

**UNIVERSITY OF WASHINGTON  
PSYCHIATRY RESIDENCY PROGRAM  
SPOKANE ADVANCED CLINICIAN TRACK**

**PROGRAM OVERVIEW  
&  
POLICY AND PROCEDURE MANUAL**

**REVISED 8/31/2008**

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## **PROGRAM INFORMATION AND EDUCATIONAL GOALS**

The Spokane Advanced Clinician Track is a designated educational pathway of the University of Washington Psychiatry Residency Training Program, which is accredited by the American Council for Graduate Medical Education (ACGME). Established in 1992, the Spokane Track recognizes the need to address the Psychiatrist shortage in non-metropolitan communities. The program seeks to impart the knowledge, skills, and attitudes necessary for a general psychiatrist to provide comprehensive psychiatric care to a diverse patient population where specialized services are less available. The program makes continuous efforts to facilitate learning via clinical rotations, didactics, seminars, and supervision provided in accordance with the Residency Review Committee (RRC) requirements for Psychiatry training. The program is supported by the Spokane Psychiatry Residency Consortium, which includes Sacred Heart Medical Center (SHMC), Eastern State Hospital (ESH), and Spokane Mental Health (SMH) with funds provided by the Spokane County Community Services Regional Support Network. Residents in the 4-year Spokane Track spend their first two years of training in Seattle, fully integrated with residents in the Seattle-based program (one year for PGY-2 residents in the three-year Spokane program). They are then assigned to rotations in Spokane for their PGY-3 and PGY-4 years. The Spokane Track has expanded its training opportunities over the years and focused on participating in the care of increasingly diverse patient populations. For example, all residents rotate through community-based programs for patients with co-occurring disorders, including mental illness, substance abuse, and developmental disabilities. The number and quality of elective rotations has improved steadily, and residents have an excellent opportunity to provide long-term psychotherapy services for Gonzaga University students. The Spokane Track didactic programs are coordinated with Seattle's in an alternating two-year modular format to provide as seamless a transition as possible. Over the years, Spokane Track residents have competed successfully with Seattle program residents for residency awards and special recognition. The Spokane Track has also aided in the recruitment of Attending Psychiatrists to Spokane who are interested in working with residents and obtaining Clinical Faculty appointments in the UW Psychiatry Department. A primary objective of the program is to increase the number of well-trained psychiatrists practicing in Eastern Washington and other non-metropolitan areas in the Northwest. As of July 2008, 39 physicians have completed Psychiatry residency training through the UW Spokane Track; 29 (72 %) practice in non-metropolitan community settings, and 13 (32 %) have remained in the Spokane vicinity.

Resident physicians in the Spokane Advanced Clinician Track are expected to adhere to the policies and procedures of the University of Washington Psychiatry Residency Training Program, which can be found at <http://psychres.washington.edu/policiesandprocedures/policymanual/policymanual.asp> . Information specific to the Spokane Advanced Clinician Track is included in this manual, available at <http://depts.washington.edu/pspokane/index.shtml> or in hardcopy from the Spokane Track Program Coordinator. General university policies and procedures regarding residency training are included in the University of Washington School of Medicine Graduate Medical Education Programs Residency Position Appointment Agreement, Resident Physician Policy Appendix I. Important information about the University of Washington School of Medicine may also be found at <http://www.uwmedicine.org/Facilities/UWSchoolOfMedicine/>, and about the Department of Psychiatry & Behavioral Sciences at <http://www.uwpsychiatry.org/>.

## **SPOKANE TRACK ADMINISTRATION AND FACULTY MEMBERS**

UW Psychiatry Residency Training Director	Deborah Cowley, M.D.
Program Director - Spokane Track	Matthew Layton, M.D., Ph.D.
Residency Program Coordinator	Linda Barkley
Site Coordinators:	Sacred Heart Medical Center (SHMC): Saj Ravasia , M.D. Spokane Mental Health (SMH): Charles “Cass” Ragan, M.D., John Tran, M.D. Eastern State Hospital (ESH): Kamaljit Floura, M.D.
Inpatient Supervising Psychiatrists:	Adult Psychiatry: SHMC-Drs. Camp, Malik, Ravasia, Schmauch  Child Psychiatry: SHMC-Drs. Camp, Jaccard, Moulton ESH: Drs. Blake, Decanay, Frazier, Grant, Henry, Lariosa, Momeni, , and Morrison
Consultation-Liaison Psychiatry:	Deaconess Medical Center: Dr. Tad Patterson SHMC: Drs. Malik, Ravasia, Schmauch
Outpatient Psychiatry:	SMH: Drs. Allen, Bennett, Burns, Kawakami, Keeble, Mulvihill, Ragan, Rodgers, Tran SMH – Geriatric Psychiatry: Dr. Tran SHMC: Primary Care Consultation, Psychotherapy – Drs. Layton and Patterson Gonzaga University Health Center: Manual-guided Psychotherapy – Dr. Sheridan
Child Outpatient Psychiatry: Spokane County Juvenile Detention:	SMH: Drs. Allen and Kawakami Dr. Allen
Psychotherapy Program:	Drs. Asbell, Bakker, D. Green, J. C. Green, Grubb, Haffey, Heid, Mays, Severinghaus
Psychopharmacology Program:	Clarke St. Dennis, Ph.D., BCPP
Research Electives	WSU-Spokane: Drs. Belenky, Dyck, Roll

**SPOKANE TRACK CLINICAL FACULTY**

Lastname	Firstname	Degree	Title	Affiliation Site
Allen	Beverley	MD	Clinical Instructor	Spokane Mental Health
Asbell	Laura	PhD	Clinical Instructor	Private Practice
Bakker	Cornelis	MD	Clinical Professor	Retired Program Director
Baum	Carl	MD	Clinical Instructor	Private Practice
Belenky	Greg	MD	Affiliate Professor	Washington State University
Blake	Lesley	MD	Clinical Associate Professor	Eastern State Hospital
Grant	William (Bill)	MD	Clinical Instructor	Eastern State Hospital
Green	Duane	PhD	Clinical Instructor	Private Practice
Green	J.Cliff	MD	Clinical Assistant Professor	Private Practice
Grubb	David	MD	Clinical Assistant Professor	Private Practice
Hedge	Jeffrey G.	DO	Clinical Instructor	Private Practice
Heid	Kevin O.	PhD	Clinical Instructor	Sacred Heart Medical Center
Henry	Rob	DO	Clinical Instructor	Eastern State Hospital
Jaccard	John (Tad)	MD	Clinical Assistant Professor	Sacred Heart Medical Center
Keeble	Tanya	MD	Clinical Instructor	Spokane Mental Health
Lariosa	Marietta L	MD	Clinical Instructor	Eastern State Hospital
Layton	Matt	MD, PhD	Clinical Associate Professor	Sacred Heart Medical Center
Malik	Asif	MD	Clinical Instructor	Sacred Heart Medical Center
Mays, Jr.	Mark	JD, PhD	Clinical Professor	Private Practice
Patterson	Eugene (Tad)	MD	Clinical Assistant Professor	Deaconess Medical Center
Quinnett	Paul	PhD	Clinical Assistant Professor	Private Practice
Ragan	Cass	MD	Clinical Associate Professor	Spokane Mental Health
Ravasia	Saj	MD	Clinical Associate Professor	Sacred Heart Medical Center
Rodgers	Thomas A.	MD	Clinical Assistant Professor	Spokane Mental Health
Roll	John	PhD	Affiliate Assistant Professor	Washington State University
Schmauch	Jay	DO	Clinical Instructor	Sacred Heart Medical Center
Severinghaus	John	PhD	Clinical Instructor	Washington State University
Sowers	Lou	PhD	Clinical Assistant Professor	Spokane Mental Health
St. Dennis	Clarke	PhD	Clinical Associate Professor	University of Washington
Tran	John	MD	Clinical Associate Professor	Spokane Mental Health

**CLINICAL ROTATIONS**

**General Psychiatry Residency Program  
Clinical Rotations  
3 Year Program**

<b>PGY-2 (Seattle)</b>	
6 months	Inpatient Psychiatry
3 months	Consultation-Liaison Psychiatry
1 month	Emergency Psychiatry
2 months	Addictions
<b>PGY-3 (Spokane)</b>	
6 months	Inpatient Psychiatry (Adult, Child/Adolescent, Geriatrics)
6 months (0.4 FTE)	Outpatient Psychiatry
2 months (0.4 FTE)	Consultation-Liaison Psychiatry
2 months (0.2 FTE)	Primary Care Psychiatry
2 months (0.4 FTE)	Forensics
<b>PGY-4 (Spokane)</b>	
6 months	Outpatient Psychiatry (including Long-Term Care Clinic)
6 months	Electives (e.g. ECT, Research, DD, Sleep, Forensics)

**General Psychiatry Residency Program  
Clinical Rotations  
4 Year Program**

<b>PGY-1 (Seattle)</b>	
6 months	Inpatient Psychiatry
2 months	Neurology
4 months	Medicine/Pediatrics
<b>PGY-2 (Seattle)</b>	
3 months	Consultation-Liaison Psychiatry
1 month	ER
6 months	Outpatient Psychiatry (including Long-Term Care Clinic with CBT and/or BAP seminar)
2 month	Addictions
<b>PGY-3 (Spokane)</b>	
6 months	Inpatient Psychiatry (Adult, Child/Adolescent, Geriatric)
6 months (0.4 FTE)	Outpatient Psychiatry
2 months (0.4 FTE)	Consultation-Liaison Psychiatry
2 months (0.2 FTE)	Primary Care Psychiatry
2 months (0.4 FTE)	Forensics
<b>PGY-4 (Spokane)</b>	
6 months (0.4 FTE)	Outpatient Psychiatry (including Long-Term Care Clinic)
6 months	Electives (e.g. ECT, Research, DD, Sleep, Forensics)

**SPOKANE TRACK – FOUR YEAR PROGRAM**

ROTATIONS FOR 4-YR PROGRAM												
MONTH	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b>R-1</b>	<-----Internship w/ 2 months Neurology-----><-----Inpatient Psychiatry----->											
<b>R-2</b>	<Consultation/Liaison>		ER		<-Addictions->		<-----Outpatient----->					
	<-----LTCC/Didactics----->											
<b>R-3</b>	SHMC AGPU		PCCA		ESH		C/L (0.4 FTE)	Primary Care (0.2 FTE)		Forensics (0.4 FTE)		
			1 mo Child	1 mo Adol	1 mo Adult	1 mo Geriatric	<-----Outpatient-----> (0.3-0.5 FTE Adult, 0.1 FTE Child)					
	<-----LTCC/Didactics----->											
<b>R-4</b>	<-----Outpatient-----> (0.3 FTE Adult, 0.1 FTE Child)						<-----Electives-----> (0.8 FTE)					
	<-----Electives-----> (0.4 FTE)											
	<-----LTCC/Didactics----->											

**SPOKANE TRACK – THREE YEAR PROGRAM**

ROTATIONS FOR 3-YR PROGRAM												
MONTHS	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b>R-2</b>	<-----Inpatient----->						<Consultation/Liaison>			ED	<Addictions>	
	<-----LTCC----->											
<b>R-3</b>	SHMC AGPU		PCCA		ESH		C/L (0.4 FTE)		Primary Care (0.2 FTE)		Forensics (0.4 FTE)	
			1 mo Child	1 mo Adol	1mo Adult	1mo Geriatric	<-----Outpatient-----> (0.3-0.5 FTE Adult, 0.1 FTE Child)					
	<-----LTCC/Didactics----->											
<b>R-4</b>	<-----Outpatient-----> (0.7 FTE Adult, 0.1 FTE Child)						<-----Electives-----> (0.8 FTE)					
	<-----LTCC/Didactics----->											

## PROGRAM COMPONENTS OTHER THAN CLINICAL ROTATIONS

### 1. Didactics:

The regular didactics program takes place every Tuesday morning from 8:00-11:00 A.M. The didactic program repeats every two years, and consists of a core curriculum and special topics.

#### Core Curriculum:

Each academic year includes a didactic lecture series on Psychopharmacology. In addition, the program features major modules of Psychotherapy in General Psychiatry, Human Development over the life-span, including Child, Adolescent, Adult and Late-life developmental principles applicable to Psychiatry, and minor modules of Suicide and Violence Risk Assessment, Social Skills and Territoriality training, Addictions and Co-Occurring Disorders, and Evidence-Based Psychiatry.

