year. The process for getting those days approved is to clear with your assigned faculty member, check for any call or back up responsibilities (and make switches if you are scheduled), then let the coordinator/program director know. For off-service rotations (medicine, peds, ER, neurology), residents must give 90 days' notice for vacation and educational leave. For on-service (all psychiatry rotations) residents must give 30 days' notice for vacation and educational leave.

Once the call schedules are developed, changes to the call, back up or weekend schedule will be the resident's responsibility to arrange before making the administration aware. Requests should be made as far in advance as possible. Requests made with short notice may not be granted.

Clinic residents are expected to reschedule their own patients for vacation day requests that already have scheduled patients.

If you have a special situation that requires more than 7 days off, these will be considered on a case-by-case basis by program leadership.

Educational Leave for All Residents (5 days)

1. 5 consecutive or non-consecutive days
2. The program must be informed of the nature of your request and be provided with confirmation of registration at meetings/conferences if attending.
3. Educational leave can only be used by PGY 1s 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)

1. Sick leave can be used for doctor's appointments, illness or treatment of illness, planned procedures and/or recovery from such, attending appointments with a loved one or caring for a loved one.
2. Sick days are not guaranteed days off and should not be seen as a way to get more days off
3. Appreciate the impact on others as we are a team—extra work, longer days, patients who don't get seen.
4. For unanticipated instances on the use of these days, the resident must immediately notify their attending and then notify the coordinator and program director.
5. 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.
6. 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.

Bereavement Leave

LSU allows leave to be granted to attend the funeral or burial rites of a parent, stepparent, child, stepchild, brother, stepbrother, sister, stepsister, spouse, mother-in-law, father-in-law, grandparent or grandchild. A maximum of two days of special leave may be granted on any one occasion.

Extended Leave

1. Once a resident has been employed by LSU for 12 months, they are entitled to Family and Medical Leave (FMLA).
2. 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).
3. Note that in these circumstances, your residency may 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.

Leave Without Pay (LWOP)

1. 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.
2. 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. Approval to leave early and take LWOP will be approved at the discretion of the program leadership.

Family and Medical Leave Act (FMLA)

1. 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. This secures your residency spot in our program if you are on extended leave.
2. Before considering FMLA, please speak with the program to discuss your options.
3. 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).

Maternity/Paternity Leave

1. Leave due to the birth/adoption of a child will first exhaust sick leave, then vacation. If the requested leave must extend beyond available leave, the resident may need to use FMLA or LWOP.
2. FMLA or LWOP may result in extension of training.
3. As soon you are ready to share, confidentially, with the program that you will be taking Maternity/Paternity Leave, discuss your options with the program.

Coverage when a resident is unexpectedly out:

Residents will be expected to arrange/provide the following coverage if they are out

1. Night float: the backup resident will be expected to cover any shifts that are left uncovered.
2. Adult Consults: remaining residents will be expected to cover the entire service.
3. Child and Adolescent Consult service: the child fellow or PGY 2 is expected to cover the service alone.
4. EMBH: back up call schedule will be activated for call coverage from 5-8 PM on days the EMBH resident is out.
5. Clinic:
 - a. If a resident must call out sick from clinic on short notice due to illness, etc, they must alert the clinic office manager (Stephanie Wooster (225-963-3898) by phone due to short notice, as well as email to her and others for documentation) as well as the program (Latoya/Lakeysha/Dr. Crapanzano/Hunsinger). The front staff can assist with contacting patients regarding cancellation for the day and rescheduling.
 - b. The resident calling sick must also notify the clinic call resident and communicate if any follow-up patients need to be seen. The clinic call resident will work them into their schedule or coordinate with a fellow resident/Chief/faculty as needed to ensure adequate care.
 - c. The resident calling in sick must also notify any therapy or group supervisors they are to meet with that day.
 - d. Any new patients on the schedule if a resident calls in sick will be moved to any other resident who has an open new patient that day.
 - e. If the on call resident is calling in sick, they must notify the above but also the chief residents who will activate the back up resident.

- f. If a resident is changing a planned vacation, they must request the change with the clinic (Stephanie/Dr. Hunsinger) and the program administration (Latoya/Lakeysha/Dr. Crapanzano). If they are on clinic call or back up, they must ensure an appropriate swap before the leave will be approved. Residents are responsible for notifying and rescheduling their own patients. They also must notify therapy or group supervisors who will be affected.
 - g. Change in vacation requests that are too short notice and/or will have a significant impact on scheduled patient care may not be approved.
6. No cross coverage will be provided for other inpatient rotations, VA, Substance Abuse, forensic, Baton Rouge General, and 4th year electives

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 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 US citizens from international medical schools and nonUS citizens with ECFMG sponsorship on a case by case basis. We are not able to sponsor J-1 visas.

