

Child and Adolescent Psychiatry Fellowship Policies and Procedures

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TITLE: Clinical Experience and Education in the Learning and Work Environment Policy	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: Fellowship education must occur in the context of a learning and working environment that emphasize the following principles:

- Excellence in the safety and quality of care rendered to patients by fellows
- Excellence in the safety and quality of care rendered to patients by fellows in their future practice
- Excellence in professionalism through faculty modeling of:
 - The effacement of self-interest in a humanistic environment that supports the professional development of physicians
 - The joy of curiosity, problem-solving, intellectual rigor and discovery
- Commitment to the well-being of the students, residents/fellows, faculty members, and all members of the health care team

The CAP program, in partnership with the University of Arizona College of Medicine – Tucson, is responsible to design an effective program that provides fellows with clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

Duty hour assignments must recognize that faculty and residents/fellows collectively have the responsibility for the safety and welfare of patients.

Policy: Fellows, residents and faculty in the Child and Adolescent Psychiatry (CAP) division will be made aware of the requirements for supervision and patient safety as well as duty hour limits as described in the ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry.

A: CLINICAL AND EDUCATIONAL WORK

1. Maximum Hours of Clinical Work/Education per week

- a. Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period.
- b. Clinical and educational work hours include all in-house clinical and educational activities, clinical work done from home and moonlighting.

2. Mandatory Time Free of Clinical Work/Education

- a. The CAP training program at the University Of Arizona College Of Medicine – Tucson does not take in-house call.
- b. Fellows and residents rotating in CAP take at-home call.
- c. Fellows should have 8 hours off between scheduled clinical work and education periods

- d. Fellows may choose to stay to care for their patients or return to the hospital with fewer than 8 hours free of clinical experience/education. This may occur within the 80-hour and one-day-off-in-seven requirements.
- e. Fellows must be scheduled for a minimum of one day in seven free of clinical work and required education, averaged over four weeks. At-home call cannot be assigned on these free days.

3. Maximum Clinical Work and Education Period **Length**

- a. Clinical and educational work periods for fellows must not exceed 24 hours of continuous scheduled clinical assignments.
- b. Up to 4 hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or fellow education.

4. Clinical/Educational Work Hour **Exceptions**

- a. In rare circumstances, after handing off all other responsibilities, a fellow may elect to remain or return to the clinical site:
 - i. To continue to provide care to a single severely ill or unstable patient
 - ii. Humanistic attention to the needs of a patient or family
 - iii. To attend to unique educational events
- b. These additional hours of clinical care or education will count toward the 80-hour weekly limit

5. Clinical/Educational Work Hour Violations

- a. If a fellow remains on duty beyond the maximum hours as defined above, the fellow is required to complete the Clinical Work and Education Hours Beyond Scheduled Form (see attached).
- b. A copy of this form will be provided to the faculty attending in charge of the service.
- c. The program director will review this form and identify the individual or system(s) issues resulting in the extended duty hours.
- d. The program director will meet with the fellow to discuss the circumstances of the fellow remaining on duty beyond the scheduled hours.
- e. The program director will next meet with the rotation attending to make plans to avoid any future violations.
- f. The program director will address the issues leading to the violation the CAP Education Committee, and/or other department members as needed to prevent further violations.
- g. Monitoring of clinical work and education hours will be done with enough frequency to ensure an appropriate balance between education and service.

6. At-Home Call

- a. Time spent on patient care activities by fellows on at-home call must count toward the 80-hour maximum weekly limit.
- b. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy allow for one-day-in-seven free of clinical work/education when averaged over four weeks.
- c. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each fellow.
- d. Fellows are permitted to return to the hospital while on at-home call to provide direct

- care for new or established patients. These hours are included in the 80-hour maximum weekly limit.
- e. If fellows experience excessive service demands at night and are fatigued the following day, the fellow must be excused from their duties that afternoon by their attending physician.
 - f. The program director and the faculty will monitor the demands of at-home call regularly throughout the academic year.



**CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP TRAINING PROGRAM
CLINICAL AND EDUCATIONAL WORK HOURS
BEYOND SCHEDULED FORM**

Name of the Fellow: _____

Date of Extended Duty Hours: _____

Clinical Rotation/Service: _____

Faculty Attending: _____

Number of Hours on Duty Beyond Scheduled Hours: _____

Circumstances:

Resident/Fellow Signature _____

TITLE: Supervision and Accountability	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The Supervision and Accountability Policy in compliance with the ACGME program requirements for child and adolescent psychiatry ensures that although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care.

Fellows enrolled in the Child and Adolescent Psychiatry (CAP) Fellowship Training Program are appropriately supervised in a manner that provides safe and effective care to patients and ensures each fellow develops the skills, knowledge and attitudes required to enter the unsupervised practice of medicine and establish a foundation for continued professional growth.