#### Special Topics:

Administrative and Organizational Psychiatry, Cross-Cultural Psychiatry, Diagnostic evaluation (psychiatric examination, neuroimaging, laboratory testing, psychological testing), Dialectic Behavioral Therapy (DBT), Ethics, Forensic/Legal Issues in Psychiatry, History of Psychiatry, Psychiatric Practice, Sexuality including sexual orientation, gender identity and sexual dysfunction, Sleep, Spirituality, and more.

### 2. Psychiatry Grand Rounds:

Monthly at SHMC, 2<sup>nd</sup> Tuesday of each month from 12-1:00

Monthly at SMH, 3<sup>rd</sup> Tuesday of each month from 12-1:00

**Note: All residents are required to present at least one Psychiatry Grand Rounds lecture per year, which may be done as a panel.**

### 3. Journal Club:

Monthly for 1 hr on the 4<sup>th</sup> Tuesday of each month from 12:00-1:00. Topics are prepared and presented by residents, with faculty involvement in the discussion.

### 4. Psychotherapy Seminars:

CBT: (if not done in Seattle) weekly for 1 hr. for a period of 6 months in the 2-year cycle.

BAP: (if not done in Seattle) weekly for 1 hr. for a period of 6 months in the 2-year cycle.

Clinical Interaction (CIS): clinical interviews and case presentations 1 hr weekly for 6 months, alternating with Psychodynamic Psychotherapy for a total of 12 months in the 2-year cycle.

Psychodynamic Psychotherapy: 1 hr weekly for 6 months, alternating with CIS for a total of 12 months in the 2-year didactic cycle.

T-group: 1 hr weekly from 11-12:00 on Tuesdays after Didactics

### 5. Resident Business Meeting:

All residents meet with the Program Director and Program Coordinator on the 1<sup>st</sup> Tuesday of each month at 12:00 noon for one hour to review and discuss the program and any pertinent residency issues.

**SPOKANE ADVANCED CLINICIAN TRACK**  
**“RITES OF SPRING” POLICY**

Purpose:

The purpose of this policy is to facilitate the drafting of the clinical rotation schedule and to keep up-to-date records of training.

Policy:

1. Each year in spring, the Training Program will provide the Spokane residents with:
  - a) The Schedule of Rotations for the Spokane Track (see above)
  - b) A “Record of Training” form (see attachment)
2. The Training Program will request completed copies of the Record of Training form of the Spokane residents in Seattle from the UW Residency Training Director.
3. Record of Training forms will be updated annually to reflect all rotations completed by the end of the Academic Year.
4. The Program Director will review the Record of Training with each resident, and determine how the completed rotations meet the RRC requirements. By signing the form, the Program Director acknowledges the Record of Training.
5. R-3 residents will also review with the Program Director what their remaining requirements and elective rotations will be for the R-4 year. Residents then submit an Elective Rotation Request Form in accordance with the electives policy. If there are incomplete required rotations, specific requests as to where and when she/he would like to complete these will be addressed first.
6. *In addition:* Residents should also use the Rites of Spring process as a reminder to review and update Log Summaries in preparation for meeting and discussing those with the Program Director/Preceptor every six months.
7. R-4 residents will review their training with the Program Director, who will compile their *anticipated final Record of Training*. A copy of this anticipated final record will be mailed to the Training Director in Seattle, who will review it to determine if there is a need for additional training before the resident graduates. The final Record of Training will be entered in the resident’s file, with a copy for the resident, Chief Resident, and Program Director.
8. The Program Director with assistance from the Chief Resident will use the updated Record of Training forms and the Elective Rotation Request Forms to help plan rotations for the next academic year. The goal for completing and distributing the rotation schedule for the next academic year is May 21.

**The Spokane Advanced Clinician Track's "Rites of Spring" Example Letter**

TO: Dr.

FR: Program Director

Re: Rotations completed and next year's schedule of rotations.

Date:

Please find enclosed a copy of the Schedule of Clinical Rotations for the upcoming academic year, and your "*Record of Training*" form.

The "Schedule of Clinical Rotations" is for your information only.

The "*Record of Training*" form is the official listing of required and elective rotations necessary for graduation. Please review the rotations that you *will have completed by the end of this academic year*, i.e. by June 30. If you have any questions or concerns, please discuss them with the Chief Resident and/or the Program Director.

R-3 residents: Elective requests for next year's schedule are to be submitted on the Elective Rotation Request Form. (Note: requirements include: 1) experience with ECT, 2) Forensic Psychiatry, 3) management of Medical/Neurological patients in Psychiatry, i.e. Primary Care Psychiatry). Please set up an appointment with the Program Director, who will review your Record of Training and determine to what extent you have met the RRC requirements.

R-4 residents: Review your Record of Training forms, and set up a meeting with the Program Director for a final review in preparation for graduation.

Please return this form to the Residency Program Coordinator.

Thank you,  
Linda

University of Washington Psychiatry Residency Training Program

Spokane Advanced Clinician Track

RECORD OF TRAINING

<b>Name:</b>			
<b>PGY</b>	<b>TIME PERIOD</b>	<b>ROTATIONS/FTE</b>	<b>CREDITED AS...</b>
<b>1 Seattle</b>			
<b>2 Seattle</b>			
<b>3 Spokane</b>			
<b>4 Spokane</b>			
<b>NOTE:</b> 80% time is considered full-time as residents participate in scheduled didactics for 10 % time and in the Long-term Care Clinic at SMH for 10 % time.			

REVIEWED AND SIGNED BY PRECEPTOR

\_\_\_\_\_ DATE: \_\_\_\_\_

## GENERAL PROGRAM POLICIES

1. All absences from work need to be reported and accounted for as: sick, vacation, or educational leave. The "Resident Leave Request" form (see <http://psychres.washington.edu/>) needs to be signed by the Chief Resident and Program Director, and then returned to the Residency Program Coordinator *prior to the absence*. Without such documentation, a leave of absence is considered unauthorized. Time Away from Center forms must also be completed at Spokane Mental Health for those days of leave requested from outpatient clinic there.
2. Attendance at Didactics is an RRC requirement and needs to be documented. The "Resident Didactic Attendance and Assessment Forms" will be available at the time of the Tuesday didactics. They need to be filled out and returned to the Residency Program Coordinator.
3. Standard "Resident Evaluation Forms" for supervisors (<http://psychres.washington.edu/>) and "Supervisor/Rotation Evaluation Forms" (<http://psychres.washington.edu/>) will be mailed out along with rotation goals and objectives prior to each clinical rotation, and every 6 months for outpatient rotations.
4. Residents are reminded to fill out the Log Summary Forms twice a year. These forms will be reviewed with the Program Director/Preceptor every 6 months.
5. Bi-annual contact with the Program Director is an RRC requirement. The Residency Program Coordinator will schedule these times. You are responsible for bringing the "Documentation of Preceptor Contact" form (<http://psychres.washington.edu/>) and Log Summary Forms to this meeting.

**DISCHARGE SUMMARY AND MEDICAL RECORD-KEEPING**  
**(General UW Psychiatry Residency Policy)**

Prompt completion of accurate and appropriate medical records (including discharge summaries and records of inpatient and outpatient treatment) is an important part of professional behavior, facilitates communication between providers, and is crucial for good patient care.

For these reasons:

1. Psychiatry residents are required to complete medical records within the time frame and in the manner outlined by the policies at the clinical site where they are working.
2. Psychiatry residents are required to observe the HIPAA regulations in completing and handling medical records.
3. It is the responsibility of each clinical site to ensure that every resident is educated regarding the site's policies concerning completion and handling of medical records.
4. Consistent failure on the part of a resident to comply with policies regarding medical records will lead to disciplinary measures. Such measures may include, but are not restricted to, focus of concern or probationary status, lack of credit for the rotation, inability to take vacation or educational leave until records are complete, and/or non-reappointment.

## **CLINICAL SUPERVISION**

1. Supervision by a UW Clinical Faculty member will be available for all clinical rotations. Contemporaneous supervision by the Site Coordinator or his/her designee will be available as needed and/or at the request of the resident. Residents will be assigned a supervisor for each clinical rotation by the Site Coordinator or his/her designee.
2. In addition, the resident will set up weekly supervision times with ‘outside supervisors’ to be chosen from the list of UW Clinical Faculty members. (The term ‘outside’ refers to the fact that the supervisor does not have the direct clinical responsibility for the patients that are discussed). The supervision sessions focus on the psychotherapeutic approach to the patient, as well as on general issues of patient management and psychiatric practice.

## **CHILD PSYCHIATRY**

1. Spokane Track residents interested in doing a Child and Adolescent Psychiatry Fellowship may spend their first 18 months of training in Seattle and the next 18 months in Spokane, instead of following either of the traditional 3- or 4- year program structures.
2. Residents spend 2 months full-time (0.8 FTE) on the Psychiatric Center for Children and Adolescents (PCCA) at SHMC. One of those months is considered an Adolescent Inpatient rotation, and counts toward the overall Inpatient requirement. The other month counts toward the Child Psychiatry requirement.
3. In order to meet the full 2 FTE month Child Psychiatry requirement, residents are assigned to Outpatient Child Psychiatry clinic at Spokane Mental Health at 0.1 FTE for 12 months. While this does exceed the minimum ACGME requirement for Child Psychiatry, working with children and their families for a full year on an outpatient basis has proven to be of particular educational value, given school and seasonal variations and continuity-of-care issues, for the Spokane Advanced Clinician Track.

## **PROGRAM, RESIDENT, AND ATTENDING EVALUATIONS**

1. The residents meet on the 1st Tuesday of each month from 12 – 1 pm with the Program Director for a Business Meeting to discuss clinical rotations and program issues, focusing on problem identification, prevention, and solutions. Any issues pertinent to the residents' educational experience may be evaluated and discussed. The Residency Program Coordinator keeps the minutes for this meeting and notes the decisions that have been reached and the recommendations made.
2. Evaluation of the formal Didactic Sessions, the Seminars, and the Supervisors: The Spokane Track uses the same forms and procedures as the Seattle Track.
3. A comprehensive evaluation of the program by the residents is conducted each year at the Annual Resident Retreat. On the first day of the retreat the residents meet and review the program's administration as well as the clinical and educational experiences. The results of this review are presented to the Program Director on the second day. After discussion, feedback from the Resident Retreat is incorporated into the Annual Program Review, which includes members of the Clinical Faculty and at least 1 resident representative. Depending on the nature of recommendations made through this process, action may be taken via the program's standing committees, i.e. Curriculum Committee, Spokane Psychiatry Residency Committee.
4. Evaluation of the residents: The Spokane Track uses the same procedures and evaluation forms as the Seattle Track. Copies of all the resident evaluations are mailed to the central training office in Seattle.
5. Evaluations of residents are also provided by non-attending evaluators at clinical sites (360-degree evaluation). The 360-degree evaluation forms will be mailed bi-annually (i.e. in December and June) to:
  - a. The SHMC APGU and PCCA Nurse Managers requesting evaluation of the residents that rotated on these units.
  - b. For Spokane Mental Health, forms will be sent to the Nurse Manager.
6. Evaluations of Attending Psychiatrists: The Spokane Track uses the same procedures and evaluation forms as Seattle. Copies are kept in the Program office and are compiled confidentially. A form summarizing the resident group evaluations of teaching performance on clinical rotations and in didactic presentations is provided to each Attending Psychiatrist, without identifying any individual resident information.
7. The Spokane Track Curriculum Committee serves the same function as the Resident Education Steering Committee in Seattle with regard to training issues local to Spokane. For details on the Committee's composition and responsibilities, see next page.

## **The Spokane Track Curriculum Committee**

### **Composition:**

The Curriculum Committee is chaired by the Spokane Track Program Director and consists of representatives from the main local institutions that sponsor the Spokane Track (SHMC, SMH, ESH), the designated faculty member-liaison with the Seattle Office, selected faculty members with notable involvement in teaching and supervision, and the Chief Resident.

### **Meetings:**

The Curriculum Committee meets monthly, on the first Tuesday of the month, typically from 7 am until 8 am. The Spokane Track Residency Program Coordinator keeps the minutes of the Curriculum Committee meetings.