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. If the exam is scheduled during the PGY 1 year, the program will pay for it. 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 encouraged 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.

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. You can either pay for the exam and get reimbursed by LSU or coordinate with the LSU Business Office for them to pay for it upfront.

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. Both the USMLE and COMLEX exams are 2 day exams.

Study Materials: We will purchase a study bank (such as Uworld question bank). You can either pay for the question bank and get reimbursed by LSU or coordinate with the LSU Business Office for them to pay for it upfront.

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

PER LSBME: Applicants are limited to 4 attempts to take and pass the USMLE Step 3. An applicant who fails USMLE Step 3 after the third attempt must take 6 months of approved training before permitted to take Step 3 for the fourth and final time. This applies to all examinations (FLEX, SPEX, NBME, NBOME, COMLEX-USA, or a combination thereof).

LSUHSC requires residents to pass USMLE Step 3 before entering the second year of residency. Failing to pass step 3 by March 1st of PGY2 year may lead to non-renewal of the contract for PGY3. Again, LSBME will not allow promotion to PGY3 without a passing score on Step 3 at time of applying for PGY3 license.

THERAPY REQUIREMENTS

PGY 2's: will have the option to work with one therapy patient starting in January of the PGY 2 year. While on Consults and EMBH, residents will have to schedule patients according to their schedules and clinic availability.

PGY 3's: will participate in group and individual therapy in the clinic. Residents are expected to carry about 5 patients per week (about 5 hours/week) but will be required to complete 105 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.

Versus Panic Button Badges

The inpatient units and EMBH have a system that allows you to get help if a situation were to arise where you feel uncomfortable by wearing a versus badge that alerts when you need help. All 1st and 2nd year residents will be assigned a badge. When given their badge, residents will sign a document acknowledging the following:

1. The versus badge will only alert on MBH Inpatient units (Adol, St Clare, 1N, GBC), EMBH, and the Emergency Department areas. There are not receptor beacons in other areas of the hospital.
2. It must be worn on the upper left or right collar
3. The badge is programmed to only work for the assigned resident. It will not work if you share with someone else.
4. The battery will last up to 2 years however it is up to the individual wearing the badge to check for the blinking red indicator light above the “k” on the badge. That is the low battery indicator.
5. The badge number is the ID: on the back of the badge.
6. Do not press the button to test it.
7. Press button if you feel as though you are being threatened, trapped, or attacked.
8. The badge must be turned in at the end of the second year. If the badge is lost, damaged or stolen, the resident is responsible for the replacement cost which (at the time of this being written) is \$75.

LSU Baton Rouge Psychiatry
Residency
Clinic Year Handbook
2025- 2026



<<Pgs 3-6: Given by front staff to patients for review and signature at initial visit and annually>>

The Center for Psychiatric Services Clinic Policies and Treatment Agreement

Welcome to The Center for Psychiatric Services. Please review the following information:

General Clinic Information:

The Center for Psychiatric Services is a teaching clinic. Your new patient appointment consists of an evaluation with a resident psychiatrist (a medical doctor in specialty training), which is staffed with the faculty psychiatrist who is attending that day. The goal of the evaluation is to establish an initial diagnosis (or diagnoses) and treatment plan. The unique treatment plan developed for you at the initial evaluation may include one or more of the following: medication management; progress reports (from you to your doctor); individual therapy; group therapy; referral for/to psychological testing, diagnostic labs or imaging, one or more of your other medical providers, and/or an alternate mental health care provider or program. The length of time to the recommended follow up appointment with your psychiatrist is determined by the acuity of your problem, the treatment plan, and your progress.

Arrival at the Clinic:

For new patient appointments, please arrive at least 30 minutes prior to your scheduled appointment.

For established patient appointments, please arrive at least 15 minutes prior to your scheduled appointment time.

If you are more than 15 minutes late for your appointment, you may be rescheduled.

Appointment Length:

Appointment times may vary in length. New patient appointments with the Center for Psychiatric Services resident providers are scheduled for 2 hours. You must be available for the duration of your appointment time, or you may be asked to reschedule.

Appointment Types:

All new patient visits and transitional visits are required to be in-person. After that, a collaborative decision can be made on whether treatment may continue in part via telehealth/video visits. Please note that this clinic is *not* primarily a telehealth clinic, and as such most visits are done in person. Additionally, insurance and professional regulatory requirements frequently change, and it may be required for you to be seen in person.

