GENERAL PSYCHIATRY RESIDENCY TRAINING POLICIES AND PROCEDURES

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Contents

Section 1: Psychiatry On-call Duties and Responsibilities

Section 2: Psychiatry On-Call Policies and Procedures

Section 3: On call safety issues.

Section 4: Vacation/Sick Leave Policy for the Department of Psychiatry

Section 5: Promotions and graduation

Section 6: Due Process Policy

Section 7: Supervisors

Section 8: Faculty directory, contact information

Section 9: Direct/Indirect Supervision (attached)

Section 10: Handoff Policy

Section 11: Clinical Skills Assessment (attached)
Section 1: Psychiatry On-Call Duties and Responsibilities

PGY-1s residents do their on calls in psychiatry in the KCHC CPEP throughout their internship year. For the first 2-3 months when they start, they are on 1:1 Direct supervisory call with the Attending Physician in Charge or senior resident until they are deemed to be able to work more independently under Direct supervision with Indirect supervision immediately available. The ability to progress from Direct supervision to Indirect supervision will be documented and noted for resident file.

PGY -1 residents are responsible for completing psychiatric evaluations, documentation, orders as prescribed by Physician in Charge (PIC).

Section 2: Psychiatry On-Call Policies and Procedures
Effective 7/1/15 to 6/30/16

On call frequency:
1. PGY I:
   a. Up to a 6 times a month for a maximum of 48 psychiatric calls/yr
   b. Minimum of 3 long calls a month while in Psychiatry
   c. Residents rotating to Ambulatory Medicine (Behavioral Health Primary Health Clinic (BHPHC), Pediatrics (Peds OPD), STAR Clinic, or Neurology Clinic have same amount of calls as those rotating in Psychiatry.
   d. Residents rotating through Neurology Stroke or Inpatient Internal Medicine (IM) rotation do calls according to the policy of the Departments of Internal Medicine and Neurology.
   e. Residents take a minimum of 3 directly supervised CL calls during the second half of the year while on Psychiatry call.
2. PGY II:
   a. Up to 6 times a month.
   b. Minimum of 4-5 calls a month.
3. PGY III:
   a. Up to 5 times a month
4. PGY IV:
   a. Up to 3 times a month for a maximum of 14 calls/year as senior residents or supervisors to junior residents.
5. Note: The maximum number of calls does not include calls that have to be made up for any reason. Fulfilling the minimum requirement is required but not necessarily sufficient.
6. During the months of July and August PGY II, III, and IV residents may be assigned greater number of calls to provide adequate coverage so that the incoming PGY IIs may obtain adequate supervision in the CPEP and the incoming PGY IIs in the Consultation Liaison Service.
7. The on-call schedule will be emailed to residents by the end of each month, and copies will be posted outside the CPEP.
8. All residents MUST have one day off every 7 working days as per GME policy.

On call working hours and policies:
1. **CPEP:**
   a. Saturday and Sunday day shift: 8 am to 8pm covered by 2 residents (generally PGY I or II level, possibly PGY III if needed for coverage)
   b. Saturday night shift: 8 pm to 8 am the next day, covered by 1 to 2 residents
   c. Holidays: Weekend schedule
   d. Overnight calls in CPEP includes 8 working hours and a protected 4 hour rest period, if overnight. The on call resident is required to attend the 8 AM morning report at the end of their shift.
   e. Residents on all shifts are to remain on campus at all times.

2. **Consultation and Liaison Service Calls (C & L, PGY II and PGY III level)**
   f. Monday-Friday: 5 pm to 10 pm, one resident covers Kings County Hospital Center (KCHC)
   g. Monday-Thursday: 5 pm to 10 pm, one resident covers Kingsbrook Jewish Medical Center (KBJ).
   h. Friday: 5 pm to 10 pm, one resident covers each hospital site (DMC and KCHC). From 10pm – 12am, resident covering DMC covers both hospital sites (DMC and KCHC). From 12 AM – 8 AM, the resident continues to cover DMC, while covering any acute inpatient (med/surg) STAT consults from KCHC.
   i. Saturday and Sunday day shift: 8 am to 8 pm, one resident covers KCHC and one resident covers KBJ.
   j. Saturday night shift: 8 pm to 12 am, one resident covers both KCHC and DMC/UHB. From 12 AM – 8 AM, the resident continues to cover DMC, while covering any acute inpatient (med/surg) STAT consults from KCHC.
   k. Sunday night shift: The PGY II resident in Research Month covers all Sunday night shifts. From 8 pm to 12 am, the resident covers both KCHC and DMC/UHB. From 12 AM – 8 AM, the resident continues to cover DMC, while covering any acute inpatient (med/surg) STAT consults from KCHC.
   l. Holidays: Saturday schedule
   m. The resident assigned to KBJ rotation, will be assigned call during the weekends for the length of the rotation.
   n. Residents covering C&L calls must remain on campus at all times.
   o. Residents may rest in the on-call room at KBJ when they have completed their duties.
   p. Residents rotating at off-campus clinical sites must inform the Psychiatrist-in-charge if they will be detained and cannot make it to call by 5pm
   q. Residents on short calls are mandated to leave the hospital at 10 pm sharp in order to fulfill the required 10 hour rest before returning to work at 8 am the next day. Any violation of this rule should be reported to the chief resident on call immediately.
   r. In order for the residents to finish their work and leave the hospital campus on time, the residents on call should not start any new evaluation 1 hour before the call ends. For example, if the call ends at 10 pm, then the resident shall stop seeing new patient after 9 pm. The new consultation received 1 hour within the call ending time should be signed off to the next shift resident or attending psychiatrist on call.
   s. Resident on C&L call should log their encounters for sign-out purpose.
   ☛ CL calls sign out policy over the weekend from Friday 5 pm till Monday morning sign outs:
Department of Psychiatry  
General Psychiatry Residency Program

a. **Friday 5 pm:** Downstate CL on-call resident picks up the pager and follow-up sign-outs from Day C/L Service team, while KCHC CL on-call resident goes to the 5 pm huddle at CPEP for the sign-outs.

b. **Friday 10 pm:** Downstate CL on-call resident picks up sign-outs from KCHC CL on-call resident at CPEP.

**CL sign out policies during the weekend:**
Sign-out time and place:

a. **Saturday and Sunday 8AM (KCHC):** Residents on call overnight sign out to KCHC CL on-call for the day time at CPEP and hand the pager to the on-call resident.

b. **Saturday and Sunday 8AM (KBJ):** Residents arriving in the morning should pick up the pager off Minkin 5 nursing unit and get signout from the attending who covered overnight.

c. **Saturday and Sunday 8PM (KCHC):** Resident takes the pager and receives signout from the daytime on-call resident at CPEP.