### **Responsibilities:**

1. The representatives of the main participating institutions report on the clinical and educational programs, as well as on the challenges and opportunities that have been experienced at each institution.
2. The Curriculum Committee reviews and advises the Program Director with respect to changes in the residents' clinical rotations and in the didactic program and seminars.
3. The Curriculum Committee reviews and takes action on educational policy issues specific to the Spokane program. The Curriculum Committee is kept informed and updated on RRC requirements, and relevant policies developed by UW applicable to the Spokane site. The Spokane Psychiatry Residency Committee is responsible for review and administrative approval of recommendations made by the Curriculum Committee.
4. The Committee monitors the recruitment process and finalizes the 'Match list'.
5. The Committee is informed of the residents' progress and of any major performance issue of concerns, including 'early warning signs'. The Committee advises the Program Director with respect to possible preventive or remedial measures, and insures due process procedures are followed. The Committee is informed about the results of the residents' exams (PRITE and Mock Boards). The Committee advises on each resident's qualifications for advancement and graduation.

## ROLE OF THE CHIEF RESIDENT

### GENERAL:

- Advocacy for the residents. The CR brings problems and requests to the attention of the appropriate individuals. (Example: discuss the adequacy of a service's patient mix with the Site Coordinator and/or Program Director).
- The CR makes sure all residents receive notices, announcements, copies of articles and other materials, and coordinates this with the Residency Program Coordinator.
- The CR assists in setting up "Mock Boards".
- The CR troubleshoots unforeseen problems in the residency.
- The CR meets regularly with Program Director or Assistant Program Director for administrative supervision, to update them on residency issues, and to participate in program review and planning.

### SPECIFICS:

- **Committees:** The CR represents the residents on selected committees such as:
  - The Spokane Track's *Didactic Curriculum Committee* (meets on an 'ad-hoc' basis to review the didactic modules)
  - The Track's *Curriculum Committee* (meets monthly)
  - The *Spokane Psychiatry Residency Committee* (quarterly meeting) and
  - The *Inland Empire Hospital Services Association (IEHSA) Graduate Medical Education Committee* (every other month).
- **Rotation assignments:** (After the 'Rites of Spring' the CR will discuss the rotation assignments with the Program Director and draft next year's assignments)
- **Didactic program:**
  - Tuesday Didactic Schedules: The CR reviews and helps coordinate didactic schedules with the Program Director, and contacts the lecturers as needed.
  - Grand Rounds: In collaboration with the Program Director, the CR schedules the speakers for the monthly Grand Rounds at SHMC and works with the Residency Program Coordinator to insure timely announcements. The CR schedules each resident for one Grand Rounds presentation per year, and introduces the speakers. (\*)

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\* Note the Policy Guidelines about Drug Company Sponsorship that govern the SHMC Grand Rounds Program:

- 1) Drug company sponsored speakers are only accepted after an explicit determination of the educational value of, and interest in, the proposed presentation;
- 2) Drug company sponsorship of speakers that are chosen by the training program is positively accepted;
- 3) Drug company sponsorship in the form of an unrestricted grant is always preferred;
- 4) Drug company sponsorship will be acknowledged in the introduction and in the materials printed to announce the grand rounds.

- **Seminars and Journal Club:**
  - The CR helps with the scheduling of the BAP, CBT, Clinical Interaction, and Psychodynamic Psychotherapy Seminars.
  - The CR provides liaison with the Gonzaga Student Health Service to insure that the residents are assigned patients for seminar participation.
  - The CR schedules the Journal Club and finds monthly presenters.
  
- **Medical Students:** The CR coordinates the students' schedules with the Residency Program Coordinator. S/he assigns the students to residents and/or attendings for supervision; s/he informs the students about the required presentation at SMH and assists them as needed in finding an appropriate topic. S/he organizes the didactic program, offered by the residents to the medical students. S/he assists the Program Director in completing the evaluation forms at the end of each student's rotation.
  
- **Recruiting:** The CR coordinates the interviews of the residency applicants with the Residency Program Coordinator and arranges for each applicant to meet and have lunch with Spokane Track residents.
  
- **Annual Retreat:** The CR organizes the annual resident retreat with the Residency Program Coordinator. Together with the CR chosen for the next academic year, the graduating CR facilitates the comprehensive program review, conducted at the retreat, and presents a summary of that review at the Annual Program Review.

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Note also that the SHMC Department of Psychiatry Residency Program has a very limited capability to sponsor the speaker travel expenses of Grand Rounds.

## **PSYCHOTHERAPY COMPETENCY REQUIREMENTS FOR GRADUATION**

The University of Washington Psychiatry Residency Program, including the Spokane Advanced Clinician Track, requires documentation that residents have obtained the knowledge, skills, and attitudes necessary to competently provide Cognitive-Behavioral, Psychodynamic, and Supportive Psychotherapy upon graduation. This documentation reflects that specific requirements for each psychotherapy modality have been met, including completing didactic and seminar instruction, minimum case requirements for numbers, types, and duration of treatment, and a verification signature page for supervisors and instructors. The Psychotherapy Competencies and Evaluation Forms are included below and are available on the UW Psychiatry Residency Training website at:

<http://psychres.washington.edu/evaluation/evaluation.asp>

## UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM COGNITIVE-BEHAVIORAL THERAPY (CBT) COMPETENCIES

### Knowledge

The resident will demonstrate:

- The ability to *articulate the key principles* related to cognitive-behavioral theory, classical conditioning, operant conditioning, and the cognitive model (the cognitive model includes the concept of automatic thoughts and cognitive distortions, the common cognitive errors, the significance and origin of core beliefs and relationship of schemas to: dysfunctional thoughts and assumptions, behavioral principles, and psychopathology)

### Skills

The resident will demonstrate:

- The ability to *apply these three principles* (as relevant) in a case formulation format (to demonstrate the ability to integrate theory with patient presenting problems)
- The ability to *formulate a treatment plan* consistent with these theories that addresses accurately assessed patient presenting problems/diagnoses
- The ability to *apply CBT* as demonstrated by:
  - using (and being able to articulate a reason for) assessment measures in treatment planning and monitoring
  - applying a specific, manualized, empirically-supported form of CBT; specifically, applying common CBT techniques including orienting, skill training, problem solving, cognitive modification, contingency management, exposure, and relapse prevention
  - applying CBT principles to a problem in a short-term context to reflect the generalized, thoughtful application of CBT without the use of a manualized treatment
  - effectively changing a personal or professional behavior (e.g., increase exercise time or frequency; increase professional reading time)

### Attitudes

The resident will be:

- Empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity, and will display confidence in the efficacy of cognitive-behavioral therapy.
- Sensitive to the sociocultural and socioeconomic issues arising in the therapeutic relationship
- Open to review of audio or videotapes or direct observation of treatment sessions

## **SPECIFIC REQUIREMENTS FOR DEMONSTRATION OF CBT COMPETENCIES**

1. The resident will complete the CBT seminar
2. The resident will complete a case formulation worksheet for two cases, one of which is a psychotherapy case that is not externally time-limited (insofar as length of treatment should be addressed as part of the treatment plan), and one of which is a short-term case (i.e., 16 sessions or less, including an inpatient or a patient on a C/L service). To demonstrate adequate competence in CBT, the resident's case formulations must address adequately all areas on the case formulation worksheet (with the exception of "Developmental History" if time does not permit assessment of this, as in a very short-term case). If the materials submitted are not considered adequate, the reviewing faculty may ask for further elaboration on the marginal items. If the majority of the case formulation is not considered adequate, the resident will be given feedback on their materials and asked to submit further case formulations until adequate case formulations are received.
3. The resident will submit his/her work related to the two above cases. One case will demonstrate the use of a manualized CBT treatment in 10-20 sessions; the other will demonstrate the use of CBT principles for a short-term case (16 sessions or less). For the longer-term case, residents should submit case notes and a video- or audio- tape from four sessions; for the shorter-term case, residents should submit case notes and a video- or audio- tape from one session (alternatively, supervisors can observe *in vivo*). Given the definition of "short term case" (i.e., up to 16 sessions) it is conceivable that the two cases will be similar in length and focus. Alternatively, the short-term case can reflect very short-term treatment (e.g., 1-3 sessions), such as might occur on C/L services, inpatient units, and so forth. The sessions will be rated according to a general measure of CBT skill (see attached). One session from each case (for the longer-term case, one of the four submitted sessions chosen randomly) must be rated as adequate (i.e., global rating of '3' or above on the global adherence item). If a session is not considered adequate, the resident will be given feedback on the session and asked to submit more case materials (another single session for a shorter-term case; another 4 sessions for a longer-term case) until adequate session ratings are achieved.
4. To demonstrate personal or professional behavior change, the resident should submit behavioral monitoring records, along with goal statements. Any modifications of goals that occurred should be articulated, along with the behavioral analysis of any failures or difficulties. The records must show evidence of behavior change that meets the stated goal(s), or adequate analysis of problems if the goals were not achieved.

## General CBT Skills

Therapist: Session #: \_\_\_\_\_

Patient: Date of session: \_\_\_\_/\_\_\_\_/\_\_\_\_

Rater: Date of rating: \_\_\_\_/\_\_\_\_/\_\_\_\_

For each item, assess the therapist on a scale of 1-5 and record the rating on the line next to the item number.

**1** Needs Attention/Unacceptable Progress - **2** Emerging Skills - **3** Acceptable Skills  
**4** Intermediate Skills - **5** Advanced Skills

Please do not leave any items blank. Use “N/A” if any item not applicable. For all items, focus on the skill of the therapist, taking into account how difficult the patient seems to be and the stage of therapy.

### \_\_\_\_\_ 1. Collaborative Relationship--Asking for and Giving of Feedback

Asks for patient’s understanding of or response to the session

Asks for and gives feedback

Provides information—orienting, teaching

Treatment goals, interventions, and homework established collaboratively

Aware of and sensitive to the impact of cultural factors and diversity issues on current functioning and the therapy relationship

Adequate attention to termination issues (e.g., discussion of relevance of relationship ending for the patient, review of progress, relapse prevention, etc.)

### \_\_\_\_\_ 2. Structuring and Control of the Session or Patient Contact

Agenda set and followed

Outlines available time, negotiates how much time per item

Identifies goals of the contact

Refocuses and redirects the patient as needed

The session has a beginning/middle/end

### \_\_\_\_\_ 3. Efficient Use of Time

Appropriate pace, movement and flow for session

Responsive to unplanned treatment-relevant needs of patient

Tactfully limits peripheral and unproductive discussion

### \_\_\_\_\_ 4. Abilities of Empathy and Understanding

Sensitive to patient

Understands explicit and subtle communications

Reflects understanding of emotions, cognitions, behavior

### \_\_\_\_\_ 5. Interpersonal Effectiveness

Effective listening, rapport, responsiveness

Professionalism, warmth, confidence, genuineness

Uses natural reinforcers (e.g., praises success)

## **General CBT Skills (Continued)**

### **\_\_\_\_\_ 6. Identification and Focus on Key Behaviors**

Identification and targeting of key emotions, cognitions, and behaviors relevant to case formulation, point in treatment

Behavior analysis conducted

Problem and goal identification

Identification of strengths and weaknesses

### **\_\_\_\_\_ 7. Track and Measure Change and Status of Key Problem Areas**

Specific problem-related information obtained (e.g., SUDS, BDI, etc)

Within and between-session monitoring

### **\_\_\_\_\_ 8. Choice and Implementation of Change Strategies**

Coherent change strategy evident

Strategy employs CBT techniques (skills training, problem solving, exposure, cognitive restructuring, contingency management)

Implemented systematically and completely

Relevant to key problem behaviors

Patient oriented to strategy; rationale for interventions explained (e.g., model or theory)

### **\_\_\_\_\_ 9. Assignment of Homework or Action Plan**

Reviews tasks from last session

Explores and analyzes problems in completing homework or engaging in self-monitoring (including evaluation and strengthening of commitment)

Ample time to formulate new homework

Homework decided upon collaboratively, customized to patient need

Homework is clearly specified

### **\_\_\_\_\_ 10. Case Notes Contain Appropriate Elements Including Information on Status of Key Problem Areas**

Length of session

Status of problem areas evident

Evaluation of mental status

Diagnosis included

Scores on standardized tests included and interpreted

Plan specified

### **\_\_\_\_\_ 11. Global Rating**

**Comments:**

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM  
MINIMAL COMPETENCY DOCUMENTATION – CBT**

Dear Dr. Cowley:

This letter is written to document that \_\_\_\_\_ has met the criteria for minimal competency in CBT according to the Departmental criteria, which follow:

\_\_\_\_\_ 1. Completed the CBT seminar satisfactorily.

