



SUNY
DOWNSTATE
Health Sciences University

NYC
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HOSPITALS

Kings County

SUNY DOWNSTATE

CHILD AND ADOLESCENT PSYCHIATRY
TRAINING PROGRAM

2020-2021

First and Second Year
Fellow Handbook



Policies for Evaluation

The program conforms to **SUNY Downstate** policies for the evaluation and promotion of residents available on the Web site at <https://www.downstate.edu/gme/policies-and-procedures.html>.

In addition, all residents are given goals and objectives for the entire program, as well as the goals and objectives for each year, at the beginning of their training.

At the beginning of each rotation, all residents are provided:

- Goals and objectives for the rotation
- Procedural expectations for the rotation
- Schedules for both clinical and didactic programs of the rotation
- Rotation-specific expectations of medical-student teaching, if applicable
- Requirements for successful completion of the rotation

Evaluation of Resident Performance

Residents are given midway feedback and a final evaluation at the end of each rotation by the supervising faculty on a standardized computerized evaluation form. The results of these evaluations are discussed with each resident by the supervising faculty before being sent to the residency training director. The evaluations are kept in the residents' files in the Child & Adolescent Psychiatry Fellowship office.

All residents are required to take the annual Child PRITE (Child Psychiatry Residency In-Training Exam—American College of Psychiatry), the results of which are reviewed by the director of residency training and kept in the resident's file. The resident's performance on the Child PRITE is reviewed with each resident on an individual basis. The need for any remedial study is determined at the discretion of the director of residency training.

Both first- and second-year child and adolescent psychiatry residents are required to participate in formal clinical-skills verifications. Child and adolescent psychiatry residents will be required to pass three clinical-skills evaluations with different patients in at least two different age groups according to the guidelines set forth by the ABPN (http://www.abpn.com/downloads/forms/CAP_CSV_Instructional_Guide.pdf).

All fellows are required to maintain a case log that is reviewed with the program director on a biannual basis.

The director meets with each fellow twice a year (or more frequently, if necessary) to review all of the above materials and discuss the progress of the resident in the program. The director of residency training meets with each resident at the end of the program for a review of the residents work in the program. The program reviews residents' evaluations and progress in the evaluation promotions committee at least two times per year.

The Clinical Competency Committee meets at least 2 times a year to review all residents' evaluations and any problems that have been identified with a resident's performance.

Resident Evaluation of Program and Faculty

All residents are required to evaluate their rotations and their faculty on a yearly basis using the confidential New Innovations computer-based program. These forms may be anonymous, as determined by the resident, are kept in the Child Psychiatry Graduate Medical Education office, and are used for evaluation of the program and/or faculty.

Policy on Resident Appointment, Reappointment and Graduation

The program conforms to the **SUNY Downstate** policies for the evaluation and promotion of residents available on the Web site at <https://www.downstate.edu/gme/policies-and-procedures.html>. Please refer to handbook for further details.

All appointments (contracts) are for a term of one year and each resident must be re-appointed for each subsequent year of training, contingent upon satisfactory performance during and completion of the current post-graduate training year as determined by program level evaluation and promotion policy.

Review of all evaluations for each rotation, PRITE scores, clinical skills verifications, and supervisory reports by the Evaluation and Promotions committee and the Training Director determine successful completion of each year of training.

Supervisors are responsible for all final pharmacological treatment decisions. Discussion of supervision of prescribing decisions must be recorded in the patient's record.

Dress Code

All residents are expected to present a public image of professionalism and appropriate behavior at all times. Attire must be appropriate for the area in which the resident is working and be acceptable to the professional standards expected of a physician. Personal and patient safety and infection control precautions must also be considered when determining appropriateness of attire.

Licensure Requirements

The program adheres to **SUNY Down state's** policy on house staff licensure requirements (see <https://www.downstate.edu/gme/policies-and-procedures.html>).

ACLS/BCLS Requirements in accordance with **SUNY Downstate GME**

The program adheres to the **SUNY Down state's** policy on house staff ACLS/BCLS requirements (see <https://www.downstate.edu/gme/policies-and-procedures.html>).

Basic Cardiac Life Support (BCLS)

All house staff must be currently certified in Basic Cardiac Life Support (BCLS) prior to beginning a residency program, and the BCLS certification must be on file in the respective department. Please contact the Education Department for more information (718) 245-3111.