**Monday morning:** the Sunday night call CL resident will go to KCHC CPEP at 8 am to sign out to KCHC day team, and the Downstate CL Resident. Sign out rules:

*There should be official verbal and paper sign-outs (hand off policy).*

- All CL residents should describe in detail consults seen during their shift and previous sign outs from earlier days.
- Pager need to be handed in person the resident/attending who is supposed to be carrying it next. The pager can’t be left at the nursing station or the clinic.

- Residents on short calls should sign out to the on call attending psychiatrist. Residents on long calls should sign out to the next shift residents. Residents on Sunday night calls should sign out to the C& L day team at 8 am.

- When leaving on-call duty after working hours, residents should call security service at 718-270-2626. The shuttle service will pick resident up if leaving or coming into campus via subway station or when going between KBJ and KCHC.

- For C/L consults, in order to ensure that residents are able to appropriately work and learn in their role as student physicians there is now a CAP on the number of new consults seen while on duty. The cap for NEW consults is six, not including follow-ups. Child consults count for two consults due to the nature of child work. In addition, in order to help balance the flux of incoming consults, if back to back consults come in (with less than one hour in between), every 3rd consult should be picked up by an attending for initial evaluation, documentation and plan execution. The cap of 6 does not change and should a 4th consult come in, it would be assigned to the resident.

**Requests for time off and changes to the call schedule:**

- Residents are given up to 5 requests per academic year with regards to the call schedule. This includes requests for the weekends before and after a full week of vacation days. Previously approved vacations will be given at least one weekend off, either immediately prior to or immediately following the designated week of days.
- On call requests need to be addressed to sunypsychcall@gmail.com as a new email with a clear heading reading: “Month Call Request”. Similarly, vacation should be sent in new email to chiefs under “Month Vacation Request”.
- Residents will be responsible for sending an email to the above address reminding the chiefs by the 5th day of the month prior to when they are on vacation.
• All requests for the call schedule must be emailed to the chief residents by the 5th day of the month prior to the month when you wish time off. Late requests may not be considered, and it will be up to the resident to switch with another resident if he wishes to make any changes.
• All changes to the on-calls schedule must be approved by the chief resident on-call.
• All requests for switches in the call schedule must be individually confirmed by the residents making the switch via email to the chief residents.
• Switches will be considered official once the chief resident verifies the viability of the switch and confirms the switch in writing via email.

On-Call Back-up Schedule and Missed Calls:
• If a resident cannot do their assigned call, it is the responsibility of that resident to find another resident who is willing to take the call and THEN notify the chief resident on-call about this. The resident concerned should not contact the chief resident on-call without doing so.
• The back-up resident will only be contacted by the chief resident on-call after the original resident fails to find a switch.
• Any switch not utilizing the back-up resident will be considered a one to one switch and no additional calls will have to be made up.
• If the back-up schedule is utilized for the missed call, then the resident who triggers the back-up coverage will be required to complete 1 make-up call and 2 additional calls, for a total of 3 calls. This will be implemented by the chief residents. Should there be a recurring pattern, an investigation will be initiated and the Residency Training Office and Chairman will be notified. These make up calls will NOT be counted toward that resident’s call tally.
• If a resident does a back-up call he or she will do 1 less call in the future.
• The back-up schedule is for resident coverage only and will be emailed to the residents before the 1st of the month.
• Persons on back-up are expected to be available by pager/phone for the entire duration of the call that they are on backup for.
• If a person on back-up is called and fails to respond, he/she will have to do an additional call in the future.
• Missed calls during a prolonged sick leave will be handled by the Residency Training Office on a case by case basis.

Psychiatry Calls During Ambulatory Medicine Rotations (e.g. STAR):
• PGY1 residents doing their BHPHC, STAR Clinic, Pediatrics OPD, Neurology Clinic months will have on-call commitments in Psychiatry. These residents will also be on the back-up schedule.

No Post-Call Policy
• As of July 2010, this residency program had adopted a No Post-Call policy to ensure continuity care of the patients, except in case of an emergency.
• All week day calls are short calls.
• All Sunday night C&L calls will be covered by PGYIs rotating in Research Month with no clinical duties on the Monday following the call.

CPEP On-Call Supervision:
Supervision by Psychiatrist in charge
At all times, residents on call in the CPEP are under supervision of the psychiatrist-in-charge (PIC) or another attending assigned by PIC at all times. The PIC must be available by cell phone/pager/telephone extension at all times. All new cases seen in the CPEP are to be reviewed with the Psychiatrist-in-charge who is to discuss the case with the resident and co-sign all evaluations, physical assessments, notes, legal papers and orders written by the resident.

Incoming PGY1 are under individual supervision for up to the first 3 months. They are expected to do up to 6 supervised calls up to the first 3 months of CPEP calls. During this initial 3 month supervised period, residents will be assessed to determine their ability to do calls without direct 1 on 1 supervision. Determination of residents’ ability to do calls without this type of supervision will be done based on supervisors evaluation using standardized evaluation forms. Residents may require additional supervision beyond first 3 months until the evaluations demonstrate that resident is able to function independently while on call. There must be a minimum of 3 direct/indirect forms filled out per PGY-1 resident and signed by Attending/GY4. In addition to this, evaluations must be submitted on each of their supervised calls.

Consult & Liaison (C & L)-Call supervision

1. All new cases seen on the C&L service must be evaluated by the attending covering the C&L service of that particular hospital site.
2. As per current KCHC policy, residents may only do capacity assessments under direct attending supervision, with attending present in the room. The resident may still write the note with an attending co-signature.
3. The attending is to be contacted concerning all follow-ups. The attending must be available via pager/cell phone/telephone extensions at all times.
4. Residents should request the attending to evaluate the patient in person immediately after they finished interviewing the patient. The attending psychiatrist is required to evaluate the patient in person within 30 min after receiving the call from the on call resident. The resident may start composing the consultation report while waiting for the attending psychiatrist to evaluate the patient. However, no management recommendation, except emergency management for agitation, should be made to the primary care team before the attending psychiatrist evaluates the patient in person. Discussion by phone is inadequate and unacceptable. Any violation in this policy should be reported to chief resident on call immediately.
5. The upcoming PGY2s are required to start supervised C&L calls before June. They should have at least 3 supervised calls before starting individual C&L calls. At least one call must be at KCHC, and at least one must be at KBJ. When on supervised calls, the senior resident is responsible for on-call responsibilities. The senior resident shall evaluate the competency of the junior resident. If the upcoming PGY2 is determined not ready for individual calls after 3 supervised calls, the resident can continue on supervised C&L calls. However, the extra supervised C&L calls will not count toward the supervisee’s call tally.