CBT Instructor initials

\_\_\_\_\_ 2. Completed an acceptable CBT case formulation for one case that is not

CBT Instructor/Supervisor **time-limited**

\_\_\_\_\_ 3. Completed an acceptable CBT case formulation for one short-term case

CBT Instructor/Supervisor

\_\_\_\_\_ 4. Resident meets minimal competency criteria on a case treated using a

CBT Supervisor **manualized treatment**

\_\_\_\_\_ 5. Resident meets minimal competency criteria on a brief CBT case

CBT Supervisor

Case Information (if relevant):

Site of case: \_\_\_\_\_

Type of intervention(s) used: \_\_\_\_\_

\_\_\_\_\_

Comments (if any):

\_\_\_\_\_

Instructor/Supervisor Date

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM**  
**Psychodynamic Psychotherapy Competencies**

**Knowledge**

The resident:

- can describe the major theoretical models of psychodynamic psychotherapy
- demonstrates knowledge of the concepts of the unconscious, defenses and resistance, transference, and counter transference
- displays understanding that symptoms, behaviors, and motivations often have multiple and complex meanings that may not be readily apparent
- demonstrates understanding of the influence of development through the life cycle on thoughts, feelings, and behavior
- can articulate the indications and contraindications for psychiatric disorders and problems treated by psychodynamic psychotherapy
- displays knowledge of when to refer patients for psychopharmacological treatment or treatment with other psychotherapeutic modalities
- demonstrates understanding that continued education in psychodynamic psychotherapy is necessary for further skill development

**Skills**

The resident will be able to apply the principles of psychodynamic therapy by demonstrating the ability to:

- evaluate the capacity of the patient to engage in and utilize psychodynamic psychotherapy
- make accurate diagnoses and assessments of patient problems
- build and maintain a collaborative therapeutic alliance that promotes self-reflection and inquiry into the patient's inner life
- establish treatment goals with the patient
- establish a treatment frame with the patient
- engage the patient in exploring his/her history of experiences, sociocultural influences, relationship patterns, coping mechanisms, fears, traumas and losses, hopes and wishes in order to understand the presenting problems
- effectively listen to the patient to understand nuance, meanings, and indirect communications
- recognize and identify affects in the patient and himself/herself
- display accurate empathy
- recognize, utilize, and manage aspects of transference and counter transference, defense and resistance in the course of treatment
- use self-reflection to learn about his/her own responses to patients to further the goals of treatment
- utilize clarification and confrontation
- use interpretations to manage transference/counter transference that impedes or disrupts the therapeutic process
- manage and understand the meanings of termination
- write a psychodynamic formulation
- seek appropriate consultation and/or referral for specialized treatment

### **Attitudes**

The resident will be:

- empathic, respectful, curious, open, nonjudgmental, collaborative, able to tolerate ambiguity
- sensitive to sociocultural and socioeconomic issues that arise in the therapeutic relationship
- open to videotaping, audiotaping, or direct observation of treatment sessions

Adapted from AADPRT Psychodynamic Psychotherapy Competencies

Lisa Mellman, M.D., David Goldberg, M.D., Eugene Beresin, M.D., Elizabeth

Auchincloss, M.D., William Sledge, M.D., Andres Sciolla, M.D., November, 2001

### **SPECIFIC REQUIREMENTS FOR DEMONSTRATION OF COMPETENCIES**

1. The resident will satisfactorily complete BAP seminar.
2. The resident will complete an acceptable case formulation of a patient treated with psychodynamic psychotherapy.
3. The resident will satisfactorily treat a patient, for no less than 20 sessions, using psychodynamic psychotherapy. Satisfactory performance will be assessed by the resident's supervisor(s) using audiotapes, videotapes, direct observation of sessions, or process notes.

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM  
MINIMAL COMPETENCY DOCUMENTATION – PSYCHODYNAMIC  
PSYCHOTHERAPY**

Dear Dr. Cowley:

This letter is written to document that \_\_\_\_\_ has met the criteria for minimal competency in psychodynamic psychotherapy according to Departmental criteria, which follow:

\_\_\_\_\_ 1. Completed the BAP seminar satisfactorily.

BAP Instructor initials

\_\_\_\_\_ 2. Completed an acceptable case formulation for a psychodynamic  
Instructor/Supervisor psychotherapy case

\_\_\_\_\_ 3. Resident meets minimal competency criteria on a psychodynamic  
Supervisor psychotherapy case treated for a minimum of 20 sessions

Case Information (if relevant):

Site of case: \_\_\_\_\_

Type of intervention(s)/approach used: \_\_\_\_\_

Number of sessions: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Instructor/Supervisor Date

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM**  
**Supportive Therapy Competencies**

**Knowledge**

The resident will demonstrate:

- knowledge that the principal objectives of supportive therapy are to maintain or improve the patient's self-esteem, to minimize or prevent recurrence of symptoms, and to maximize the patient's adaptive capacities
- understanding that the practice of supportive therapy is commonly utilized in many therapeutic encounters
- knowledge that the patient-therapist relationship is of paramount importance
- knowledge of the indications and contraindications for supportive therapy
- knowledge of when to refer the patient for psychopharmacological treatment or treatment with other psychotherapeutic modalities
- understanding that continued education in supportive therapy is necessary for further skill development

**Skills**

The resident will be able to:

- establish and maintain a therapeutic alliance
- make accurate diagnoses and assessments of patient problems
- establish treatment goals
- interact in a direct and non-threatening manner
- respond to the patient and give feedback and advice when appropriate
- display sensitivity to the patient as a unique individual within his/her family, sociocultural, and community structure
- determine which interventions are in the best interest of the patient and exercise caution about basing interventions on the resident's own beliefs and values
- recognize and identify affects in the patient and in himself/herself
- confront in a collaborative manner behaviors that are dangerous or damaging to the patient
- provide reassurance to reduce symptoms, improve morale and adaptation, and prevent relapse
- recognize, support, and promote the patient's ability to achieve goals that will enhance his/her well-being
- provide strategies to manage problems with affect regulation, thought disorders, and impaired reality testing
- provide education and advice about the patient's psychiatric condition and treatment
- direct attention, in the care of patients with chronic psychiatric illness, to adaptive skills, relationships, morale, and potential sources of anxiety and worry.
- assist the patient in developing self-assessment skills
- seek appropriate consultation and/or referral for specialized treatment

## **Attitudes**

The resident will be:

- empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity.
- confident of the efficacy of supportive therapy
- sensitive to sociocultural and socioeconomic issues that arise in the therapeutic relationship
- open to audiotaping, videotaping, or direct observation of treatment sessions

Adapted from AADPRT Supportive Therapy Competencies

Henry Pinsker, M.D., Lisa Mellman, M.D., Eugene Beresin, M.D., David Goldberg, M.D., Donald Misch, M.D., Lee Ascherman, M.D., November, 2001

## **SPECIFIC REQUIREMENTS FOR DEMONSTRATION OF COMPETENCIES**

1. Satisfactory completion of the Introduction to Psychotherapy course
2. Documentation, by the resident's supervisor(s), of the resident's satisfactory treatment of at least two patients with supportive psychotherapy. At least one of these patients must be chronically mentally ill.

**UNIVERSITY OF WASHINGTON PSYCHIATRY RESIDENCY PROGRAM  
MINIMAL COMPETENCY DOCUMENTATION – SUPPORTIVE  
PSYCHOTHERAPY**

Dear Dr. Cowley:

This letter is written to document that \_\_\_\_\_ has met the criteria for minimal competency in supportive psychotherapy according to Departmental criteria, which follow:

\_\_\_\_\_ 1. Completed the Introduction to Psychotherapy course satisfactorily.

Instructor's initials

\_\_\_\_\_ 2. The resident has met minimal competency criteria in satisfactorily  
Supervisor treating a chronically mentally ill patient with supportive therapy

\_\_\_\_\_ 3. The resident has met minimal competency criteria in satisfactorily  
Supervisor treating an additional patient using supportive therapy

Case Information:

Site of case: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Length of treatment: \_\_\_\_\_

Comments:

\_\_\_\_\_  
Instructor/Supervisor Date



## **POLICY ON REIMBURSEMENT OF RESIDENT MOVING EXPENSES**

1. Documented relocation expenses can be reimbursed up to \$3,000.00 to residents moving from Seattle to Spokane.
2. This policy applies to psychiatry residents who move to Spokane from Seattle as a part of their training program. Physicians, who transfer into the Psychiatry Residency Program from another residency program, or who have already been practicing physicians, and then move directly to Spokane to join the Psychiatry Residency Program, do not get reimbursed for their moving expenses.

## **SPECIFIC OBJECTIVES FOR SPOKANE TRACK CLINICAL ROTATIONS**

Information on clinical rotations is presented below with a general description of each practice site, the relevant patient population, and expectations outlined as Goals & Objectives in the General Competency format consistent with the Resident Evaluation form for each rotation. In addition, role descriptions are included to assist in clarifying Inpatient Attending and Resident interactions, Consultation-Liaison Attending and Resident interactions, limitations regarding Elective rotations, and Expectations Regarding Supervision.

### **Adult Inpatient Psychiatry at Sacred Heart Medical Center (SHMC)**

*Required: Two months rotation at full-time (0.8 FTE) in the PGY-3 year.*

The Adult-Geriatric Psychiatric Unit (AGPU) at SHMC consists of two wings, East and West, each with a separate Acute Care Unit (ACU), for a total of 48 beds. The AGPU provides services for patients older than 18 years of age on both a voluntary and involuntary basis. The average length-of-stay is approximately 7 days. The ethnic distribution reflects the demographics of the Spokane region: during calendar year 2004, 88% were Caucasian, 2.5% African-American, 2% Hispanic, 2% Native American, 1% Asian and 3.5% Other or Unknown. The 2004 data shows that approximately 50% of patients were either on Medicaid or had no insurance, 30% were covered by Medicare, and the other 20% was made up of a variety of commercial insurers. All patients come from a broad geographic area including the more urban environment of Spokane and the rural areas of Eastern Washington and Northern Idaho. The inpatient services represent the whole spectrum of serious mental illness ranging from acute psychotic disorders, such as Schizophrenia, Schizoaffective Disorder, Bipolar Disorder, brief psychotic reactions associated with intoxication as well as a broad range of Axis II disorders. Involuntary patients are committed in Washington State on the basis of danger to self, danger to others, or grave disability. Approximately 50% of the population has a co-occurring substance abuse or dependency disorder, and a wide variety of patients have co-morbid medical problems such as diabetes, asthma, end-stage renal disease, emphysema, brain injury, and other Axis III conditions. Medical consultation is available when necessary, usually from the Spokane Internal Medicine Residency program.

The Psychiatry resident is assigned patients selected for the purpose of providing a broad range of clinical experiences. The resident on the inpatient unit acquires experience in comprehensive evaluation of the patient, working as part of a team, managing the various modes of intervention including medication, psychoeducation, group therapy, and psychotherapy insofar as this can be accomplished during a brief hospitalization, as well as the arrangement for appropriate discharge planning and follow-up. Individual supervision is provided on the inpatient service daily by the assigned attending faculty member. (see **ROLE DESCRIPTION OF INPATIENT ATTENDING AND RESIDENT** below)

### **Adult Psychiatry Unit at Eastern State Hospital (ESH)**

The ESH Adult Psychiatric Unit consists of three 30-bed wards including an admission ward, an intermediary ward for somewhat more stable patients, and a third ward for those patients requiring long-term treatment. There is a broad spectrum of diagnostic categories including; major mental disorders such as Schizophrenia, Bipolar disorder, Major Depression, as well as a complete range of personality disorders and other diagnoses. The male to female ratio is fairly even with perhaps a slightly larger number of males than females. The ethnic mix is primarily Caucasian, but with Hispanic, African-American, Native American and other cultural representation, which are growing as the ethnic minorities increase throughout the State.

The resident assumes major responsibility for patient care. Each resident's caseload is flexible, so assignments are made in discussions between the residents, Attendings, and the Clinical Director. The resident has a daily review of his/her caseload with the assigned psychiatrist supervisor and meets with other members of the interdisciplinary treatment team. The resident meets weekly with the Clinical Director. Supervision is tailored to the needs of each resident.

## **GOALS AND OBJECTIVES FOR INPATIENT PSYCHIATRY ROTATIONS**

**Goal:** The goal of inpatient psychiatry rotations is to provide supervised clinical experience and instruction in the assessment, diagnosis, and treatment of psychiatric inpatients with a variety of conditions.