Change of Address

Please inform the training Director and program Coordinator in the event of any change with your contact information. Please update all your clinical supervisors and clinic/rotation directors in changes of telephone numbers.

Salaries

Salaries vary based on pay line, post graduate year, fellowship year and licensing. Benefits also vary between pay lines.

As of July 1, 2020, the salary ranges are as follows:

PGY4 \$78,739 - \$80,549*

PGY5 \$90,452 - \$90,475**

PGY6 \$87,568* - \$107,093

*includes meal allowance + new resident differential

** with medical license

Patient Logs

Fellows should keep a record of their patients using the patient log forms in New Innovations. These logs should be submitted and reviewed at least two times per year during the semi-annual.

Didactics

Fellows are expected to attend all classes. 75% attendance is required to pass each course. Fellows must keep attendance sheet.

Resident Complaints and Concerns

It is the policy of the program to provide a fair and consistent method for the objective review of resident concerns, without fear of reprisal. The program adheres to the SUNY Downstate policy for the review of resident grievances (see <https://www.downstate.edu/gme/policies-and-procedures.html>).

SUNY Downstate residents have several avenues of communication to identify problems related to their work environment or issues related to the program or faculty without fear of intimidation or retaliation.

Program Level:

Chief Residents

Chief Residents can serve as liaisons advocating on behalf of their residents.

Program Director

Program Directors are charged with the responsibility of looking after the welfare of their residents and assuring an appropriate environment for training and patient care. Program Directors are the principal advocate for residents and should be consulted for any areas of concern.

The designated institutional official (DIO) or GME will serve as agreed to serve as an ombudsman for any trainee who wishes to confidentially voice a concern. They can be reached at (718) 270-1973.

Resident Review of Program and Faculty

Programs are required to provide residents with at least an annual opportunity to review and evaluate their educational program and their faculty anonymously in writing.

Departmental Level:

Educational Committee

Each department has established a committee to address program outcomes, resident concerns and/or resident performance. Residents or the chief resident who sits on the committee can raise concerns to their department's education committee.

Department Chairperson

The Chairs of the Division and the Department have responsibility for oversight of the conduct, quality and outcomes of all its training programs and clinical services. Chairs are very concerned, dedicated and potent advocates for students, residents and, of course, patients.

GME Level:

There are several avenues on the GME level to raise concerns. These are described in the GME handbook.

Employer Level:

Affiliated employing hospitals may provide additional avenues for you to raise concerns.

Union Representation

Residents assigned to Kings County Hospital pay lines are represented by the Committee of Interns and Residents (CIR) and residents salaried by SUNY are represented by UUP, and residents salaried by BCC are represented by PEF.

Formal charges of discrimination based on race, sex, age, religion, national or ethnic origin, disability, marital status, sexual orientation, or veteran status, should be filed with the campus ODAA Office and addressed as per institutional policy.

Grievance Procedures and Due Process

The program conforms to the **SUNY Downstate** policy for grievance and due process. Full details are available at <https://www.downstate.edu/gme/policies-and-procedures.html>.

The **SUNY-Downstate** GME Committee monitors, oversees and facilitates individual program compliance with institutional, ACGME, and RRC guidelines for due process in regard to:

- 1) Review and Evaluation of Resident Performance and
 - 2) Adjudication of Resident complaints and grievances related to the work environment or issues related to the program or faculty.
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- 1) Review and Evaluation of Resident Performance –adhere to the Department’s policy described earlier. (i) **Letter of Warning** – When there are concerns, the following procedures apply. These procedures are described at greater length in the GME Resident’s Handbook. When a resident’s performance is not adequate, notification of the deficiencies must be made in a “letter of warning” to the resident by the Program Director, with copies to the GME office.
(ii) **Probation** – Probation may include a plan to correct deficiencies but is distinguished by being a reportable status in the resident’s permanent academic file. A letter indication that the possible outcome of failure to fully satisfy the terms of probation may include non-renewal of their contract or termination of the resident’s appointment at the end of the period of probation. (iii) **Suspension**, (iv) **Notice of adverse action**, (v) **Resident appeals of adverse action** - More details are available in the Resident

Handbook. To initiate the appeals process, the resident shall notify the Associate Dean for Graduate Medical Education. This notice shall be in writing, and must be delivered to the Graduate Medical Education committee (GME Office Room #2-74 BSB (office 270-1984, fax 270-2408) within 15 working business days of the resident's notification by the Program Director. Such notification must include the reasons for the requested appeal.