SUNY Evening Training Service (SETS) supervision

1. In addition to the ambulatory training at KCHC, residents carry and treat patients in the SUNY Evening Training Service (SETS).
2. It operates from 5pm to 7pm Monday through Friday. This clinic is for long term psychotherapy, with or without medication management. All PGY 2, PGY 3 and PGY 4 residents are assigned to at least one of the five evenings and each carries on average of two patients. Onsite supervisors include a mix of attending psychiatrists and PhD psychologists who sit in with residents during initial consultations and then meet weekly during the day with each of their assigned residents individually or in group. Supervision formats can include process notes and audio or DVD recoding of live session.

3. PGY-2 residents start the SETS in middle of the academic year.

4. All residents are required to keep timely, updated records of each patient session and have their supervisor co-sign each note. In addition, a psychodynamic formulation must be completed within a few months after each new patient intake. Thereafter, a psychodynamic formulation must be completed on each of the residents SETS patients.

Section 3: ON-CALL SAFETY ISSUES:

CPEP:
1. Resident must ask the triaging nurse about the patient’s past history of violence and current level of agitation, in order to anticipate any potential current risk of violence.
2. Resident must inform a nursing staff/BHA (Behavioral Health Associate) before seeing every patient.
3. Residents must ask for a BHA (Behavioral Health Assistant) to accompany them while interviewing patient if the anticipated potential current risk of violence is high.
4. Office’s door must not be locked while interviewing a patient.
5. While interviewing, if patient’s level of agitation escalates, interviewing session must be terminated and help must be sought immediately to ensure resident’s own safety.
6. If in doubt, Physician-in-change must be consulted regarding any safety issues.

Consultation & Liaison Call:
1. If resident has to walk to either side of Clarkson Avenue to attend a call at either KCHC or DMC, respective side hospital security at the entrance must be informed.
2. If called from KCHC/DMC floor, it is advisable that elevators should be used and staircases be avoided.
3. Resident must inform on call attending about location of the patient, when attending any calls from the floors/ER.
4. Resident should ask for a nursing assistance while attending calls from floor/ER, if the anticipated potential violence risk is high.
5. Resident can refuse to see potentially violent patient if such assistance is not provided and the consulting physician and on call attending should be informed.

Hospital police assistance:
1. When approaching a patient in the CPEP holding areas, residents should always first inform nurse/BHA if they intend to remove a patient from that area to a consultation or exam room.
2. If a resident deems additional assistance is necessary, they should ask the hospital police to escort them and the patient to their destination and to remain with them until the conclusion of the consultation or examination.

Safety while commuting to and from hospital:
1. Residents should ask for a hospital shuttle at 718-270-2626 (Hospital Police) to get to/from Winthrop station or garages. Hospital shuttle can pick resident up from KCHC (R, D, B building entrances) and DMC (Clarkson and Lenox Avenue entrances) and KBJ (Winthrop Ave. and Schenectady Ave. entrances).
2. After hours, it is not advised to walk to the subway station. For safety, avoid using unlicensed car services aka “gypsy” cabs. While taking a cab, resident should inform any colleague or family member about the intention of taking same and its details to ensure safety.

**Section 4: Vacation/Sick Leave policy for the Department of Psychiatry**

**SICK LEAVE:**
*All leaves must be used during the respective academic year. One cannot carry over any unused leave time to the next academic year.*

All residents must notify all of the following persons each morning that they are off service due to illness:
- Chief resident for their assigned year
- Attending team leader or unit chief where the resident is on rotation (contacting a fellow resident or clerical or nursing staff is not acceptable)
- Residency Training Office (Juliet Arthur)

Residents are allowed a maximum of 12 days of annual sick leave. If a resident is out sick for 3 consecutive days, the resident is required to bring in written documentation from their physician outlining the nature of their illness. Each absence beyond 5 days/year will be examined closely and the physician treating the resident’s illness may be contacted for further information.

To ensure that residents satisfactorily complete the time and service requirements of each rotation (if it is deemed that a resident has missed a portion of his/her required responsibilities) he/she will be asked to repeat the rotation or a portion thereof. This policy is enacted to ensure that residents satisfy the training requirements for promotion/graduation.

Please refer to policy on missed calls or call switches in the section on On-Call Responsibilities for policy regarding the same.

**VACATIONS:**
Each resident is given 20 working days of paid vacation annually. Vacation requests must be submitted in writing and be approved by the Residency Training Office. The chief resident on the service from which vacation time is requested and the service chief of that service well in advance. These forms MUST be submitted in writing to the Residency Training Office and each resident must record this in the vacation book located in the Residency Training Office.

All residents must submit their vacation requests for the entire academic year by July 31st. In addition, once a vacation is approved the chief-on-call for the month of the vacation must be notified via email.

All changes in vacation requests must be approved by the Residency Training Office and the chief residents at least 30 days prior to the time of vacation, otherwise changes may not be honored.
Vacation request forms are located in the Residency Training Office and with the chief residents. Residents must fill out the EXACT working days of vacation. This does not include additional days (i.e. the weekend pre- or post vacation).

Any leave taken above the standard annual leave of 20 vacation days, maximum approved sick leave days and maximum educational leave days, MUST be made up POST scheduled residency training and cannot be made up while in general residency program. Anyone required to make up training due to excessive leave time will not be allowed to fast track to Child or any other fellowship following 36 months of training. This includes maternity and extended sick leave. This is required by both ACGME and RRC governing bodies.

**NO vacation time will be granted during the month of June and July and during PRITE/Columbia Psychotherapy exam dates** unless pre-assigned or prior approval has been obtained from the Residency Training Office.

No vacation will be granted from VA (PTSD Clinic, Chapel Street, etc.) during the 1st two weeks of July and the 1st two weeks of January. At the VA, no more than two days should be missed from a rotation.

**EMERGENCY/BEREAVEMENT LEAVE**

Each resident may be allowed up to 3 days annually for emergency/bereavement purposes. Residents must notify services, service chiefs, the chief residents, and the Residency Training Office if using this leave. Please refer to policy on missed calls or call switches in the section on On-Call Responsibilities for policy regarding the same.

**EDUCATIONAL LEAVE**

Each resident will be given up to 3 days annually if prior approval is granted by residency training office. These days can be used for licensing exams, fellowship interviews, conferences or research seminars. A request form **must** be filled out prior to taking educational leave. **Proof of educational activity is required and must be submitted to the Residency Training Office upon return from leave or time taken off will be transferred from resident’s unused vacation time.**

**MATERNITY LEAVE**

Female residents are allowed 4 weeks of paid maternity leave for any uncomplicated pregnancy. These 4 weeks can also be combined with a maximum of 2 weeks’ vacation leave if a resident wishes additional time off postnatal. If one should use 2 weeks of their vacation time added to their 4 weeks of maternity leave, they will still have an additional 2 weeks vacation to utilize during the remainder of that academic year.