### **Objectives:**

Residents completing inpatient psychiatry rotations are expected to:

#### ***1. Patient Care***

- Perform comprehensive psychiatric diagnostic interviews, including a formal mental status examination.
- Conduct comprehensive medical evaluations of psychiatric patients, including assessment of medical conditions likely to mimic or exacerbate psychiatric conditions; to make appropriate use of laboratory and diagnostic procedures; and to obtain consultation when indicated.
- Make appropriate Axis I-V diagnoses in psychiatric patients and generate an appropriate differential diagnosis.
- Provide a biopsychosocial formulation which takes a longitudinal view of the patient's life history.
- Formulate and implement comprehensive treatment plans integrating various treatment modalities as appropriate.
- Make appropriate discharge plans.
- Manage acute behavioral disturbances in a safe and effective manner.
- Demonstrate the ability to educate patients and families about psychiatric illness, treatment plans, medications, and the need for follow-up care, and to conduct a family interview.

#### ***2. Medical Knowledge***

- Display appropriate knowledge of basic and clinical sciences relevant to Psychiatry.
- Understand the indications for psychological and neuropsychological testing in the evaluation of psychiatric inpatients.
- Demonstrate knowledge of the basic principles and applications of the major classes of psychotropic medications, their limitations and side effects, and important possible drug interactions.
- Understand the indications, side effects, and effectiveness of electroconvulsive treatment (ECT).

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

- Regularly use information technology in the service of patient care.
- Locate and critically appraise scientific literature relevant to patient care.
- Participate in practice-based improvement activities (CQI).

### ***4. Interpersonal and Communication Skills***

- Create and sustain effective therapeutic relationships with patients and families.
- Demonstrate basic interviewing skills (i.e. establishing rapport, clarifying the purpose of the interview, attending to cues, making transitions smoothly, demonstrating empathy, eliciting important information).
- Develop a therapeutic alliance with patients, maintain appropriate professional boundaries, recognize transference and countertransference issues, and use this recognition constructively in treatment.
- Understand the role of other mental health professionals (nurses, social workers, psychologists, mental health specialists, occupational and recreational therapists, etc.) on the ward, and work harmoniously with them, while providing leadership in a team context.
- Communicate effectively with the patient's other care providers.

### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, responsible and ethical behavior.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.
- Demonstrate concise and pertinent record keeping, including the prompt completion of discharge summaries.

### ***6. Systems-Based Practice***

- Communicate effectively with insurance and managed care companies.
- Understand basic legal issues involved in inpatient psychiatry, including indications for involuntary commitment, the psychiatrist's role in involuntary commitment proceedings, informed consent, duty to warn, and medicolegal aspects of record-keeping.
- Understand milieu issues on the inpatient ward.
- Advocate for quality patient care and assist patients in dealing with health care system complexities.

### ***7. Leadership***

- Display effective team leadership skills, including the ability to triage, prioritize tasks, and delegate work as appropriate.
- Display skills in teaching and supervising medical students.

### ***8. Educational Attitudes***

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

## **ROLE DESCRIPTION OF INPATIENT ATTENDING AND RESIDENT**

1. Residents are assigned to a specific faculty member, who makes daily clinical rounds with the Resident, examines all new patients, and reviews the treatment plans.
2. The Attending Physician has the final clinical, legal, and fiscal responsibility in the care of his/her patients. The Attending supervises and teaches Residents and medical students, and is responsible for admission and progress notes, which allow for utilization review and billing.
3. Under supervision of the Attending, the Resident is responsible for the admission and the daily medical and psychiatric management of the patient. The Resident is responsible for physician orders, admission and clinical progress notes, and discharge summaries. The Resident is responsible for the integration of the multidisciplinary treatment plan. The Resident supervises, and teaches medical students.
4. In addition to clinical rounds, the Resident will receive a minimum of one hour per week scheduled supervision time with his/her Attending, as well as regular supervision by the Chief Resident and Program Director as needed.
5. As a teacher, the Attending will provide the Resident with information, options, and choices in patient care. The Attending needs to keep abreast of the clinical issues on the ward, and supervision needs to be sufficiently close to allow him/her to notice problems.
6. The Attending needs to monitor the Resident's performance, and give feedback. The Attending determines how closely a Resident needs to be supervised, and how much reporting he or she expects from a particular Resident, depending on the Resident's level of training, and experience. The Resident will be open to learning, willing to consult, and prepared to fully inform the Attending about all matters of patient care. It is strongly recommended that the specific terms of the supervisory agreement (i.e. how much supervision?, how much reporting is expected?, coverage?, etc.) be made explicit in a collegial discussion between Resident and Attending.
7. As a role model, the Attending will demonstrate interviewing skills, the process of clinical thinking, and effective interaction with patients, and staff. The Resident will function as a role model to the medical student. Resident and Attending share the responsibility for promoting an educational climate on the unit.
8. There will at all times be a Resident and an Attending available to the inpatient unit. During the day the Attending is available at the hospital site and/or can be consulted by phone. If the Attending cannot be available at the site, a specific other Attending will be designated to cover for emergencies that require the physical presence of an Attending. Attendings are expected to honor a Resident's request for immediate on-site supervision.
9. The Attending will support and facilitate the Resident's attendance at Didactics, Grand Rounds, Business Meetings, Continuity Clinic and supervision sessions. The Attending will honor the Resident's right to take vacation on a particular inpatient rotation, as specified in, and subject to, University and Department policies.

### **Geropsychiatry Unit (GPU) at Eastern State Hospital (ESH)**

*Required: Minimum one month full-time (0.8 FTE) in the PGY-3 year.*

The GPU at Eastern State Hospital has 91 geriatric beds. The patient population consists of all psychiatric disorders including various dementia and neuropsychiatric conditions. Medical services are an integral part of the program, since many patients have multiple medical problems which often relate to their psychiatric condition and/or treatment.

The residents are assigned a supervising psychiatrist and are overseen by the Clinical Director. Residents receive didactics by an assigned board-certified geriatric psychiatrist. Residents are assigned 6 to 8 patients and are involved in morning rounds, treatment planning, discharge planning and day-to-day care. As part of the treatment team, they work with family members and significant others in the treatment and discharge planning process. In addition to the supervising psychiatrist, the resident receives one-on-one supervision from the Clinical Director. The residents are also involved in discussions with the Clinical Pharmacists assigned to the GPU.

## **GOALS AND OBJECTIVES FOR GERIATRIC PSYCHIATRY ROTATIONS**

**Goal:** The goal of geriatric psychiatry rotations is to provide general psychiatry residents with supervised clinical experience and training in the comprehensive assessment and treatment planning of elderly patients.

### **Objectives**

On completing a geriatric psychiatry rotation, the resident is expected to be able to:

#### 1. Patient Care

- Perform initial assessments of elderly patients, including evaluation of neuropsychiatric symptoms, cognitive and functional abilities, and medical comorbidity.
- Diagnose dementia and diagnose and understand unique aspects of depression presenting in elderly patients with complex medical problems.
- Generate initial treatment plans, including appropriate first-line treatment modalities and management strategies.

#### 2. Knowledge

- Display adequate knowledge of geriatric psychiatry.

#### 3. Practice-Based Learning and Improvement

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (CQI).

#### 4. Interpersonal and Communication Skills

- Create and sustain effective therapeutic relationships with patients, families, and caregivers.
- Display empathic listening skills.
- Work effectively with health care professionals (including those from other disciplines), colleagues, and staff to provide patient-focused care.

#### 5. Professionalism

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, responsible and ethical behavior.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

## 6. Systems-Based Practice

- Adequately assess the nature and quality of the patient's caregiving network, including primary care physicians, subspecialty physicians, family members, social network, nursing home staff.

## 7. Educational Attitudes

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

### **Child & Adolescent Inpatient Psychiatry at SHMC**

*Required: Two months full-time (0.8 FTE) in the PGY-3 year. One month counts toward the Child Psychiatry requirement, the other toward Inpatient Psychiatry.*

The Psychiatric Center for Children & Adolescents (PCCA) at SHMC is a 24 bed unit for the acute care of patients with a broad range of psychiatric diagnoses, developmental issues, and cultural backgrounds. Residents are assigned to a board-certified Child & Adolescent Child Psychiatrist for supervision. There are daily rounds with the attending psychiatrist, with case discussions concerning each patient. Participation in team meetings, family therapy, and group therapy for acutely ill children and adolescents is vital to understanding how families and multiple health care and social systems work to try to serve this challenging patient population.

### **Child and Adolescent Outpatient Psychiatry Clinic at SMH**

*Required: 12 months at 0.1 FTE in PGY-3 and PGY-4 years.*

SMH provides comprehensive, multidisciplinary community mental health care for children and adolescents with mental health problems. Patients and families display a broad range of biopsychosocial issues, with children typically struggling with multiple Axis I diagnoses, developmental and school challenges, substance abuse (particularly in their teenage years), and from diverse social and cultural backgrounds. Weekly, one-hour supervision with a board-certified Child and Adolescent Psychiatrist is provided, with additional supervision available with clinical faculty as necessary. Participation in multidisciplinary case discussions is an essential aspect of this rotation, and residents benefit from consultation on clinical problems provided by a variety of other care team members, e.g. Psychologists, Nurses, Nurse Practitioners, and Social Workers. 1 ½ to 2 hours is scheduled for initial psychiatric evaluations for new patients and families.

## **GOALS AND OBJECTIVES OF CHILD & ADOLESCENT PSYCHIATRY ROTATIONS**

**Goal:** The goal of Child and Adolescent Psychiatry rotations is to provide an organized clinical experience, under the supervision of qualified child and adolescent psychiatrists, in the evaluation, diagnosis, and treatment of children, adolescents, and their families.

### **Objectives:**

On completing the Child and Adolescent Psychiatry rotation, the resident is expected to be able to:

#### ***1. Patient Care***

- Evaluate children and adolescents of different ages and with a variety of psychiatric conditions, and their families.
- Make appropriate Axis I DSM-IV diagnoses of children and adolescents.
- Gather information from a variety of sources, including the child/adolescent, their family, their school, and relevant social or mental health agencies involved in their care.
- Develop and implement appropriate treatment plans, including psychopharmacologic treatment and individual and family therapy.
- Understand indications for intervention in, and how to refer, children of the resident's own adult patients.

#### ***2. Knowledge***

- Demonstrate adequate knowledge of child development and psychopathology.

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

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (CQI).

#### ***4. Interpersonal and Communication Skills***

- Create and sustain effective therapeutic relationships with patients and families.
- Display empathic listening skills.
- Work effectively with health care professionals (including those from other disciplines), colleagues, and staff to provide patient-focused care.

### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, responsible and ethical behavior.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

### ***6. Systems-Based Practice***

- Display an understanding of the health care system and the broader context of the patient's care; effectively access and utilize resources; practice cost effective care.
- Appropriately advocate for quality patient care; help patients with system complexities.

### ***7. Educational Attitudes***

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

### **Adult Outpatient Psychiatry at SMH**

*Required; minimum 6 months 0.3 FTE in the PGY-3 year, 12 months at 10 to 20 % time in the PGY-4 year necessary to meet 12 month total FTE Outpatient requirement.*

SMH provides comprehensive, multidisciplinary community mental health care for adults with complex mental health problems for a broad range of patients in all diagnostic categories. The majority is of lower socio-economical status; minorities are over-represented relative to the community. SMH special population consultants are available for assistance with various ethnic minority groups. Treatment modalities include all standard approaches, including medication management, mental health case management, Assertive Community Treatment, modified Dialectical Behavioral Therapy, and brief psychotherapy. SMH offers opportunities for working with special populations, such as Co-Occurring mental illness and substance abuse/dependence disorder patients, developmentally-disabled patients, and elderly patients. Residents can also spend time working in SMH's Open Clinic, which serves a population in need of urgent care in coordination with SMH Crisis Response Services.

Supervision with an Attending Psychiatrist is scheduled for a minimum of one hour per week; there is availability of a staff psychiatrist on-call 24/7/365 for consultation as needed. Residents have one hour scheduled for new patients and up to 30-60 minutes for follow-up, depending on patient need.

## **GOALS AND OBJECTIVES FOR ADULT OUTPATIENT PSYCHIATRY ROTATIONS**

**Goal:** The goal of adult outpatient psychiatry rotations is to teach and provide supervised clinical experience in the comprehensive, integrated care of psychiatric outpatients, including diagnostic assessment, formulation of a treatment plan, and provision of psychotherapy and/or psychopharmacologic treatment, as indicated.