2) Adjudication of resident complaints and grievances related to the work environment or issues related to the program or faculty.

Residents are expected to address complaints and grievances to their Program Director. If this fails to resolve the issue, or if the resident does not wish to discuss the matter within the program, the resident may speak directly and confidentially to the Associate Dean/DIO who serves as Ombudsman for GME. Residents are assured that nothing can be communicated about what they say to the Ombudsman without their expressed permission.

Appeals Process – For more details please go to <https://www.downstate.edu/gme/policies-and-procedures.html>.

A resident has the right to challenge an evaluation of academic performance on 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 within 15 days of the grieved action. The Training Director will meet with the resident in an attempt to resolve the resident's grievance. If this fails, the Training Directors will ask the Chairman of the Department or his designee to chair an ad hoc grievance committee of members of the faculty, including at least two members of the Evaluations and Promotion Committee. The grievance committee will gather information they deem necessary, meet the resident and write a report of their finding and recommendation to the Training Director. The Training Director will review their finding and recommendations and in consultation with the Chairman or his designee reach a final decision which shall be transmitted to the resident in writing. The Training Director will then meet with the resident to discuss this decision.

If a grievance is not resolved to the resident's satisfaction through the procedure 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. The petition is considered by an Ad Hoc Resident Grievances Sub-Committee appointed by the GME Committee. To initiate the appeal process, the resident shall notify the Associate Dean for Graduate Medical Education. This notice shall be in writing, and must be delivered to the Graduate Medical Education Committee (GME Office 270-1984 fax 270-2408) within 15 working days of the resident's notification by the Program Director.

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.

Policies on Recruitment, Eligibility and Selection

The program conforms to **SUNY Downstate's** policies. The full policy is attached on the following pages.

In addition, program follows the policies and/or statements of NRMP, ACGME, Child Psychiatry RRC, and the **SUNY Downstate GMEC** and medical board.

The following policies are in addition to the above:

Residents are eligible to enter into training in child and adolescent psychiatry after having completed their PGY-III year of a general psychiatry training program. The program requires completion of an application, three letters of recommendation (one must be from a current training director), a curriculum vitae, a personal statement, 2 Clinical Skills Evaluations, a Training Documentation Form, an official copy of the medical school dean's official letter and transcript, United States Medical Licensing Exam (USMLE) step I, II and III scores, and a copy of a current medical license. For IMGs, a copy of the ECFMG certificate is also required. There are no specific cut-offs used in the evaluation of applications for interviews. To be placed on the rank list, however, the applicant must have passed USMLE step I, II, and III. The program director, and/or program administrator reviews each application in its entirety. Decisions for interviews are based on that review and availability.

Interviews are conducted from September to early December the year before training is scheduled to begin. Interviews occur at the Kings County Hospital Center campus and last nearly a full day. The residency selection committee and the director of residency training determine the ranking of the final list for submission to the NRMP. Applicants are ranked based on consideration of academic performance, letters of recommendations, personal statement, and assessment of interviewers as to the potential of the applicant to perform their duties, work in a professional and ethically sound manner, and to excel in the field of child and adolescent psychiatry.

CHILD PSYCHIATRY EDUCATION

POLICIES AND PROCEDURES

Work-Hours Policy

The program conforms to the SUNY Downstate work hours policies located on the GME Web site: <https://www.downstate.edu/gme/policies-and-procedures.html>. The program conforms to ACGME requirements. Please refer to link: <http://www.acgme.org>

Briefly, a) Duty hours must be limited to 80 hours/week inclusive of in-house call clinical work done from home and moonlighting (if approved averaged over 4 weeks) and b) Fellows must be scheduled for a minimum of one day free of duty every week. Resident should have 10 hours free of duty between scheduled duty periods.

Resident Schedules

The resident workweek runs from Sunday through Saturday. Work hours are as follows:

Weekdays

First year child psychiatry fellows are expected to be on duty from 8:00 AM until 6:00 PM on weekdays, for most rotation. Second year fellows are expected to be on duty from 9:00 AM to 7 PM depending on the rotation. It is expected that some evenings they will stay later to see their patients and to complete work, as long as they stay within the work-hours regulations.