The Family and Medical Leave Act (FMLA) guarantees to eligible employees a total of 12 weeks of unpaid leave during a 12-month period for one or more of the following reasons:

- for the birth and care of the newborn child of the employee;
- for placement with the employee of a son or daughter for adoption or foster care; or
- to care for an immediate family member (spouse, child, or parent) with a serious health condition. Any leave during residency will impact on one’s ability to finish their residency during the specified 48 months of training indicated by the ABPN. It most certainly will impact on the ability to transfer to any fellowship after the PGY3 year of training.
Time away from residency for leaves of absences will result in remaining longer in residency in order to make up missed time during the post training period.

All maternity leave requests must be pre-approved by the Residency Training Office and a request form for this leave needs to be filled out and approved prior to maternity leave. The resident must make up all service requirements and on-call duties for time taken off.

**Paternity Leave**

Each male resident will be given up to 3 working days of paid paternity leave annually. A request form must be filled out and submitted to Residency Training Office for such leave.

**Total Days Off Service, Missed Education**

Residents who, for any reason (including vacation, sick leave, and any other time off) accumulate 45 or more working days off service and training during an academic year of training will be considered as not having fulfilled the minimum attendance requirements for promotion/graduation. The resident will only be promoted/graduated pending a review by the Residency Training Office.

**Section 5: Promotions and Graduation Re-eval w/ milestone criteria**

Residents will be required to satisfy all of following criteria in order to be promoted or graduated:

A. Satisfactory completion of clinical work in each clinical rotation as evaluated by the service chief/supervisor and reviewed by the Residency Training Office.

B. Satisfactory performance on all areas of the 6 core competencies: Patient Care (PC), Medical Knowledge (MK), Professionalism (P), Interpersonal and Communication Skills (ICS), Practice Based Learning (PBL) and System Based Practice (SBP).

C. Satisfactory academic performance as evaluated by the training director(s) in the following:
   1. A minimum 50 percentile score on the Psychiatry Residents In-Training Examination (PRITE) on both Psychiatry and/or Neurology sections for the same PGY level nationwide. Failure to achieve this will result in requirement re-examination for Pgy2-4 classes.
   2. Acceptable performance on clinical skills during the assessment across academic year, including the annual departmental CSVs.
   3. Acceptable performance in course work (attendance, preparation and participation)

D. Successful completion of program privilege procedure requirements.

E. Successful completion of USMLE step 3 by the end of PGY 1 year.

F. Residents who, for any reason, accumulate 45 or more days off service and training during any academic year of training will be considered as not having fulfilled the minimum attendance requirements for promotion/graduation. The resident will only be promoted/graduated pending a review by the Residency Training Office.

The above will be evaluated semi-annually by the training office and in promotions’ meeting.

Core competency Goals and Objectives are distributed to each resident upon entering residency and at the start of each rotation and at the beginning of the academic year. ➔ Add Milestone info here
Unsatisfactory performance in the above could result in the following, on a case-by-case basis:

1. Remedial assignment
2. Repeat of academic course/service assignment
3. Probation
4. Repeat of academic year (PGY)
5. Dismissal

Any disagreements regarding the above outcomes may be handled through the department and hospital wide DUE PROCESS procedures, described in Appendix A and B.

PROBLEM RESOLUTION

In case of any problems, residents should follow the following chain of due process. First contact their chief residents to review the problem and seek a solution. The Chief Residents may bring refractory contentious issues to the attention of the Training Director(s). If there are any interdisciplinary problems, the Training Director(s) will seek the advice of the Chair of the Department as well as the Educational Committee for their solutions. Residents circumventing the above chain will be creating conflicts and delays in the resolution of problems. The department adheres to the hospital’s “DUE PROCESS” procedures.

PRITE (Psychiatry Residents in Training Exam) and (ADCSA) Annual Departmental Clinical Skills Assessment (CSAs)

Residents must take the PRITE offered by the American College of Psychiatrists, in all years of training. It is also taken by post-residency trainees and practitioners at participating training programs. The primary objective of the PRITE is to make comparisons with peers in specific areas of knowledge. In addition, all residents take annual ADCSA. The examination consists of a live patient interview. Residents receive a pass or fail grade. The purpose of the exam is to assess the clinical competency of the resident and is also a preparation for assessing interviewing skills, techniques and presentation which is a requirement for graduation from general residency training. Results of the examination are shared with the resident by the examiners after the exam and also by the program director(s) during the semi-annual evaluation and remedial actions are suggested, if necessary. It is expected that the resident will obtain at least a conditional grade during the PGY-1 year and will progress to a pass grade in subsequent years. Should a resident score below average on any of the major categories of the formal CSA, they will be asked to perform an additional CSA with the RTO. Pending results of this, determination of whether further action (remediation) needs to be taken.

CLINICAL SKILLS ASSESSMENT (CSA)

Completion of CSV’s are required by every resident on each of their clinical services throughout their residency training. A pass is required and will be counted as part of a resident’s overall evaluation on their clinical rotations.

The American Board of Psychiatry and Neurology (ABPN) requires that residents demonstrate mastery of the following three components of the core competencies to apply for certification in the specialty of psychiatry. They are:
Physician-patient relationship
Psychiatric interview, including mental status examination
Case presentation

All three competency components are to be assessed in the context of patient evaluation that is conducted in the presence of an ABPN-certified psychiatrist. Three evaluations with three different patients are required.

DRESS CODE

Proper business/professional attire is expected. This refers to all time on campus – including Thursday didactics and non-clinical services like research month.
1. Business attire is always acceptable.
2. Jeans, shorts, and tee shirts with or without logos are unacceptable.
3. Clothing that is revealing or inappropriate in the workplace is unacceptable.
4. Good grooming and neatness is required at all times.

EXTRACURRICULAR WHILE IN RESIDENCY
Any extracurricular activities related to training must be pre-approved by Residency Training Office, and is conditional upon:
1. Not interfering with residency requirements.
2. Being in good academic and professional standing within the program.

Section 6: Due Process Policy

Residency Training Program
SUNY Downstate Department of Psychiatry

1. On each assigned clinical rotation, the resident receives an evaluation by the supervisor. The supervisor or the service chief discusses the evaluation with the resident. The electronic evaluation system is operational.

2. The Education and Policy Committee (EPC) meets at least 20 times a year to review resident evaluations and any problems that have been identified with a resident’s performance.

3. The EPC meets at least semi annually to review all resident files and make recommendations regarding resident improvement, progress, renewal of contract and promotion. Residents who are promoted to the next level of training have Promotion forms placed in their file at time of advancement.

4. The EPC periodically reviews the evaluation process and makes recommendations to the Residency Training Office for ways to improve the quality of the evaluation and educational process. These discussions are documented in the minutes of the Committee meetings.
5. If the EPC recommends that support services be made available to a resident, written documentation that such services were recommended and made available to the resident will be placed in the resident’s file.