Child and Adolescent Visits:

Both Child/Adolescent and Parent/Guardian should be available for the duration of the visit. Please complete the requested intake paperwork *prior* to your scheduled appointment.

Missed Appointments:

Please let the clinic know as soon as possible if you must miss a scheduled appointment (225-374-0400). At least 24 hours advance notice is requested, to allow other patients to be scheduled.

If you miss an appointment, please contact the clinic to schedule another appointment within two weeks of the missed one, or let the clinic know if there are extenuating circumstances. If we don't hear from you, we may call or send a letter reminding you to call/reschedule. A lack of response may result in your care being transferred out of the clinic, including any prescriptions.

If you are not seen for an appointment for 6 months, you may be re-scheduled as a new patient with a new resident provider in the clinic. There may be a waitlist for this process.

Medications & Refills:

Starting a new medication, or changing the dosage of a current medication, often requires a full visit due to the complexity of decision-making. Please reach out about scheduling an appointment if you would like to discuss these topics.

Medication refill requests are generally processed within 2 business days. Sometimes the process is delayed due to requirements by your pharmacy or insurance company.

Medication refill requests will only be processed during clinic business hours.

If you are prescribed any controlled medications in the clinic, such as stimulants or benzodiazepines, your doctor may not authorize early refills. Additionally, lost or misplaced prescriptions may not be replaced. For any treatment involving the prescription of controlled substances, we may require urine drug screens at your appointments.

Communication with Other Providers & Family:

To facilitate continuity and collaboration in your care, it may be medically necessary for your provider to contact or request records from past providers (physicians, therapists, hospitals) and/or speak to family members or supports. In those circumstances, your provider will discuss this and request you sign an Authorization for Release form.

If we have concerns about your safety or your ability to follow treatment recommendations, we may require communication with a family member/support person to ensure safe and effective care.

Additional Care Guidelines:

Firearms and weapons of any kind are strictly prohibited in this clinic, and we have a zero-tolerance policy for disrespectful, aggressive, or violent behavior. We respectfully advise that such behavior will not be tolerated in the clinic, either by a patient by anyone a patient brings with them to their appointment. If you demonstrate aggressive written, verbal, or physical communication with any of the clinic staff, no matter if in person or by phone, or if a weapon is

brought on the premises, our treatment relationship may be immediately ended and there may be restrictions on your ability to return to the clinic.

We provide care based on evidence-based guidelines. Should you feel that our recommendations do not fit with your goals of care, we may be unable to serve you. If we feel that you require more comprehensive psychiatric care than we can provide, or that you would best served by a higher level of care, this will be discussed with you and referral options provided.

If we become concerned for your immediate safety or the safety of others, we may advocate for an inpatient psychiatric hospitalization or require an emergency evaluation. If you are ever in acute crisis, please contact local crisis services, 988, or go to the nearest emergency department.

If you choose not to continue care with your resident physician, please be aware that we do not transfer care between physicians within the clinic. In that case, we will provide referrals where you may seek care elsewhere. With your consent, we may share medical records with any outside provider you choose.

Use of Audiovisual Recording:

Your resident might discuss the use of audiovisual (AV) recording of one or more of your sessions to optimize their education. Because of its ease of use and accuracy, AV recordings have become state-of-the-art in resident training nationally. While it is not a requirement, please consider consenting to its use if you are asked. Of note, we never record without consent, all clinical recordings stored in protected HIPPA-compliant sites, and each recording is destroyed after it is viewed with the resident’s supervisor unless express permission is obtained otherwise.

Please also review the financial and termination of care policies provided at your initial visit for further information about this clinic’s policies.

I acknowledge that I have read, understand, and agree with the above procedures and policies of the clinic regarding treatment:

Patient Name

Patient Signature

Today’s Date

Parent/Guardian Name

Patient/Guardian Signature

Today’s Date

Video Visits with the Center for Psychiatric Services and Family Center O'Donovan

For the best experience in your video visit, please review the following guidelines:

Before Your Visit (*at least one day before your appointment*):

- Sign up for your [MyChart account](#).
- Download the Mychart app to your smartphone or tablet, or log-in on your computer.
- Sign in and test your Video and Audio in MyChart to make sure both are working properly for the video visit.
- Complete the e-Check in process (Note: this can be done up to 7 days prior to your visit).