Policy: Fellows enrolled in the CAP fellowship training program will ensure a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Levels of Supervision

To promote oversight of fellow supervision while providing for graded authority and responsibility, the program will use the following classification of supervision as defined in the ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry.

Direct Supervision: The supervising physician is physically present with the fellow and patient

Indirect Supervision, with Direct Supervision immediately available: The supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

Indirect Supervision, with Direct Supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

1. Each patient must have an identifiable and appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care.
 - a. This information must be available to fellows, faculty, other members of the health care team, and patients.
 - b. Fellows and faculty must inform each patient of their respective roles in that patient's care

when providing direct patient care.

2. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.
3. The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones.
4. Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of each fellow.
5. Fellows should serve in a supervisory role to residents or junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
6. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Procedure:

- a) At the beginning of the academic year, first year fellows will be initially observed with **direct supervision** by the supervising faculty.
- b) After a sufficient period of time, the supervising faculty will observe the fellow complete a comprehensive psychiatric evaluation and complete the Child and Adolescent Psychiatric Interview Evaluation Form (see attached) and Child and Adolescent Psychiatry Assessment for Levels of Supervision form (see attached) to ensure that the fellow has demonstrated:
 - Sufficient skill in gathering an appropriate history.
 - Sufficient knowledge in emergency psychiatry and the elements of a risk assessment.
 - Competency in presenting the key patient findings and data accurately to an attending physician.
 - An awareness of their limits of knowledge and authority.
 - A willingness to ask for help when indicated.
 - Sufficient skill and competency to supervise junior residents in the evaluation of children or adolescents.
- c) The supervising faculty will continue to provide **direct supervision** until satisfied that the fellow has sufficient skill and competency to safely provide clinical care with **indirect supervision**, and has documentation of this ability on the above stated forms.
- d) After the fellow has demonstrated competency in the above areas, he/she will be "cleared" to promote to **indirect supervision** consistent with what is expected of a senior resident or fellow.
- e) When complete, both forms will be signed by the fellow and the supervising faculty and forwarded to the program coordinator who will keep them in the fellow's academic file.

7. Programs must set guidelines for circumstances and events in which fellows must communicate with supervising faculty member(s). (See “Circumstances Requiring Faculty Involvement Policy”)
8. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.
 - a) Each patient evaluated by a fellow on all clinical services will have an identifiable attending physician who is ultimately responsible for the supervision of the fellow and for that patient’s care. This information will be readily available to fellows, faculty members, staff and patients. Fellows and faculty should inform patients of their respective roles in each patient’s care.
 - b) In clinical care settings, supervision is initially provided as **direct supervision** that promotes to **indirect supervision** consistent with what is expected of a senior resident or fellow after completion of the above described process.
 - c) After fellows are deemed appropriate for **indirect supervision**, clinical care is supervised with a combination of all three levels of supervision, implemented to allow for increasing autonomy as each fellow’s abilities allow.
 - d) In addition to the supervision provided on the various clinical services, fellows are assigned continuous supervising faculty each year who provide additional **oversight** of ongoing clinical care and to discuss other issues relevant to psychiatric training such as psychotherapeutic approaches to care, career development, mentorship, scholarly activity, etc. The exact nature of the issues discussed during supervision is determined independently between the fellow and the supervising faculty.
 - e) Second year fellows will have demonstrated their competency to be supervised with increasing authority and responsibility, greater conditional independence, and will have a greater supervisory role in patient care.
 - f) The expectations for conditional independence in patient care are an ongoing dialogue between the fellow and the supervising faculty throughout training and are delegated to each fellow at a pace consistent with each fellow’s abilities, in discussion with the individual supervisors and the CAP Faculty who meet regularly throughout the year.
9. On-call responsibilities for the Banner University Medical Center – Tucson (BUMC-T) campus are provided by child fellows and PGY2 general psychiatry resident rotating on the child service, and supervision is **indirect with direct supervision available**.
 - a. PGY2 residents are considered to be “intermediate level”, while residents at the PGY3 level or beyond are considered to be in the final years of education.
 - b. CAP attending faculty are available 24 hours a day for the child fellows and PGY2 residents on the child service to provide supervision.
 - c. As each PGY2 resident begins their two-month rotation on the child service, they will initially be directly supervised until the attending physician and/or the child fellow (who has already demonstrated “sufficient skill and competency to supervise junior residents”) has observed the resident of sufficient duration to assess the knowledge and skills of the resident in evaluating children and/or adolescents.

- d. Either the supervising physician or the child fellow will observe the resident perform a comprehensive psychiatric evaluation and complete the Child and Adolescent Psychiatric Interview Evaluation Form and the Child and Adolescent Psychiatry Assessment for Levels of Supervision.
- e. PGY2 residents will be allowed to take call with “**indirect supervision with direct supervision available**” only after demonstrating their competency to a child fellow or supervising faculty by completing the above process.
- f. All patient interactions while on-call are staffed telephonically with an attending child and adolescent psychiatry faculty.
- g. PGY2 residents have an additional hour of supervision weekly to provide **oversight** and individual discussion of issues relevant to child and adolescent psychiatry.