6. If the EPC determines that a resident has not met the academic requirements of a component of the Residency Training Program, or has not achieved sufficient professional competence to advance to a higher level of training, the first action recommended by the committee will be a plan of remediation of the resident’s deficiencies. The Training Director or ATD will meet with the resident, discuss the remediation and document this on a resident Remediation Form which becomes part of the resident’s file. This resident will review and sign this document and receive a copy as official notification. The plan will be reviewed at specific times. If the Committee determines that the resident has a problem that cannot be corrected by remediation, or that adequate remediation has been tried and has not been successful, the Committee may recommend an adverse action such as non-renewal of contract, academic probation, restriction of the resident’s clinical duties, or termination. The Committee may also decide to deny credit in part or in full for a clinical rotation or academic year of training.

7. A resident has the right to challenge an evaluation of academic performance in a required educational activity or an unfavorable academic status and may request a review of the evaluation or academic status. Requests to review or challenge an evaluation or academic status should be submitted in writing to the Training Director(s) who will meet with the resident in an attempt to resolve the resident’s grievance. If this fails, the resident may formally appeal the decision of the Residency Training Director(s) with the Chair of the Department or his designee (e.g. Vice Chair of Clinical Services) who can in turn adjudicate the matter or convene a grievance committee to conduct a review and make its recommendations to him/her. The Grievance Committee will gather the information they deem necessary, meet with the resident and write a report of their findings and recommendation to the Chair. The Chair may reach a final decision which shall be submitted to the resident in writing.

8. If the grievance is not resolved to the resident’s satisfaction through the procedures of the Department the resident may then address a petition to the GME Committee for a review of the case and the Department’s decision through the GME due process procedures. The petition is considered by an Ad-Hoc Residents Grievance Subcommittee appointed by the GME committee, utilizing procedures that the Committee believes will provide the parties involved with an opportunity to present their sides of the issue to the Committee and allow the committee to gather the information it deems necessary to make its decision. Action taken on resident grievances by the Ad-Hoc Committee is reported to the GME Committee and action accepted by the GME Committee is final and not subject to further formal review within the University.

9. Any written records of the grievance procedure within the Department and the GME Committee, and all written communication to the resident become part of the resident’s file and are open to review by the resident.

10. Departmental Due Processes are independent of those set forth by the HHC Collective Bargaining Agreement and employee agreements between residents and other affiliated hospitals, and they do not deny residents any rights they may have under those agreements.
Section 7: Supervisors

The following are categories of supervisors:

**PGY 1 – PGY 4**

**Clinical Rotation Supervisor/Educator** – On every clinical service, residents evaluate their supervisors, clinical site and didactics accompanying these rotations. Additionally all residents are evaluated on their performance on these rotations and didactics by their clinical supervisors/educators. This is done through an electronic web-based application (New-innovations) and is done at the midpoint of a rotation as well as at the end of a rotation. All supervisors should review their evaluations with residents in person. All evaluations are reviewed by the residency training directors (RTD’s) as they come in, and RTD’s meet with each individual resident in the program in person, semi-annually, to review their performance during that six (6) months period. If there is an unsatisfactory evaluation on a resident at any time, RTD are notified immediately by resident’s service/supervisor/educator, and meet directly with the resident to review their performance and determine what if any measures need to be undertaken for improvement.

**PGY-1**

**Off Unit Supervisor** - Helps residents deal with professional identity and adaptation issues. The supervisor has contact with the residents one hour every week. Supervisors are not responsible for submitting a FORMAL detailed evaluation on the trainees assigned to them however they must inform training office if there are any concerns over professional/clinical or personal areas that may impact their functioning and impair their ability to provide adequate professional and clinical care in the workplace. A general semiannual and final evaluation will be submitted by the off unit supervisor attesting that they met with their assigned trainee over the assigned period and have no concerns of professional or other concerns that would impair their abilities to perform their professional duties.

**PGY-2**

**Outpatient Supportive Therapy Supervisor** - The supervisor helps residents successfully negotiate the systemic issues inherent to the practice of psychotherapy on an inpatient setting. In addition they begin to explore issues dealing with outpatient psychotherapy. The emphasis in the supervision is to expose residents to the principles and practices of supportive psychotherapy. The supervision occurs at least one hour per week. PGY 2 Outpatient therapy is done on SUNY Evening Training Service (SETS). All supervisors are onsite. Each PGY 2 receives supervision on their supportive ambulatory patients either onsite or additionally, during the work week. All patients in SETS are the direct responsibility of the resident under the guidance of a supervisor.

**PGY-3**
Group Supervisor - Will provide theoretical framework for treatment of patients in a group setting. Supervision will take place weekly and as needed.

R-OPD Supervisors - On-site supervision will be conducted in the clinic of R-OPD. Supervisor will be responsible for final pharmacological and other psychosocial treatment decisions and signing the charts same day of the patients visits. Supervisors will also sit with residents during the intake and follow up sessions to provide direct supervision.

VA: PTSD Outpatient Clinic/Chapel Street Outpatient Clinic/Telepsychiatry/ACT Team Supervisors - Responsible for evaluations completed semi annually and annually based on weekly observation and supervision.

PGY-3 and PGY-4

-SETS SUNY Evening Training Service (SETS) - This supervisor incorporates different modalities of including psychodynamic and psychotherapy for appropriate patients through the use of process notes, audiotapes and video recordings. When supervised by an M.D., the supervisor will review the general medical coverage for all psychotherapy patients that the resident is responsible for. When supervised by a PhD there will be an MD provided for medical backup. All supervisors are onsite. PGY 3’s and 4’s have an additional hour of supervision outside the SETS weekly, with their assigned supervisors. All patients in SETS are the direct responsibility of the resident under the guidance of supervisor.

OTHERS

Research Supervisor - Supervises residents at least weekly on initiating, conducting and publishing psychiatric research.

Elective Supervisor - Provides supervision at least weekly on the principles and practice of the specified elective.

Team Leadership Supervisor - Provides supervision at least weekly on administrative issues, clinical leadership issues and issues dealing with supervision of medical students and junior residents.

Administration Supervisor – Supervises chief residents on administrative issues dealing with residents, services, and training needs.

Each supervisor is expected to meet once a week (30-60 minutes) either individually or in a group with the resident(s) assigned to them.

To all residents: All residents MUST contact their supervisors within 1 week of notification of assigned supervisors to arrange for weekly meetings throughout the year.

To all supervisors: All supervisors must conduct a mid and final evaluation for each resident. For rotation over 6 weeks, both evaluations must be submitted to the Residency Training Office. For rotations under 6 weeks, the final evaluations must be submitted to the Residency Training Office, with indication that a mid-rotation evaluation was performed and discussed with the resident. All final evaluations must include remarks pertaining to the residents’ acquisition of knowledge and clinical skills and their attitude and professional demeanor. All evaluations can be
completed and submitted to the Residency Training Office through the online evaluation software.