Resident Duty Expectations

During the weekday working hours, residents are expected to be readily available and on site. It is the resident's responsibility to inform pertinent attendings as to their whereabouts. Beepers should be carried at all times, and pages must be answered promptly. If it is necessary for a resident to leave work at any time, it is that resident's responsibility to arrange for another physician to cover for him/her and to inform appropriate personnel. Residents should also check and respond to their HHC emails frequently and at a minimum at the beginning and end of each day.

On Call

First and second year fellows divide call equally. Call is "phone back up" call where they provide consultation to adult psychiatrists who are seeing children in the CPEP, pediatrics and the child inpatient unit. They provide phone consultations from 5pm-9am on weekdays and from Friday 5pm until Monday 9am on weekends. For each phone consultation, they will call the child psychiatry attending who is on-call with them to review the case.

Work-Hour Monitoring

The program conforms to the **SUNY Downstate** daily work-hours monitoring program for all rotations. Work-hour violations are monitored, and corrections are made for compliance difficulties that are noted.

Moonlighting Policy

The program is in compliance with the moonlighting policy of **SUNY Downstate** listed on the Web at <https://www.downstate.edu/gme/policies-and-procedures.html>.

The program allows moonlighting for both first and second-year child psychiatry residents at the discretion of the training director, if moonlighting activities are in compliance with work-hour regulations and **do not in any**

way interfere with patient care or educational responsibilities at the training program. Fellows must be in good standing in the program meeting all rotation, didactic and educational responsibilities.

A house staff member must submit an official “request for moonlighting privileges form” (attached) to the program director each academic year (even if you are continuing the same moonlighting activity). This request, if approved, will be maintained in the house staff member’s credential file. House staff members are advised that the professional liability coverage extended through their training program does not apply to moonlighting outside the institution. Residents are required to obtain written confirmation from their moonlighting employer attesting to malpractice coverage for their moonlighting activity.

A house staff member must have a full and unrestricted New York State medical license to moonlight. Moonlighting activities are to be counted as part of each house staff physician’s work hours, ***which will not exceed the eighty-hour work limit and no more than 24 continuous hours.*** Moonlighting is only permitted after hours or on weekends and must not interfere with clinical and/or on-call responsibilities as per the duty requirements. The house staff physician must include moonlighting activities in daily work-hours monitoring.

Physician Fatigue

In line with ACGME policies, residents and faculty are made aware of the fact that “any graduate staff member who is experiencing performance-limiting fatigue should immediately notify his/her program of his/her state of fatigue.” If a program director/designee determines that a graduate staff member is too fatigued to perform his/her duties effectively, the program director/designee will arrange for the graduate staff member to be temporarily relieved from all on-call and clinical duties. It is the responsibility of the program to educate faculty and residents about signs of fatigue.

Vacation Policy

The program conforms to the SUNY Downstate resident leave policy located on the GME website, <https://www.downstate.edu/gme/policies-and-procedures.html>. Full details are on the website.

Specific details of leave benefits vary according to pay source but are considered in establishing compensation comparability. However, at minimum, residents are afforded 20 working days of annual vacation per year. The program provides residents with three days of conference time per calendar year. Vacation is not permitted during the last two weeks of June. First year fellows may not take vacation in July. Second year fellows may not take vacation during the first two weeks of July. In addition, residents must take two weeks in the first half of the year (August–December) and two weeks in the second half of the year (January–June). With few exceptions, vacation is limited to one week at a time. Residents must complete a vacation request form (available in handbook) at least four weeks in advance, which includes approval by rotation supervisors and documentation of coverage arrangements. Vacation request forms are kept with the residency coordinators.

Wellness

Our Mission is to promote resident/fellow wellness through initiatives aimed at removing barriers to your well-being, development of skills to maintain a healthy/balanced lifestyle, building skills in resilience, and fostering an environment of camaraderie.

At SUNY Downstate, we want to emphasize wellness, prevent moral injury, and promote professional fulfillment. We realize the importance of your well-being in order to deliver the best education, research, and

patient care. The Resident/Fellow Wellness Committee is dedicated to promoting these goals. Our team is composed of national experts, faculty advocates, and fellow residents.

The stress of residency may take its toll on even the best residents. For those in distress, we will partner with our mental health colleagues to provide the necessary resources. For others who express interest in wellness, we will provide opportunities to develop personal well-being and resilience skills. Together, let us create a culture of health, satisfaction, fulfillment, and success.