On the Day of Your Appointment:

- Login in *at least 15 minutes prior* to your video visit appointment time.
- Complete the e-Check in process and Select the Start Video Visit button.
- Please stay logged in and waiting. Clinic personnel will be with you on the visit as soon as possible.

Additional Important Guidelines for Your Virtual Appointment:

- Be in a private, well-lit space.
- Do not drive a vehicle during your appointment time.
- Child and Adolescent Video Visits: Both Child/Adolescent and Parent/Guardian should be available for the duration of the visit as you would at the doctor's office. Please be in an area where you and your child have private space to speak with the provider separately.

Following these guidelines can help avoid problems at the time of your visit.

If the video visit is unable to be completed at the time of your appointment,
you may be asked to reschedule.

Overview of Treatments and Services Available in Clinic

The following is a (non-exhaustive) list of available treatments and services in the OLOLPG Family Center O'Donovan and Center for Psychiatric Services:

- New patient evaluations and subsequent treatment
- Individual Psychotherapy (available for appropriate established patients with either a psychiatric resident or with LSU Psychological Services)
- Group Psychotherapy (available for appropriate established patients)
- Neuropsychological or educational testing (available for appropriate established patients with LSU Psychological Services)
- Transcranial Magnetic Stimulation
- Esketamine (Spravato)
- Pharmacogenomic testing (now through Genesight)
- Urine drug screening
- Buprenorphine treatment for opioid use disorder

The following services are not provided by the psychiatric residents at Center for Psychiatric Services:

- Disability or other forensic evaluations
- Evaluation solely for the assessment or treatment of ADHD, without other co-morbidity.
- Neuropsychological or educational testing (though these services may be available to appropriate established patients in the clinic, provided by LSU Psychological Services)

Resident Clinic Policies and Standards – Internal

These policies and standards practices are applied to patients and resident physicians of the psychiatric resident clinic, Center for Psychiatric Services, towards the goal of providing standardized, equitable care, and towards ensuring a robust educational experience for our learners in clinic.

New Patients

- All patients receive the intake packet (Page 3), PHQ-9, GAD-7 and SBQ-R along with the usual OLOLPG clinic required documentation.
- All new patient appointments with resident psychiatric physicians are scheduled in person.
- All new patients are called by clinic front staff one day prior to their scheduled appointment to confirm. This telephone contact (successful or not) should be documented in the appointment desk.
- Patients who do not come to their scheduled appointment and who fail to call ahead ('No Show'), will be placed at the back of the clinic waitlist by scheduling staff. If this occurs a second time, patients will not be rescheduled.
- Patients who are unable to attend their appointment but call prior to the scheduled appointment time will be offered an opportunity to reschedule their new appointment to a later date by front scheduling staff.

Follow Up Care, Treatment Duration and Frequency

- Treatment duration and frequency is determined based on individual patient needs. Patients in the resident clinic will typically be seen every 1-3 months, with more frequent appointments available if needed (example: weekly psychotherapy or CAMS). Patients requiring less frequent care may be appropriate for transition out of the resident clinic to an alternate provider.
- If a patient is not seen in 6 months, they may be assigned to a new resident provider as a new patient. Exceptions to this can be discussed on a case-by-case basis with supervising faculty.
- Appointment length for routine medication management appointments is typically 30 minutes.
- Appointment length for psychotherapy is 60 minutes (to account for 50 minutes of psychotherapy with patient and 10 minutes of wrap up/documentation/process notes).
- 60-minute visits may periodically be scheduled for complex cases or other unique case needs. Discuss this with supervising faculty on case-by-case basis.

Video Visits

- This clinic is *not* primarily a telehealth clinic, and as such most visits should be done in person.
- All new patients and all initial transition visits are scheduled in person in clinic.
- Follow Up and Therapy appointments may occasionally be virtual (video visits) in appropriate cases. Discuss this on an individual case basis with your supervisor(s).
- Residents should be physically present in clinic for all visits (i.e. do not conduct video visits from home or elsewhere unless you have accommodation for specific reason from the program).

Scheduling

- Front office staff schedules initial evaluations.
- Residents schedule their own follow up appointments during the visit with the patient.
- If a patient calls to reschedule an appointment, front staff will schedule on the resident's behalf.
- Front office staff take calls and may schedule across business hours. Check your schedule at end of each business day, to make sure you know when your first patient of the day is tomorrow.
- Front office staff typically should not schedule patients for same day appointments without speaking with you first, but it is possible if you have openings depending on circumstance.
- If a patient arrives late, they may be offered to reschedule at next available appointment per OLOL policy. If they arrive late and you have an opening directly after that time slot, they may still be checked in to be seen.