**For Outpatient Supervisors:** The first evaluation will be a mid-year evaluation due by December 15th and a final evaluation by June 15th.
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General Psychiatry Residency Program

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SUNY Downstate Medical Center Hand-Off Policy and Procedure Manual

Department of Psychiatry

CL Service on Call HAND-OFF POLICY

1. WHAT: Face to face exchange of patient information to include a written portion (template) and opportunity for questions.

2. WHERE: CPEP Behavioral Health Building. This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements.

Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-2 level or above) and from attending to attending at end and beginning of call, during weekends. During weekdays, hand-off is to be conducted in the above format both verbally and in written format between resident (PGY-2 level or above) and attending covering call.

CPEP on Call HAND-OFF POLICY

1. WHAT: Face to face exchange of patient information to include a written portion (template) and opportunity for questions.

2. WHERE: CPEP Behavioral Health Building. This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements.
Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-2 level or above) and from attending to attending at end and beginning of call, during weekends. During weekdays, hand-off is to be conducted in the above format both verbally and in written format between resident (PGY-2 level or above) and attending covering call.

**INPATIENT R-4 West KCHC HAND-OFF POLICY**

**WHAT:** Face to face exchange of patient information by the ongoing residents (PGY-1), Chief Resident and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. **WHERE:** R-4 east Unit at R Building. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. **HOW:** Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

**INPATIENT Coney Island Hospital HAND-OFF POLICY**

**WHAT:** Face to face exchange of patient information by the ongoing residents (PGY-1), Chief Resident and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. **WHERE:** CIH, Inpatient Psychiatric Unit. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. **HOW:** Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.
INPATIENT Minkin5 UNIT KBJ Hand-off POLICY

WHAT: Face to face exchange of patient information by the ongoing residents (PGY-2), Chief Resident and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. WHERE: Minkin 5 Inpatient Unit at KBJMC. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

CHILD PSYCHIATRY ROTATION- KCHC

WHAT: Face to face exchange of patient information by the ongoing residents (PGY-2), Chief Resident and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. WHERE: R 6 East, R 6 West or R 7 West Units at R Building KCHC. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off. Charts are
Department of Psychiatry
General Psychiatry Residency Program

comprehensively reviewed by incoming residents under the supervision of attending physician.

ADDITION PSYCHIATRY ROTATION- KCHC

**WHAT:** Face to face exchange of patient information by the ongoing residents (PGY-1), Chief Resident and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. **WHERE:** 15th Floor – VA medical Center, Brooklyn – NY, Detox Unit. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. **HOW:** Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

GERIATRIC PSYCHIATRY ROTATION- Minkin 3, Kingsbrook Jewish Hospital

**WHAT:** Face to face exchange of patient information by the ongoing residents (PGY-2), and Attendings, including a written portion (template) and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off.

2. **WHERE:** Kingsbrook Jewish Hospital – Minkin 3, Geriatric Psychiatry Unit. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. **HOW:** Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.
CL Rotation KCHC and SUNY Downstate Medical Center

WHAT: Face to face exchange of patient information by the ongoing residents (PGY-2), and attendings, including a written portion (template) and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written handoff.

2. WHERE: CL Psychiatry Conference Room A Building 1st Floor KCHC or Resident Call Room at SUNY Downstate Medical Center

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow-up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written handoff.

Kingsboro CL Rotation - Kingsboro Hospital

WHAT: Face to face exchange of patient information by the ongoing residents (PGY-2), and attendings, including a written portion (template) and opportunity for questions. Incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written handoff.

2. WHERE: Kingsboro building 2, 3rd Floor. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow-up requirements. As per above, incoming residents (PGY-2) receive information about patients from outgoing residents and attending physician in a comprehensive fashion including verbal and written handoff.

INPATIENT Kingsboro HAND–OFF POLICY
WHAT: Face to face exchange of patient information by the ongoing residents (PGY-1), and Attending, including a written portion (template) and opportunity for questions. Incoming residents (PGY-1) receive information about patients from outgoing residents, Chief resident, and attending physician in a comprehensive fashion including verbal and written hand off.

2. WHERE: Kingsboro Building 2, 3rd Floor. This location is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location, presence or absence of 1 to 1 orders, disposition, and follow up requirements. As per above, incoming residents (PGY-1) receive information about patients from outgoing residents, Chief Resident and attending physician in a comprehensive fashion including verbal and written hand off. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.

OUTPATIENT PSYCHIATRY HAND-OFF POLICY

1. WHAT: Face to face exchange of patient information to include a written portion (template) and opportunity for questions.

2. WHERE: R Building 4th Floor. This is flexible and can be amended to where convenient to the parties involved respecting that it is quiet, with limited interruptions, allows for confidentiality, has phone and computer access to records/lab/imaging.

3. HOW: Use of a printed template, which allows for recording of patient’s name, diagnosis, MR Number, specific location disposition, and follow up requirements. Hand-off is to be conducted both verbally and in written format from resident to resident (PGY-3 level or above) and from attending to attending. Charts are comprehensively reviewed by incoming residents under the supervision of attending physician.
APPENDIX A

GME DUE PROCESS POLICY

Purpose:
To establish a policy for all post-graduate medical programs of SUNY Downstate Medical Center for use in addressing all actions that can result in altering the intended career path of a resident or fellow. To provide residents and fellows with fair, reasonable and readily available policies and procedures for grievance and due process through a decision-making process while minimizing conflict of interest by adjudicating parties.

Scope:
This policy applies to all programs and house officers (residents and fellows) participating in graduate medical education programs sponsored by SUNY Downstate. This policy applies to actions taken as a result of academic deficiencies or misconduct.

Definitions:
Due Process: an individual’s right to be adequately notified of any changes or proceedings involving him or her, and the opportunity to be meaningfully heard with respect to those proceedings.
House Staff or House Officer: refers to all interns, residents fellows enrolled in post-graduate medical training or research program or activity
GME Program: refers to a residency or fellowship educational program
Adverse Action: disciplinary actions taken against a resident which alter the intended career development or timeframe. Such actions include the following:
   Dismissal: act of terminating a house officer participating in a GME program prior to successful completion of the course of training whether by early termination of a contract or by non-renewal of a contract.
   Non-renewal: act of not reappointing a house officer to subsequent years of training prior to fulfillment of a complete course of training.
   Non-promotion: act of not advancing a house officer to the next level of training according to the usual progression through a program
   Extension of Training: act of extending the duration of time required by a house officer to complete a course of training generally resulting from repeating unsatisfactory rotation assignments or remediating poor performance or needing additional time to demonstrate achievement of required competence in one or more domains.
   Probation: placement of a resident under close monitoring for specific performance concerns which if not successful resolved may result in other adverse actions including dismissal. This action is reportable to state licensing authorities and health care institutions.