More information on Wellness tools, resources, and access to services are available on the GME Website <https://www.downstate.edu/gme/wellness/index.html>

Absence Due to Illness and Sick Leave

The program conforms to the SUNY Downstate resident leave policy located on the GME website, <https://www.downstate.edu/gme/policies-and-procedures.html>. Full details are on the website.

Specific details of leave benefits vary according to pay source but are considered in establishing compensation comparability. However, at minimum, residents are afforded up to 15 days of sick leave per year.

If a resident is experiencing routine illness that renders him/her too sick to work, it is the resident's responsibility to arrange for another physician to cover for him/her. On inpatient, the covering physician is typically an attending and for outpatient is typically another fellow, however this is determined with each rotation director.

The trainee must alert his/her direct supervisor, the training director and the program coordinator about the absence. If a resident is out more than five days due to illness, the fellow needs to discuss with the training director whether a request for medical leave should be obtained and the plan to make up missed educational experiences.

Please note that sick time may only be taken for actual illness. In the field of medicine, these days do not function as personal days. Although we do not routinely ask for a doctor's note to confirm illness, we may request one if a resident's pattern of taking sick time is of concern to the program. It is considered a breach of professionalism if a resident misrepresents the reason for taking a sick day.

Leave-of-Absence Policy

The program conforms to the policies of **SUNY Downstate** with regard to leaves of absences available on the Web site at <https://www.downstate.edu/gme/policies-and-procedures.html>.

Leaves of absence (including family and medical leave) will be reviewed on a case-by-case basis. Residents should apply for a leave of absence by completing a "Request for Leave of Absence" form and submitting it to the program director no less than 30 days prior to the beginning of the leave.

If residents take a leave of absence during required block rotations, such that they have not completed board eligibility requirements for these rotations, they will be required to make up the missed time.

The Program Director will consider the applicable ACGME and RRC requirements in determining whether a leave may be granted. It is possible that additional training after the leave may be needed for board certification requirements. However, no assurance can be given that the resident will be entitled to compensation during this additional period.

Family Medical Leave

Under the Family Medical Leave Act (FMLA) a resident may be entitled to 12 weeks of unpaid leave for: caring for the employee's child after birth or placement for adoption or foster care; caring for the employee's spouse, son or daughter, or parent, who has a serious health condition; or for a serious health condition that makes the employee unable to perform his/her job.

Requests for FMLA must be processed through the residents' pay source. The program director will consider the applicable ACGME and RRC Requirements in determining whether such leave may be granted. It is possible that additional training after such leave may be needed for board certification requirements. However, no assurances can be given that the resident will be entitled to compensation during this additional period.

Physician Impairment and Substance Abuse

The program conforms to the SUNY Downstate policy of Impaired residents located on the GME website, <https://www.downstate.edu/gme/policies-and-procedures.html>. Full details are on the website.

In brief; Physician Impairment is defined as "the inability to practice medicine with reasonable skill and safety due to physical or mental illness, loss of motor skills or abuse of drugs including alcohol" (American Medical Association). It is professional misconduct to practice medicine while impaired. New York State includes within the definition of professional misconduct the following: (1) practicing the profession while the ability to practice is impaired by alcohol, drugs, physical disability, or mental disability; and (2) being habitually drunk or being dependent on, or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects.

Any faculty member or resident who feels that another resident is impaired and unable to work should report this concern to the program director. The program will address the concerns with the trainee.

The **SUNY Downstate** Medical Center recognizes that drug addiction, mental disability and alcoholism are illnesses. The University will take all reasonable steps to protect the confidentiality of the employee who seeks voluntary treatment or is referred for treatment by his/her supervisor subject to applicable legal constraints and the provisions of this policy. The Committee for Physician Health (CPH) will provide confidential evaluation, treatment planning, and monitoring for physicians who voluntarily enroll. A resident who is concerned that he/she may have a problem with impairment may contact CPH directly (1-800-338-1833) or may discuss the issue with a faculty member, the program director, the Department Chair or the Associate Dean for GME (ADGME). (more details available on this procedure are in the GME handbook)

Policies for Harassment

It is the policy of the program and **SUNY Downstate** to maintain an atmosphere from bias based on, among other things, an individual's race, color, national origin, age, gender, religion, sexual orientation, or disability, as well as harassment in the workplace by anyone. Harassment, which is defined as a continuing course of conduct that is discriminatory, will not be tolerated. Also specifically included in this prohibition is sexual harassment. The program adheres to the **SUNY Downstate** policy for harassment at <https://www.downstate.edu/gme/policies-and-procedures.html>.