### **Objectives:**

On completing the adult outpatient psychiatry rotation, the resident is expected to be able to:

#### ***1. Patient Care***

- Perform adequate psychiatric diagnostic interviews in an outpatient setting, including establishing rapport, eliciting important clinical information, and assessing emergent issues (e.g. suicidality, homicidality).
- Include in the assessment developmental, psychodynamic, cognitive, sociocultural, and other biopsychosocial factors contributing to the presenting symptoms and important in treatment planning. · Make appropriate multi-axial DSM-IV diagnoses in psychiatric outpatients.
- Develop individualized treatment plans for outpatients, integrating medication and different forms of psychotherapy, as appropriate.
- Manage a wide variety of chronic or episodic psychiatric disorders over time, including the use of medications, crisis intervention, patient education, and psychotherapy, to maximize patient function and minimize the need for hospitalization.
- Use appropriate laboratory, neuropsychological, and other testing in the diagnosis and monitoring of psychiatric outpatients.
- Use collateral information (e.g. from family members, caretakers, past treatment records) in assessment and treatment, and display understanding of associated issues of confidentiality and informed consent.
- Set appropriate goals for treatment and guide the patient through the process to termination.

#### ***2. Knowledge***

- Display appropriate knowledge of treatment guidelines, best clinical practices, and clinical pathways that can be used to guide treatment planning. The resident should recognize both the importance and limitations of published research and treatment guidelines in selecting treatment interventions for particular patients.

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

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (CQI).

#### ***4. Interpersonal and Communication Skills***

- Engage patients in treatment; maintain a basic therapeutic alliance throughout the duration of treatment.
- Recognize his/her own characteristic responses to patients ("countertransference") and the effects of these responses on treatment.
- Work effectively as part of a multidisciplinary outpatient team, collaborating with other mental health providers involved in the care of the patient (e.g. case managers, psychologists, social workers, nurses).

#### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, and an ethical approach to outpatient treatment (e.g. maintaining professional boundaries, obtaining informed consent for treatment).
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.
- Demonstrate concise, accurate, and timely record keeping.

#### ***6. Systems-Based Practice***

- Provide clinically appropriate and cost effective care.
- Make appropriate referrals for further medical or surgical evaluation, or for inpatient psychiatric care. · Appropriately advocate for quality patient care; help patients with system complexities.
- Interact effectively with primary care providers and third party payers.

#### ***7. Leadership***

- Display effective team leadership skills, including the ability to triage, prioritize tasks, and delegate work as appropriate.

#### ***8. Educational Attitudes***

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

**Consultation/Liaison Psychiatry at SHMC and/or Deaconess Hospital**

*Required; 2 months at 0.4 FTE during the PGY-3 year.*

Consultation/Liaison Psychiatry rotations at SHMC and/or Deaconess Hospital will be similar to C/L rotations in Seattle, in that referrals will come from the medical and surgical units throughout each hospital. The faculty for C/L Psychiatry in Spokane will consist of a board-certified psychiatrist, who will be available for on-site, contemporaneous supervision. Consult referrals derive from the hospital patient population with co-morbid medical and psychiatric issues. The C/L Attending will select resident cases for their educational value. The patient is examined by both the resident and Attending, with supervision provided immediately on-site. The Attending and resident will discuss their findings and make recommendations to the medical or surgical team regarding diagnostic and treatment issues. The Attending reviews and signs off on the resident's written evaluation. (see **ROLE DESCRIPTION OF CONSULTATION-LIAISON ATTENDING AND RESIDENT** below)

## **GOALS AND OBJECTIVES FOR CONSULTATION-LIAISON PSYCHIATRY ROTATIONS**

**Goal:** The goal of consultation-liaison psychiatry rotations is to provide organized instruction and supervised clinical experience in the evaluation of psychiatric and/or behavioral problems in patients on medical and surgical services, and in effectively consulting with their health care providers regarding their clinical management.

### **Objectives:**

Residents completing consultation-liaison psychiatry rotations are expected to:

#### ***1. Patient Care***

- Perform comprehensive, pertinent diagnostic interviews; collect data from important collateral sources; develop thorough, accurate differential diagnoses; formulate and carry out appropriate treatment plans
- Effectively assess behavioral conditions commonly seen on medical/surgical services (e.g. suicidal/homicidal statements or behavior, grief, depression, anxiety, personality problems, chronic pain)
- Perform complete and accurate assessments of patients' potential to harm self or others and of the level of psychiatric care needed after discharge
- Display the ability to adapt psychopharmacologic and psychotherapeutic treatments for medically ill patients

#### ***2. Knowledge***

- Recognize and know the differential diagnosis of the psychiatric conditions most commonly seen in medical/surgical settings (e.g. delirium, depression, somatoform and factitious disorders, substance abuse and withdrawal)

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

- Locate and critically appraise scientific literature relevant to patient care
- Regularly use information technology in the service of patient care
- Participate in practice-based improvement activities (CQI)

#### ***4. Interpersonal and Communication Skills***

- Create and sustain effective therapeutic relationships with patients and families
- Display empathic listening skills and the ability to use both verbal and non-verbal communication
- Clarify the consultation request, identify important issues, clearly communicate findings and recommendations

- Display skills in liaison with medical/surgical services; help non-psychiatric providers to understand and manage psychiatric or behavioral problems in their patients

### ***5. Professionalism***

- Demonstrate respect for others, compassion
- Demonstrate integrity, accountability, responsible and ethical behavior
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to the patient's culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities

### ***6. Systems-Based Practice***

- Display an understanding of legal issues involved in consultation-liaison psychiatry, including use of restraints, involuntary commitment, and competency/decisional capacity

### ***7. Leadership***

- Display effective team leadership skills, including the ability to triage, prioritize tasks, and delegate work as appropriate
- Display skills in teaching and supervising medical students

### ***8. Educational Attitudes***

- Display openness to supervision; accept constructive criticism
- Seek direction when appropriate; display eagerness

## **ROLE DESCRIPTION OF CONSULTATION-LIAISON ATTENDING AND RESIDENT**

1. Residents are assigned to a specific faculty member who meets daily with residents to discuss all new patients and review treatment plans.
2. The Attending Physician has the final clinical, legal, and fiscal responsibility in the care of patients. The Attending supervises and teaches Residents and medical students, and is responsible for review of initial evaluations, which allow for utilization review and billing.
3. Under the supervision of the Attending, the Resident is responsible for the initial evaluation and any needed follow-up, as well as appropriate communication with the primary team. Supervision and teaching of medical students is a joint responsibility of Attendings and Residents.
4. In addition to clinical rounds, the Resident will receive a minimum of one hour per week scheduled supervision time with his/her Attending.
5. As a teacher, the Attending will provide the Resident with information, options, and choices in patient care. The Attending needs to keep abreast of the clinical issues on the service, and supervision needs to be sufficiently close to allow him/her to notice problems.
6. The Attending needs to monitor the Resident's performance and give feedback. The Attending determines how closely a resident needs to be supervised and how much reporting he or she expects from a particular resident, depending on the Resident's level of training and experience. The Resident will be open to learning, willing to consult, and be prepared to fully inform the Attending about all matters of patient care. It is strongly recommended that the specific terms of the supervisory agreement be made explicit in a collegial discussion between the Attending and the Resident.
7. As a role model, the Attending will demonstrate interviewing skills, the process of clinical thinking, and effective interaction with patients and staff. The Resident will function as a role model to the medical student. Resident and Attending share the responsibility for promoting an educational climate on the service.
8. During the day the Attending is available at the hospital site and/or can be consulted by phone. If the Attending cannot be available at the site, a specific other Attending will be designated to cover for emergencies that require the physical presence of an Attending. Attendings are expected to honor a Resident's request at any time to examine a patient for initial evaluation or re-evaluation.
9. The Attending will support and facilitate the Resident's attendance at Didactics, Grand Rounds, Business Meetings, and Continuity Clinic. If the resident is gone for these reasons, the Attending will cover the service and a designated person will carry the regular consult pager. The Attending will honor the Resident's right to take vacation during the rotation as specified in, and subject to, University and Department policies.

## **Primary Care Psychiatry at Family Medicine and Internal Medicine Clinics**

*Required; 2 months at 0.2 FTE during the PGY-3 year.*

The Family Medicine Spokane and Internal Medicine Residency Spokane programs are primary care residency training programs with ambulatory outpatient clinics at the corner of 5<sup>th</sup> and Browne. The Primary Care Psychiatry rotation consists of providing psychiatric evaluation and consultation services for primary care patients at each site for one half-day per week. Referrals derive from the primary care patient population. Psychiatric services are provided by Psychiatry residents and Attending Psychiatrists on-site to provide direct supervision. Family Medicine and Internal Medicine residents participate in evaluations and discussions regarding treatment recommendations. The Attending reviews and signs off on the resident's evaluations, which are documented in the facility's electronic health record format. Since Psychiatry residents also provide long-term continuity care at this site, including psychotherapy services, this rotation is a good way to identify good potential long-term continuity/therapy patients.

## **GOALS AND OBJECTIVES FOR PRIMARY CARE CONSULTATION ROTATIONS**

**Goal:** The goal of primary care consultation rotations is to provide supervised clinical experience and organized instruction in the evaluation of psychiatric and/or behavioral problems in outpatients in primary care settings, and in working in collaboration with the patient's primary care provider to develop and implement a comprehensive treatment plan.

### **Objectives:**

On completing the primary care consultation rotation, the resident is expected to be able to:

#### ***1. Patient Care***

- Perform comprehensive, pertinent diagnostic interviews.
- Recognize and diagnose psychiatric and/or behavioral conditions common in primary care settings (e.g. depression in medically ill patients, anxiety, substance abuse, grief).

#### ***2. Knowledge***

- Display appropriate knowledge of the interaction between medical illness, prescribed medications, and psychiatric conditions, including the contribution of such interactions to treatment non-compliance, exacerbation or amplification of somatic symptoms, and functional impairment.

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

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (CQI).

#### ***4. Interpersonal and Communication Skills***

- Establish rapport with patients in primary care settings, engage them in the evaluation and treatment process, and provide an explanatory model for their symptoms that facilitates their acceptance of psychopharmacologic and/or psychotherapeutic treatments.
- Communicate effectively with primary care providers; make clear recommendations; help them to understand psychiatric conditions in their patients and possible treatment options; and work with them collaboratively to develop and monitor the success of treatment plans.

#### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, responsible and ethical behavior.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

## **6. Systems-Based Practice**

- Display an understanding of the health care system and of the broader context of the patient's care; effectively access and utilize resources; practice cost effective care.
- Appropriately advocate for quality patient care; help patients with system complexities.

## **7. Educational Attitudes**

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

### **Long-term Care Clinic: Gonzaga University Counseling Center; 5<sup>th</sup> & Browne Clinic**

*Required; 10 % time in PGY-3 and PGY-4 years. (The 10 % time assignment fulfills the resident's long-term care requirement).*

Whether patients are students at Gonzaga University and seen in the Career and Counseling Center, or primary care patients seen at 5<sup>th</sup> & Browne, cases are selected for appropriateness for long-term cognitive-behavioral, psychodynamic, or supportive psychotherapy treatment. The structure of the clinics guarantees diversity of age, socio-economic status, severity of pathology, and treatment modalities applied. Residents may treat three patients per week during the PGY-3 year, with a maximum of six long-term patients at any one time during the PGY-4 year.

Each resident has at least one hour of individual supervision per week specifically for psychotherapy patients with a selected member of the faculty group. Educational methods include case presentation and supervision, using videotapes and/or process notes taken by the resident.

## **GOALS AND OBJECTIVES FOR LONG-TERM CARE CLINIC ROTATIONS**

**Goal:** The goal of long-term continuity clinic rotations is to provide supervised clinical experience in the comprehensive, integrated, continuous care of psychiatric outpatients. The long-term continuity clinic gives the resident the opportunity to follow patients for more than a year during residency.

### **Objectives:**

On completing the long-term continuity clinic rotation, the resident is expected to be able to:

#### ***1. Patient Care***

- Perform comprehensive, pertinent diagnostic interviews.
- Develop thorough differential diagnoses.
- Formulate and carry out appropriate treatment plans.
- The resident should have treated at least four patients for 12 months or more, with at least two being initially psychotic and two being initially non-psychotic.

#### ***2. Knowledge***

- Display appropriate knowledge of basic and clinical sciences relevant to psychiatry.

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

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Participate in practice-based improvement activities (CQI).

#### ***4. Interpersonal and Communication Skills***

- Engage patients in treatment; maintain a basic therapeutic alliance throughout the duration of treatment.
- Recognize his/her own characteristic responses to patients ("countertransference") and the effects of these responses on treatment.
- Work effectively with health care professionals (including those from other disciplines), colleagues, and staff to provide patient-focused care.

#### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, responsible and ethical behavior.
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.