Policy:
Academic Matters:
The SUNY Downstate GME Academic Performance Policy affords due process to residents/fellows who are subject to adverse actions or whose intended career
development is altered by an academic decision of a program. See Academic Performance Policy for delineation of specific processes provided.

Misconduct Matters:
The SUNY Downstate Resident/Fellow GME Misconduct Policy affords due process to residents/fellows who are subject to adverse actions or dismissed from a GME program in a manner that alters their intended career development. See Resident/Fellow GME Misconduct Policy for delineation of specific processes provided.

*Policy revised and updated on 5/13/2011. This Policy supersedes all prior, similar and/or related versions and revisions. Revisions approved by GMEC ______. Effective immediately upon approval.*
APPENDIX B
GME ACADEMIC PERFORMANCE DUE PROCESS POLICY

Purpose:
To establish a policy and procedure for all post-graduate medical programs of SUNY Downstate Medical Center to use in addressing deficiencies in the academic performance, competence or progress of a resident or fellow enrolled in a graduate medical education program. To provide fair, reasonable and readily available policies and procedures when a resident/fellow is not meeting the academic expectations of a program or fails to progress.

Scope:
This policy applies to all programs and house officers (residents and fellows) participating in graduate medical education programs sponsored by SUNY Downstate. This policy applies to actions taken as a result of academic deficiencies that may involve the knowledge, skills, attitudes or the core clinical competencies of medical knowledge, patient care, systems-based practice, practice-based learning and improvement, communications and interpersonal skills and aspects of professionalism which are not addressed by the GME Misconduct Policy. This policy describes minimum expectations providing residents with an opportunity to be notified of deficiencies and an opportunity to cure those deficiencies.

Definitions:

Due Process: an individual’s right to be adequately notified of any changes or proceedings involving him or her, and the opportunity to be meaningfully heard with respect to those proceedings.

House Staff or House Officer: refers to all interns, residents fellows enrolled in post-graduate medical training or research program or activity

GME Program: refers to a residency or fellowship educational program

Letter of Deficiency: A non-reportable warning issued to a resident/fellow when there are concerns that routine feedback is not effecting necessary improvement. Such a letter provides the house officer with formal notice and opportunity to cure any deficiencies. The Program Director can chose to alter a resident’s assignments or have a resident repeat rotation(s) or make other adjustments in the resident’s program in order to provide opportunity to cure the deficiency. It is an academic notification which is not reported to outside agencies and is not subject appeal or review. The letter should summarize deficiencies and may identify expectations for demonstrating improvement as well as the consequences of not successfully resolving the deficiencies. Copies of Letters of Deficiency, signed and dated by the Program Director, should be retained in the residents training record with copies to the GME Office. It is advisable to have the resident indicate receipt of Letters of Deficiency by signature as well or by witness or other documentation. These letters are sometimes also referred to as “Letter of Warning.”

Monitored Performance: an academic function involving the heightened level of monitoring and assessment of house officer performance in the course of training program activities usually used to further assess for improvement in noted areas of
deficiency often as a part of a program for remediation. This is not an adverse action, not reportable and not subject to appeal.

**Adverse Action:** disciplinary actions taken against a resident which alter the intended career development or timeframe. Such actions are reportable and allow a request for review and due process. Adverse actions include the following:

- **Dismissal:** act of terminating a house officer participating in a GME program prior to successful completion of the course of training whether by early termination of a contract or by non-renewal of a contract.
- **Non-renewal:** act of not reappointing a house officer to subsequent years of training prior to fulfillment of a complete course of training.
- **Non-promotion:** act of not advancing a house officer to the next level of training according to the usual progression through a program.
- **Extension of Training:** act of extending the duration of time required by a house officer to complete a course of training generally resulting from repeating unsatisfactory rotation assignments or remediating poor performance or needing additional time to demonstrate achievement of required competence in one or more domains.
- **Probation:** placement of a resident under close monitoring for specific performance concerns which if not successfully resolved can result in further adverse actions including dismissal. This action is reportable to state licensing authorities, employers and health care institutions.
- **Suspension:** Withdrawal of privileges for participating in clinical, didactic or research activities associated with appointment to the training program or hospital staff. This action is taken if, in the judgment of the Program Director, Department Chairperson or institutional leadership (Associate Dean, Dean, Medical Director) a resident’s or fellow’s competence or behavior is such that patients may be endangered, the educational process disrupted or other peers, staff, faculty are subjected to an adverse and unacceptable work environment. Under such circumstances, suspension may be implemented immediately pending further investigation and determination of other appropriate action. Suspension may be with salary or salary may be withheld after consultation with the labor relations department of the employing facility.
- **Structured Feedback:** Routine feedback regarding a trainee’s performance or behavior and consistent with the educational program. Structured feedback can consist of verbal feedback, rotational and summative evaluations, spontaneous or “on-the-fly” formal evaluations, memos or letters to a resident’s record or to the program director and shared with the resident, discussion and recommendations of a Program’s Clinical Competence or Resident Performance or other similar committee.

**Policy:**

All programs must establish a process for evaluating residents consistent with sound andragogic practice, ACGME institutional, common program and specialty specific requirements, American Board of Medical Specialties specialty board specific requirements and those of any other agency or accrediting body. Assessment of house
officer performance and competence is made based upon department, program and/or specialty-specific educational requirements and expectations.

All residents and fellows should be provided with routine structured feedback that is consistent with the educational program and its policies.

Each department should establish a committee of faculty who meet regularly, no less frequent than four times per year, to review the performance, competence and/or standing in the program and progress toward program completion for all enrolled residents. This committee which may be referred to as a Clinical Competence Committee (CCC) or Performance or Evaluation Review Committee or House Staff Affairs or Assessment Committee, for example, should provide recommendations to the Program Director regarding the status of residents in the program and their progress to advanced training levels and, ultimately, program completion. The Committee’s discussions should be documented in meeting minutes. A Department can have one committee that reviews all residents and fellows in all programs in that Department. Alternatively, for Departments with multiple programs, residencies and fellowships, their may be separate and independent committees for each program. However, there must me no more than one committee with responsibility for assessing progress of all residents in a program and perspective on how all the program’s residents are performing relative to one another and longitudinally in time.

Letter of Deficiency: When a resident or fellow has been identified as having deficiency, it is expected that he/she will receive routine structured feedback in order to identify and correct the issue. When the Program Director and/or CCC deems that routine feedback is not effecting necessary improvements, or if the Program Director and/or CCC determines that the deficiency is significant enough to warrant more than routine feedback, the Program Director and/or CCC may elect to issue a “Letter of Deficiency.” This letter formally provides the House Officer with (a) notice of the deficiency and (b) an opportunity to cure the deficiency. “Letters of Deficiency” must be signed and dated by the Program Director and copied to the resident/fellow’s record and to the GME Office. The “Letter of Deficiency” must indicate the possible outcomes of failure to fully resolve the concerns or developing deficiencies or performance problems in additional areas. The issuance of a “Letter of Deficiency” does not trigger a report to any outside agencies. The House Staff Officer should continue to receive structured feedback addressing issues consistent with the “Letter of Deficiency.” The house officer may be subjected to a period of monitored performance to appropriately assess progress in resolving deficiencies. If the house officer satisfactorily resolves deficiencies noted in the “Letter of Deficiency,” and continues to perform acceptably thereafter, the period of unacceptable academic performance does not affect the house officer’s intended career development.