Lines of Supervision

General Statement

Every patient evaluated and treated on the psychiatry service of **NYC Health + Hospital/Kings County, SUNY Downstate and New York City Children's Center** is cared for under the close supervision of an attending of record.

Emergency Services

The acting director of emergency services in child psychiatry at the **NYC Health + Hospital/Kings County** is Nitin Toteja, M.D. He can be reached at (718) 245-2535 or his cell 347-672-2789. Every patient evaluated and treated in the emergency service by a resident is also evaluated by an attending physician of record.

Consultation/Liaison Service

The directors of the consultation service in child and adolescent psychiatry for **NYC Health + Hospital/Kings County and SUNY Downstate** is James Lubin, M.D. Every patient evaluated and treated on consultation/liason service is also evaluated and closely supervised by an attending of record. Evaluation and treatment planning are reviewed by the attending of record and discussed with the resident. Dr. Lubin can be reached on his phone at (718) 245-2527. In the event that Dr. Lubin cannot be reached, please contact Dr. Nitin Toteja, MD at 718-245-2535 or cell 347-672-2789.

Inpatient Services

Every patient admitted, evaluated, and treated on the inpatient services of the **NYC Health + Hospital/Kings County** is also evaluated and closely supervised by an attending of record for the patient who also works on the inpatient unit. The attending of record reviews and discusses the evaluation and treatment of each patient with the resident on a daily basis. Inpatient attending report to the, Director of Inpatient Services, Dr. Nitin Toteja can be reached on his phone at (718) 245-2535 or cell (347) 672-2789

Outpatient Services, KCHC

Every patient admitted, evaluated, and treated in the outpatient department of the **NYC Health + Hospital/Kings County**, is also evaluated and closely supervised by an attending of record for the patient. Evaluation, treatment planning, and patient progress is reviewed by the attending of record and discussed with the resident on a regular basis. Outpatient attending's report to the clinical directors of the OPD, Rena Samin, PhD at (718) 245-2516 and Sabina Singh, MD (718) 245-2511

Developmental Evaluation Clinic, KCHC

Every patient admitted, evaluated, and treated in the outpatient department of the **NYC Health + Hospital/Kings County** is also evaluated and closely supervised by an attending of record for the patient. Evaluation, treatment planning, and patient progress is reviewed by the attending of record and discussed with the resident on a regular basis. Outpatient attendings report to the clinical directors of the DEC, Jean-Robert Jacques, MD at (718) 245-1076 and Stephanie Erickson, PhD at (718) 245-2739.

Outpatient Services, NYCCC, Brooklyn Campus

Every patient admitted, evaluated, and treated in the outpatient department of the **New York City Children's Center, Brooklyn Campus** is also evaluated and closely supervised by an attending of record for the patient. Evaluation, treatment planning, and patient progress is reviewed by the attending of record and discussed with the resident on a regular basis. Outpatient attendings report to the Medical Director of Community Services and Director of Medical Education of NYCCC, Tresha A. Gibbs, MD 929-474-0813.

Intensive Day Treatment Program, NYCCC, Brooklyn Campus

Every patient admitted, evaluated and treated in the Intensive Day Treatment Program of the **New York City Children's Center, Brooklyn Campus** is also evaluated and closely supervised by an attending of record and discussed with the resident on a regular basis. Outpatient attendings report to the Medical Director of Community Services and Director of Medical Education of NYCCC, Tresha A. Gibbs, MD 929-474-0813.

Day Treatment Program, NYCCC, Brooklyn Campus

Every patient admitted, evaluated and treated in the Day Treatment Program of the **New York City Children's Center, Brooklyn Campus** is also evaluated and closely supervised by an attending of record and discussed with the resident on a regular basis. Outpatient attendings report to the Medical Director of Community Services and Director of Medical Education of NYCCC, Tresha A. Gibbs, MD 929-474-0813.

Children Mental Health Center, SUNY Downstate

Every patient admitted, evaluated, and treated in the CMHC of **SUNY Downstate** is also evaluated and closely supervised by an attending of record for the patient. Evaluation, treatment planning, and patient progress is reviewed by the attending of record and discussed with the resident on a regular basis. Outpatient attendings report to the clinical director of CMHC, Joan Hittelman, PhD at (718) 270-2036.