### ***6. Systems-Based Practice***

- Display an understanding of the health care system and of the broader context of the patient's care; effectively access and utilize resources; practice cost effective care.
- Appropriately advocate for quality patient care; help patients with system complexities.

### ***7. Educational Attitudes***

- Display openness to supervision; accept constructive criticism.
- Seek direction when appropriate; demonstrate eagerness to learn.

## **Forensic Psychiatry at Eastern State Hospital**

*Required; 2 months at 0.4 FTE during the PGY-3 year.*

The Forensic Services Unit (FSU) at ESH has over 100 beds for the treatment of mentally-ill patients with legal issues ranging from relatively short-term 15 day competency evaluation admissions to long-term commitments for adjudicated offenders. The goal of this experience is to expose residents to the evaluation of patients with forensic problems, such as patients who face issues of criminal charges, questionable competency to stand trial, criminal responsibility, commitment, and those being assessed for their potential to harm themselves or others. Objectives for this experience will include residents assisting FSU staff Psychiatrists and Psychologists in evaluating patients and writing forensic reports both at ESH and in correctional facilities. Residents giving testimony in court is highly desirable for this rotation. At the end of this experience, residents should have gained the knowledge, attitude, and skills necessary to approach the unique issues forensic cases present to the general Psychiatrist.

# Spokane Track Elective Rotations

## Developmental Disabilities

*Elective during the PGY-4 year; time commitment varies from 1 day/week in clinic to 2-3 weeks on inpatient unit.*

All residents are strongly encouraged to have a clinical experience with developmentally-disabled (DD) adult patients at either one of these sites. These rotations are available through Spokane Mental Health's DD/MH Crisis Stabilization Program or Eastern State Hospital's Habilitative Mental Health Unit (HMH). The SMH program is designed to provide multidisciplinary outpatient services to DD adult patients with mental health problems. This team includes a part-time Child and Adolescent Psychiatrist with expertise in developmental disabilities, a psychiatric Registered Nurse, and a Master's level Disability Mental Health Specialist. Experiences include in-office interactions with patients and caregivers, as well as outreaches to residential settings. The HMH is a 10-bed multidisciplinary inpatient unit with a psychiatrist, psychologist, internist, nurse practitioner and rehabilitation specialists, all of whom are highly trained in providing services for adult DD patients with major psychiatric, medical, and/or behavioral problems. HMH receives numerous consultation services from the community and is involved in cross-system crisis planning for seamless care. Residents evaluate and treat selected patients under the supervision of an attending psychiatrist. Supervision is provided by the attending psychiatrist for a minimum of one hour per week.

**Goal:** To provide a clinical experience in which the resident becomes familiar with the special needs of developmentally disabled persons, especially those with concomitant mental illness, and develops basic skills in taking care of these patients.

### **Objectives:**

- Residents will learn the most common genetic, epigenetic and environmental causes of developmental disabilities; they will recognize the most common phenotypical presentations.
- At the end of the rotation the resident will be able to make a general assessment of the level of cognitive functioning, hearing and vision, and the level of social and communicational impairment in developmentally-disabled adults.
- The resident will learn to understand the impact of developmental disability during child and adolescent development and on the increased vulnerability for sexual and physical exploitation.
- At the end of the rotation the resident will be able to communicate more effectively with patients with mental retardation.
- The resident will learn to differentiate the behavioral concomitants of mental retardation from those of Axis I and Axis II psychiatric disorders.
- Residents will learn to recognize the role of mental retardation as a predisposing and precipitating factor in Axis I and Axis II psychiatric disorders; in addition, they will learn to appreciate the effect of developmental disability on the phenomenology and the course of psychiatric illness.
- Residents will learn general principles of psychiatric pharmacotherapy in the care of developmentally disabled patients.

- Residents will learn to work with a multidisciplinary treatment team in the care of patients with developmental disabilities.
- Residents will be familiar with the major social and medical agencies that deal with mentally retarded people.

### **Sacred Heart Medical Center B.E.S.T. Program**

*Elective during the PGY-4 year; minimum 6 weeks.*

Residents work closely with a Child and Adolescent Psychiatrist as part of a multidisciplinary team in the Behavioral and Educational Skills Training (B.E.S.T.) program. B.E.S.T. is a hospital-based day treatment program that provides intensive psychiatric and psychological assessment and treatment for boys and girls, ages 5 through 12. The six-week program is designed for children with behavioral and emotional problems affecting relationships with family, friends, and interfering with school performance. B.E.S.T. works closely with families, schools, community providers, and other agencies to provide a program suited to the child's individual needs, as well as provide a transition back to community and outpatient services.

School is an integral part of the PCCA inpatient and B.E.S.T. outpatient programs. Spokane Public Schools administers coordinated instruction Monday through Friday that is designed to keep patients on track with school.

### **Electroconvulsive Therapy (ECT) at Sacred Heart Medical Center**

*Minimum 2 months, 3 days/week*

#### **Goals and Objectives**

The goal of this rotation is to expose residents to the practice of electroconvulsive therapy as a valid and highly-effective treatment modality. This rotation provides an opportunity for residents to identify patients who are appropriate for ECT, to assess patients prior to initiating ECT, and to participate in supervised administration of ECT. Residents are encouraged to become active participants in tracking patients through the index series and to determine when maintenance ECT is indicated. The practice of convulsive therapy follows the American Psychiatric Association guidelines for ECT as documented in the APA Task Force's The Practice of Electroconvulsive Therapy Recommendations for Treatment, Training, and Privileging, 2<sup>nd</sup> Ed., which is required reading for this elective.

#### **A. Knowledge**

At the end of this rotation the resident should be able to:

1. discuss the use of ECT as applicable to a variety of DSM-IV diagnoses.
2. discuss the risks, benefits and treatment goals of ECT.
3. identify patients who are best treated with ECT.
4. initiate appropriate pre-treatment assessment for patients in preparation for ECT.
5. formulate the treatment approach and track patients through the index series.
6. determine when maintenance ECT is indicated.

**B. Skills**

At the end of this rotation the resident should be able to:

1. identify patients appropriate for ECT referral.
2. discuss with patients the risks, benefits and therapeutic goals of ECT as an effective modality to treat certain psychiatric illnesses.
3. complete a thorough pre-treatment assessment, including appropriate medication adjustments for patients scheduled to receive ECT.
4. select appropriate treatment approach.
5. perform ECT in a supervised setting.

**C. Attitudes**

The resident should demonstrate:

1. an interest in learning about the history and current standards of providing ECT as an effective treatment intervention to patients with certain psychiatric illness.
2. an appreciation of the limitation in access to and provision of ECT due to economic restraints and distorted community perceptions of ECT in its historical context.
3. active participation, regular attendance and preparation.
4. a responsible, professional and ethical approach to all aspects of the experience.

## **Forensic Elective at Washington State Penitentiary at Walla Walla**

*Elective during the PGY-4 year. Two days a month for three to six months.*

The residents work directly with Dr. David Grubb, psychiatrist consultant to the Washington State Penitentiary in Walla Walla.

Each resident accompanies Dr. Grubb on monthly visits to the penitentiary seeing individual prisoners for whom consultation has been requested. Residents also provide guidance concerning the ongoing treatment of such patients in the eight-bed psychiatric unit as well as the ambulatory program of the penitentiary. All cases are discussed with Dr. Grubb, who functions as supervisor and co-signs any orders.

Washington State Penitentiary in Walla Walla has approximately 2,000 inmates. There is a high incidence of psychiatric disorders of all types ranging from adjustment disorders, PTSD, learning disabilities to major depression, schizophrenia (many of whom have been previously untreated but are long-standing cases), and severe character disorders. There is a disproportionate percentage of minority groups.

Each resident spends the third Wednesday and following Thursday of each month at the prison seeing patients and discussing them with the supervisor. The residents have extensive supervision from Dr. Grubb. The caseload is limited to what the resident can effectively handle during the time period.

This rotation exposes the residents to many psychiatric disorders, which have not previously been treated, and make the residents aware of the existence of the often-neglected population of incarcerated patients. Residents generally make a preliminary visit to the penitentiary with Dr. Grubb before committing to the rotation. This experience is available to any resident, whether or not they are interested in the full rotation.

## **Juvenile Detention**

*Minimum 1 month, 1 half- day/week*

Residents may elect to accompany a Spokane Mental Health Child & Adolescent Psychiatrist to the Spokane County Juvenile Detention facility one half day per week to see incarcerated adolescents in need of psychiatric evaluation and consultation. The Juvenile Detention facility employs a Registered Nurse and a Social Worker/Mental Health Professional who provide multidisciplinary mental health services for adolescent offenders. Currently, Dr. Beverley Allen provides the psychiatric consultation services at Juvenile Detention.

Contact: Dr. Cass Ragan, SMH Medical Director and Site Coordinator, 509-458-7443

## **Spokane Mental Health Elder Services/Psychiatric Residential Consultation Services**

*Minimum 1 month, 4 half-days/week*

Psychiatry residents may elect to accompany a Spokane Mental Health Geriatric specialist in Psychiatry to facilities serving elder patients in need of psychiatric evaluation, consultation, and treatment services. This may include Spokane Mental Health's Elder Services branch facility, or a number of skilled nursing facilities throughout Spokane County served by the SMH Geropsychiatrist and a team of Registered Nurse Geriatric Mental Health Specialists. Dr. John Tran, SMH Associate Medical Director and Chief of Geriatric Psychiatry is currently providing these services.

Contact: Dr. John Tran, SMH Associate Medical Director, 509-458-7443

## **Spokane Mental Health Intensive Outpatient Program**

The Intensive Outpatient Program (IOP) at SMH is a highly structured, intensive program for individuals who are high-utilizers of mental health services, frequently in the context of a personality disorder. Services are provided to assist patients in gaining the skills needed to reduce and manage their symptoms and reduce their risk of hospitalization. IOP offers a modified dialectical behavioral therapy (DBT) in a structured and supportive environment in which they learn alternative ways to manage crises and symptoms of their mental illness.

IOP patients typically have experienced problems in vocational and educational settings and in relationships with others due to maladaptive coping skills. IOP utilizes an educational skills training format in which consumers are viewed as students. They participate in a variety of classes and groups usually spending between nine and twenty hours per week. The average length of stay is between twelve and eighteen months and consumers are expected to attend five to nine sessions of treatment per week. The skill building classes and groups are specifically designed to help consumers maintain relationships and enhance emotional regulation.

A multidisciplinary team of professionals, including a psychiatrist, a mental health professional supervisor, therapists, case managers and a nurse provide this intensive, time-limited treatment. Psychiatry residents in the Spokane Track may elect to rotate in IOP, with participation in daily team meetings, classes and group therapy sessions, and psychotropic medication management.

## **Behavioral Medicine in the Family Medicine Clinic**

*Minimum 1 month, 1 half- day/week*

Residents may elect to see patients in the Family Medicine Clinic at 5<sup>th</sup> & Browne with Dr. Bob Maurer, Psychologist and Behavioral Medicine specialist, along with Family Medicine residents. This rotation focuses on behavioral assessment and intervention in a primary care setting, where unhealthy behaviors and misconceptions about health are common. Dr. Maurer is skilled in working in a primary care setting with Family Medicine resident physicians, and has welcomed Psychiatry residents to participate in this effective model. This elective is designed to provide a resident with the perspective and strategies to intervene effectively with primary care patients. The time commitment and activities will vary based on the residents' needs and interests, but does include observation of family medicine residents during the course of their outpatient clinics to assist the psychiatry resident in understanding the unique challenges of primary care. Psychiatry residents will have an opportunity to observe clinical interventions in primary care, including behavioral treatments for:

- a. insomnia
- b. obesity
- c. tension-type headaches
- d. non-adherence to medical regimens
- e. use of community resources
- f. pain management
- g. self-defeating behavior
- h. childhood predictors of suicide
- i. predictors of romantic success
- j. strategies for motivating patients

Contact: Deanna McRae, Family Medicine Residency Coordinator, 509-624-2313

## **WSU Research Electives**

### **Overview**

To expand the opportunities for UW Spokane Track Psychiatry Residents to participate in research electives at Washington State University, three units within the WSU Spokane Departments and Research Centers and Institutes have developed the following electives. These elective experiences are intended to provide residents direct ‘hands on’ exposure to human research studies as part of their psychiatric training. Depending on interest, WSU faculty may explore with the resident additional training opportunities in research methods and design, data management and analysis, and grant writing seminars. A minimal six-month commitment of time for several hours/week is essential for a high-quality research experience; however in special circumstances accommodations may be made for residents to spend less time on a research elective.