Escalation: If the Program Director and/or CCC determine that the house officer has failed to satisfactorily cure the deficiency and/or improve his/her performance to an expected and acceptable level, with consideration for what is fair and reasonable, the
Program Director and/or CCC may elect to take further actions. Such actions may include but are not limited to any one or more of the following:

a) Issuance of another, new “Letter of Deficiency.” (Non-reportable, not an adverse action)
b) Placement on probation with establishment of adverse consequences for unsuccessfully meeting conditions of the probation
c) Non-promotion to the next PGY or training level and continue in the program.
d) Require repeat of training experience that in turn results in extension of required period of training
e) Extension of contract which may involve extension of the defined training period (extension of training)
f) Denial of credit for previously completed rotations/experiences
g) Non-renewal in the training program
h) Suspension from training pending further review or determination of other definitive action.
i) Dismissal from the residency or fellowship program.

For all such actions, the resident must be notified verbally, when possible, and in writing. A copy of the notification signed and dated by the Program Director with documentation that it was received by the resident (resident signed acknowledgement or witnessed or other receipt verification) must be included in the resident’s record and copied to the GME Office. Notice of adverse action or any action which can interfere with the resident’s intended career development must inform the house officer of his/her right to review and appeal of such adverse action. The house officer should be provided with or referred to applicable policies and procedures regarding due process, review and appeal. Notifications of adverse action should be done in consultation with the GME Office.

Reportable Actions: The decision not to promote a house officer to the next PGY level, to extend training, to deny credit for a period of training, suspension, probation, and/or terminating a house officer’s participation in a residency or fellowship program are each considered “reportable actions.” Such actions must be disclosed to others upon request, including without limitation, future employers, privileging hospitals, and licensing and specialty boards. House Officers who are subject to a reportable action are permitted to request a review of the decision and seek to appeal that decision. Note that routine academic performance evaluations and assessments even when unsatisfactory are standard procedures in a training program and in and of themselves are not considered adverse actions, are not reportable actions and are not subject to appeal under this policy.

Request for Review and Appeal: A review and appeal of a Program’s decision to take a Reportable Action or any action interfering with the residents intended career development may be requested by the house officer. The request must be made in writing, addressed to the Associate Dean for GME, signed and dated, and submitted to the Director of Graduate Medical Education within 14 calendar days of the house officer learning of the Reportable Action. The request should clearly describe the reason for requesting the review and any basis upon which an appeal is being made. Upon receipt of a Request for Review and Appeal, the Associate Dean for GME will determine whether the matter is subject to review under this Policy. If so, the Associate Dean for
Department of Psychiatry
General Psychiatry Residency Program

GME will direct the Director of GME to appoint an ad hoc Review and Appeal Subcommittee of the GME Committee. This subcommittee will be composed of neutral reviewers from Departments other than the one in which the requesting house officer is appointed. The subcommittee will consist of at least two SUNY Downstate faculty members and one resident or fellow. Additional committee members may be assigned at the discretion of the Associate Dean for GME/DIO. The subcommittee may also include institutional GME Department leadership such as the Vice Dean for GME, Associate Dean for GME, the DIO or GME Office administrative officers. SUNY Counsel may serve in an advisory capacity.

The ad hoc Review and Appeal subcommittee will:

a) Conduct confidential meeting(s) open only to committee members, GME Office and GMEC staff, and any participants invited by and approved by the Committee.

b) Identify one faculty member who will serve as Chairperson of the subcommittee. The subcommittee Chairperson should be a participant on the SUNY Downstate GME Committee.

c) Arrange for an individual to take notes and document a summary of minutes of meetings held.

d) Committee meetings will be scheduled at the discretion of the committee Chair.

e) Establish a process for the review. Such process will not be rigidly prescribed and is not conducted in the manner of a legal hearing process. No legal representation will be permitted. No opportunity for cross examination or questioning is offered.

f) Review the resident/fellow complaint and request for review/appeal

g) Provide the house officer requesting the review or appeal the opportunity to appear before the committee to make a statement and/or present evidence of relevance for rescinding the action under review. The committee may also require the house officer to respond to questions posed by the committee. As an academic review panel and not a legal hearing, when appearing before the committee, the house officer may be accompanied by an advocate who is not an attorney. Failure of an appealing house officer to appear as scheduled before the committee without just cause could result in a summary determination against the house officer.

h) If applicable, review relevant records and documentation such as the house officer’s file, program records, policies, meeting minutes, etc.

i) Consider any extenuating circumstances

j) The committee may meet with the Program Director or other program representative(s) and request presentation of evidence for upholding the proposed action.

k) The committee may request statements from or interview other house officers, faculty, staff, administrators or members of the academic or health care team in order to gather additional information.

l) The committee may consult with others, as appropriate, to assist in the decision making process.
m) Determine whether this Policy was followed, the house officer received notice and an opportunity to cure, and the decision to take the reportable action was reasonably made.

n) The subcommittee Chairperson is responsible for preparing the committee’s report summarizing findings and making recommendations to the Associate Dean for GME/DIO regarding the review and request for appeal of reportable actions.

o) The subcommittee Chairperson or designee will report the outcome of the review and appeal process to the GME Committee.

Upon receipt of the Chairperson’s report from the ad hoc Review and Appeal Subcommittee, the Associate Dean for GME shall review said findings and recommendations. The Associate Dean for GME/DIO finding the committee’s review process to have followed procedure and be fair, reasonable and appropriate shall make notification to the resident of the Review and Appeal subcommittee’s decision in writing with a copy to the Program Director, Department Chair, the employing institution, if applicable, and others as appropriate.

The decision resulting from this review is a final and binding decision. It is not subject to further formal review within the State University of New York Downstate Medical Center (Health Science Center at Brooklyn).

No Retaliation: Initial and full inquiries will be conducted with due regard for confidentiality to the extent practicable. Under no circumstances may anyone retaliate against, interfere with or discourage anyone from participating in good faith in an initial inquiry or full inquiry conducted under this policy. A house staff officer who believes he/she may have been retaliated against in violation of this policy should immediately report it to his/her supervisor, the Director of GME, Associate Dean for GME, DIO or other any other supervisor.

Original policy completed on 5/13/2011. This Policy supersedes all prior, similar and/or related versions and revisions. Reviewed and approved by GMEC _______. Effective immediately upon approval.