Medication Prescribing and Refills

- Residents should generally aim to provide adequate refills to last until the next appointment.
- Residents should not provide excessive refills if you are seeing the patient frequently (i.e. if you are seeing them back in 1-2 months, don't give 5 refills (6 months) of medication)
- The clinic call resident handles requests when a resident is out on leave, but non-urgent refill requests or messages may be deferred to the scheduled resident's return

Additional Notes Regarding Medications Classified as Controlled Substances:

- Schedule 2 controlled substances (stimulants) are provided in single prescriptions (i.e. a month supply), and refills are not allowed. Up to 3 prescriptions for a stimulant can be provided for patients stable on their regimen, if clinically appropriate, to bridge between

scheduled follow-up appointments. Patients prescribed stimulants should be seen for follow-up at least every 3 months.

- Advise patients that urine drug screens may be a component of care in clinic, especially if on a controlled substance.

MyChart InBasket

- MyChart is for patients to ask non-urgent questions about their care, or request refills on medications. Patients should not use MyChart to communicate urgent or emergent issues.
- Residents will receive patient messages, staff messages, refill requests, and other clinic related messages through the MyChart InBasket in Epic. Messages should be responded to within 2 business days.
- If you are out for a half day (example: VA morning), you may still receive MyChart messages, but you are not expected to respond until you are back in clinic.
- You are not expected to check your MyChart during schedule time off (i.e. vacation). Set an 'Out of Contact' alert on your MyChart when you will be out for an extended period, to ensure your InBasket is covered while you are out. You may occasionally receive non-urgent messages that can wait to be handled until your return to clinic.

Expectations while on clinic call:

- Clinic call typically occurs in one-week rotating intervals across the clinic year, during business hours (8AM-5PM). The clinic call resident handles: any issues that arise related to patients of residents who are out, including absent residents' patient emergencies, calls, messages, and refills, and occasionally other matters that are time sensitive. Residents are also expected to be physically in the clinic on call days, including during protected time, unless you have to step out for a brief meeting, etc.

Clinic Supervision:

- New patients are to be supervised (checked out) with faculty in real time. Follow ups are to be checked out in the same half day as they are seen, with exceptions made for child & adolescent cases and therapy cases where supervision is occurring at alternate times during the week.

Documentation:

- Residents should complete follow up patient notes by end of that business day and new patient notes by end of the following business day. Friday afternoon protected time is allocated as an additional buffer for extenuating circumstances. All notes must be done by end of the week. The Lake has a policy regarding open encounters (unfinished charts) that

includes loss of privileges for those in violation.

Dress Code:

- The clinic dress code is business casual and follows the FMOLHS Dress and Personal Appearance policy, as it is an FMOLHS site clinic.
 - A copy is available on the T: drive→Data→Residents→Psychiatry→Clinical Site Information→Center For Psychiatric Services→ FMOLHS Dress Code pdf

Patient Dismissal From Clinic:

- The resident clinic follows the OLOLPG/FMOLHS policy for patient dismissal. Potential reasons for patient dismissal are listed in item 1 of the policy. If you are considering dismissal of a patient, it must be discussed with clinic faculty and the clinic manager. There are specific criteria and a protocol that are to be followed.
 - A copy of the policy is available on the T: drive→Data→Residents→Psychiatry→Clinical Site Information→Center For Psychiatric Services→ FMOLHS Dismissal Policy pdf

Patient Transitions of Care within Clinic:

- Patients are not typically permitted to transition care between residents mid-year. Residents should discuss any potential exceptions that arise with clinic faculty.
- Transitions between graduating residents and incoming clinic residents occurs in June of the academic year using a formal handoff process in clinic.

Additional Important Information:

- Residents are not permitted to block their own Epic clinic schedules outside of scheduling patients. Requests to block time in the schedule (for meetings, appointments, time off, co-therapy, etc) should be approved first by the program, then sent to the clinic manager to complete the change.
- Consideration for referral for TMS (Transcranial Magnetic Stimulation) or esketamine treatments in clinic should be discussed in advance with clinic faculty.
- Residents are not permitted to deliver esketamine treatments without supervision.
- Residents are not permitted to handle the TMS equipment except under direct supervision with clinic faculty in context of patient care. TMS should never be performed outside of the scope of active treatment on an established patient under supervision of faculty.
- Vacation change requests in the clinic: Changes to vacation/time off should be requested at least 30 days in advance except in extenuating circumstances. Vacation requests may