#### **1. Sleep and Performance Research Center, WSU Spokane**

Psychiatry residents doing a research elective at the Sleep and Performance Research Center will work as research assistants in ongoing laboratory and field studies of sleep and performance. They will have the opportunity to run volunteer subjects, including polysomnographic sleep recording and computer-based performance testing, help screen new volunteers, participate in research planning meetings, assist with literature reviews, and conduct targeted analyses already-collected data. This work could lead to co-authorships on abstracts and papers.

**Contact: Dr. Gregory Belenky, Director (509) 358-7738**

#### **2. Washington Institute for Mental Health Research and Training (WIMHRT), WSU Spokane**

Psychiatry residents doing a research elective at WIMHRT will have the opportunity to participate in ongoing laboratory and clinical trials if any are currently being run. They will also have the opportunity to conduct analyses of data collected in a variety of other domains (e.g., administrative data bases, results gathered in other trials or studies) and to be considered for authorship on work resulting from these analyses. Opportunities also exist to conduct detailed literature reviews with a goal of publishing a review paper on relevant topics. Residents may have the opportunity to assist in the provision of WIMHRT-sponsored training on various aspects of mental illness and/or substance use disorders. Finally, in certain cases residents may be able to work with WIMHRT faculty to develop potential studies and submit these concepts to funding agencies.

**Contact: Dr. Bob Short, Director (509) 358-7612**

### **3. Department of Pharmacotherapy, College of Pharmacy**

Psychiatry residents will have opportunity to develop individualized electives with Faculty in the Department of Pharmacotherapy. The Department has several faculty involved in research which may be of interest to the resident interested in the geriatric population. Potential projects would include:

- 1) Literature review on various topics which could include focus areas such as medication adherence and the elderly and adverse effects of medication and impaired cognition.
- 2) Development of the behavioral education module for a community pharmacy diabetes education program seeking American Diabetes Association recognition. The development of this unit would occur once a literature review was completed. This project has the potential to result in work on a manuscript.
- 3) Participation in a retrospective review of 100 patient charts in conjunction with an ongoing research protocol. This review would examine anti-cholinergic medication use in patients who score as impaired on the cognitive assessment screening tool (Mini-Cog TM) versus those who do not score impaired.
- 4) Participation in a retrospective review of 300 patient charts in conjunction with an ongoing research protocol. Again, using the Mini-Cog TM, this research seeks to answer the question, "Does cognitive impairment compromise anticoagulation control in elderly patients?"

**Contact: Linda Garrelts MacLean**

**Pharmacotherapy Department Chair: (509) 358-7732**

## **Private Practice Psychiatry**

One of the unique aspects of the Spokane Track is that most of the clinical faculty members volunteer their time and energy, including several psychiatrists and psychologists who are in private practice. Dr. Cliff Green has offered to allow Psychiatry residents interested in a private practice elective rotation the opportunity to assist in patient care under his direct supervision in his private office. Below are the goals and objectives for this elective rotation:

### **GOALS AND OBJECTIVES FOR ELECTIVE PRIVATE PRACTICE OF PSYCHIATRY ROTATIONS**

**Goal:** The goal of the elective private practice psychiatry rotation is to teach and provide supervised clinical experience in: a) the comprehensive, integrated care of psychiatric outpatients in a private practice setting and b) the organization and conduct of a psychiatric private practice.

#### **Objectives:**

On completing the private practice psychiatry rotation, the resident is expected to be able to:

#### ***1. Patient Care***

- Screen prospective patients by telephone, with attention to asking appropriate clinical screening questions, and describing oneself and one's practice, including costs of care.
- Perform adequate psychiatric diagnostic interviews in an outpatient setting, including establishing rapport, eliciting important clinical information, and assessing emergent issues (e.g. suicidality, homicidality).
- Include in the assessment developmental, psychodynamic, cognitive, sociocultural, and other biopsychosocial factors contributing to the presenting symptoms and important in treatment planning.
- Make appropriate multi-axial DSM-IV diagnoses in psychiatric outpatients.
- Develop individualized treatment plans for outpatients, integrating medication and different forms of psychotherapy, as appropriate.
- Use appropriate laboratory, neuropsychological, and other testing in the diagnosis and monitoring of psychiatric outpatients.
- Use collateral information (e.g. from family members, caretakers, past treatment records) in assessment and treatment, and display understanding of associated issues of confidentiality and informed consent.
- Set appropriate goals for treatment and guide the patient through the process to termination.

#### ***2. Knowledge***

- Display appropriate knowledge of treatment guidelines, best clinical practices, and clinical pathways that can be used to guide treatment planning. The resident should recognize both the importance and limitations of published research and treatment guidelines in selecting treatment interventions for particular patients.

- Demonstrate knowledge of the organization and management of a private practice, including the clinical and fiduciary responsibilities of the provider, record-keeping, scheduling and time management, finances and billing, and professional liability insurance.

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

- Locate and critically appraise scientific literature relevant to patient care.
- Regularly use information technology in the service of patient care.
- Develop a system for ongoing continuing medical education.

### ***4. Interpersonal and Communication Skills***

- Engage patients in treatment; maintain a basic therapeutic alliance throughout the duration of treatment.
- Recognize his/her own characteristic responses to patients ("countertransference") and the effects of these responses on treatment.

### ***5. Professionalism***

- Demonstrate respect for others, compassion.
- Demonstrate integrity, accountability, and an ethical approach to outpatient treatment (e.g. maintaining professional boundaries, obtaining informed consent for treatment).
- Demonstrate understanding of patients and their illnesses in a sociocultural context, including displaying sensitivity to patients' culture, ethnicity, age, gender, socioeconomic status, sexual minority status, and/or disabilities.
- Demonstrate understanding of the multidisciplinary mental health treatment team and display effective communication patterns with other psychiatrists, psychologists, social workers, and alcohol and drug counselors. Learn to distinguish the role of the team leader and the consultant.
- Demonstrate concise, accurate, and timely record keeping.

### ***6. Systems-Based Practice***

- Provide clinically appropriate and cost effective care.
- Make appropriate referrals for further medical or surgical evaluation, or for inpatient psychiatric care.
- Define the scope of one's practice, identify limitations in the range of provided services, and demonstrate effective integration of outside clinical consultations into the development of treatment plans.
- Appropriately advocate for quality patient care; help patients with system complexities.
- Interact effectively with primary care providers and third party payers.

- Display an understanding of the role of federal, state, and local health care system and regulatory agencies and their importance for the private practice of psychiatry.

### ***7. Educational Attitudes***

- Display openness to supervision; accept constructive criticism.

Seek direction when appropriate; demonstrate eagerness to learn.

### **Cross-Cultural Psychiatry**

Spokane is situated at the interface of the historical tribal lands and reservations of several Native American tribes. Psychiatry residents in the Spokane Track have the opportunity to see patients with Dr. Tad Patterson at Camas Path, a mental health and chemical dependency treatment agency owned and operated by the Kalispel Tribe. This unique opportunity allows Psychiatry residents to evaluate and treat patients using a modern medical model in a cross-cultural setting, blended with exposure to a variety of traditional approaches to treating alcohol, drug, and mental health problems.

### **Addictions Psychiatry – Buprenorphine for Opioid Dependence**

Many Psychiatry residents in the Spokane Track recently have elected to pursue certification in evaluating and treating opioid-dependent patients with buprenorphine. Psychiatry residents in the Spokane Track have the opportunity to see patients with Dr. Tad Patterson and provide this treatment modality under his supervision in his outpatient clinic at Deaconess Medical Center. This opportunity allows Psychiatry residents to evaluate and treat patients using a modern medical approach to treating a very challenging chemical dependency, in an equally challenging patient population. Eastern Washington has a shortage of physicians certified to prescribe buprenorphine, which has been shown to be highly-effective for the long-term management of patients with opioid dependence when prescribed concurrently with a comprehensive chemical dependency treatment program.

### **Additional Elective Opportunities**

Residents in the Spokane Track are allowed to choose electives that the general program has available in Alaska, Idaho, Montana, and Wyoming. However, permission must be obtained through the Seattle office, and each rotation site must agree to cover the costs associated with training there. This typically includes the resident's salary, benefits, license, transportation, and housing.

### **Elective Rotations: Limitations**

Elective rotations are an important part of a Resident's education, and our program prides itself in the number, and diversity of available electives. However, there are a few limitations to what one can do.

1. Educational limitation: The elective needs to be sponsored, and supervised, by clinical or regular Departmental faculty.

2. Malpractice limitation: If the elective is not to be done at a UW-affiliated hospital or clinic, approval for off-site community psychiatry rotations must be obtained from the head of the Department of Psychiatry & Behavioral Sciences Public Behavioral Health and Justice Policy Division to be covered by UW resident malpractice insurance. If a resident is interested in pursuing an international elective rotation, she/he may discuss this with the Training Director and/or the Spokane Program Director. Approval for international electives may be granted at the departmental level, but as is the case for other away elective rotation, the associated costs must be covered by the site and/or the resident, and it must be a well-structured and supervised rotation.
3. Financial limitation: If the elective does not come with a salary, the request for the elective rotation needs to be reviewed by the Residency Training Office to determine if funds are available to pay the Resident's salary and benefits. An unexpected imbalance between the number of people in funded and unfunded residency positions could potentially create salary/budget problems. Please research all options before requesting elective rotations.

**NOTE: Once you have decided on what electives you want to request, you need to fill out the Elective Rotation Request Form (see next page) and return it to the training program office. Your salary can not be processed unless the residency program office has been informed exactly at which site you are for each half-day of the week.**

**ELECTIVE ROTATION REQUEST FORM**

Please use this form to list those electives that you would like to take next year. Please fill this out for all electives that you have arranged. If you have not yet finalized your electives, please indicate the electives that you are looking into and then let me know as soon as you have finalized them.

For each elective, list the dates, FTE fraction, the faculty member who will be supervising you, and the site. It is extremely important that we know the supervisor (you will need to be evaluated in order to receive credit) and the site (since your paycheck depends on our knowing the site!).

<b>ELECTIVE</b>	<b>DATES</b>	<b>FTE</b>	<b>ATTENDING</b>	<b>SITE</b>

Comments:

### **Expectations Regarding Supervision**

The Psychiatry Residency Program consists of a series of rotations in a variety of clinical settings. The program is not structured as a hierarchical system in which senior residents consistently supervise junior ones. Instead, all residents receive direct supervision from the attending faculty.

Interactions between residents and supervising attendings are governed by the following principles:

- Interactions between residents and attendings are expected to be respectful, collegial, and focused on the common goal of excellent patient care
- A resident should, at all times, have direct access (in person or by telephone) to a faculty attending
- When the attending is on vacation or otherwise unavailable, a specific covering attending will be designated. The resident also has the option to contact the Program Director for supervision, as needed.
- A faculty attending on the clinical service in which patient care takes place is designated as the supervising attending and has the ultimate clinical and legal responsibility for the care provided, although the resident is encouraged (and may be required) to also consult with other clinical or regular faculty supervisors
- Residents will present new cases to the attending on daily rounds on the inpatient and consultation-liaison psychiatry services. On outpatient rotations, the resident will present new cases to the attending (caseload supervisor) as soon as possible, and definitely within two weeks, and will provide regular (i.e. at least monthly) updates for ongoing cases
- Residents on all Psychiatry services will have regular supervision each week
- As a teacher, the supervisor/attending is expected to provide the resident with information, guidance, and choices in patient care. The attending/supervisor needs to keep abreast of clinical issues on the service or with the resident's patient caseload, and supervision needs to be sufficiently close to allow him/her to notice problems
- The attending/supervisor needs to monitor the resident's performance and give regular, constructive feedback. The attending/supervisor determines how closely the resident needs to be supervised and how much reporting he/she expects from a particular resident, depending on the resident's level of training, experience, and skills. The resident is expected to be open to learning, willing to consult, and prepared to fully inform the attending/supervisor about all patient care issues. It is strongly recommended that the expectations, terms, and goals of the supervisory agreement be made explicit in a collegial discussion between the attending/supervisor and the resident

- The supervising attending needs to be informed by the resident: a) when the patient's condition deteriorates unexpectedly; b) when additional information puts the working diagnosis in doubt or questions the treatment plan; c) when information is obtained that raises concerns regarding the patient's risk for self-harm or harm to others; d) when the patient or family members disagree with the treatment plan; e) when there are serious disagreements or conflicts within the treatment team or with other services or providers; f) when decisions need to be made that have major clinical or legal implications, such as decisions not to hospitalize suicidal or homicidal patients.

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