Child and Adolescent Psychiatry Assessment for Level of Supervision
Resident Version

The **ACGME** has defined three levels of supervision:

1. **Direct Supervision**: The supervising physician is physically present with the resident and the patient.
2. **Indirect Supervision with Direct Supervision Immediately Available**: The supervising physician is physically within the site of care and is immediately available.
3. **Indirect Supervision with Direct Supervision Available**: The supervising physician is not physically present within the site of care but is immediately available by telephone or other electronic modality, and is available to provide direct supervision.

The Resident demonstrated:

- | | |
|--|----------|
| 1. Sufficient skill in gathering an appropriate history | YES / NO |
| 2. Sufficient knowledge of emergency child and adolescent psychiatry | YES / NO |
| 3. Knew key elements of a risk assessment, including an accurate assessment of suicidality, homicidality and psychosis | YES / NO |
| 4. Competency in presenting key patient findings and data accurately to an attending physician | YES / NO |
| 5. Awareness of their own limits of knowledge and authority | YES / NO |
| 6. A willingness to ask for help when indicated | YES / NO |
| 7. Sufficient skill and competency to supervise junior residents | YES / NO |

The Resident has demonstrated adequate competency in the above areas and is appropriate to be supervised with “indirect supervision with direct supervision immediately available” or “indirect supervision with direct supervision available”.

The Resident is aware of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Faculty Printed Name: _____ Date: _____

Faculty Signature: _____

Resident Printed Name: _____ Date: _____

Resident Signature: _____

CAP Fellow Version

The **ACGME** has defined three levels of supervision:

1. **Direct Supervision**: The supervising physician is physically present with the resident and the patient.
2. **Indirect Supervision with Direct Supervision Immediately Available**: The supervising physician is physically within the site of care and is immediately available.
3. **Indirect Supervision with Direct Supervision Available**: The supervising physician is not physically present within the site of care but is immediately available by telephone or other electronic modality, and is available to provide direct supervision.

The Fellow demonstrated:

- | | |
|--|----------|
| 1. Sufficient skill in gathering an appropriate history | YES / NO |
| 2. Sufficient knowledge of emergency child and adolescent psychiatry | YES / NO |
| 3. Knew key elements of a risk assessment, including an accurate assessment of suicidality, homicidality and psychosis | YES / NO |
| 4. Competency in presenting key patient findings and data accurately to an attending physician | YES / NO |
| 5. Awareness of their own limits of knowledge and authority | YES / NO |
| 6. A willingness to ask for help when indicated | YES / NO |
| 7. Sufficient skill and competency to supervise junior residents | YES / NO |

The Fellow has demonstrated adequate competency in the above areas and is appropriate to be supervised with “indirect supervision with direct supervision immediately available” or “indirect supervision with direct supervision available” and to have a “supervisory role of junior residents”.

The Fellow is aware of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Faculty Printed Name: _____ Date: _____

Faculty Signature: _____

Fellow Printed Name: _____ Date: _____

Fellow Signature: _____

Child and Adolescent Psychiatric Interview Evaluation Form

Fellow/Resident Name: _____ Date: _____
Supervising Faculty: _____ Patient Initials: _____

*Please rate on a scale of 1=Poor, 2=Fair, 3= Average, 4= Good and 5= Very Good
Circle the prompts which are not addressed in the write up*

1. Chief Complaint, identifying information (Age, Sex, Grade, School, Living situation)

Rating _____ Comments:

2. History of Present Illness (Symptoms, duration, course, psychiatric ROS, current stressors)

Rating _____ Comments:

3. Past Psychiatric History (Previous treatment, outpatient, inpatient, medication trials, effectiveness or side effects, suicide attempts, self-harm behaviors)

Rating _____ Comments:

4. Family History (Biological parents and their family- history of psychiatric illness (suspected/confirmed by a psychiatrist), substance abuse, suicide, homicide, illegal activities, siblings)

Rating _____ Comments:

5. Medical History (Head injury, seizures, major medical illness, current medications, allergies)

Rating _____ Comments:

6. Substance Abuse History (Onset, frequency, amount, last use, drug of choice)

Rating _____ Comments:

7. Social Abuse History (Trauma exposure, physical, sexual, verbal abuse, neglect, CPS involvement)

Rating _____ Comments:

8. Social (Biological parents age, education, occupation, marital status, relationship at time of birth; religious/cultural issues, friends, interactions with peers/adults, interests)

Rating _____ Comments:

9. Developmental History (Pregnancy illness, in utero exposures, delivery weight, complications, jaundice, colic; milestones - walking, talking, toilet training; temperament, separation difficulties)

Rating_____ Comments:

10. Educational History (Grades, special education, behavior, interactions with peers/adults in elementary/middle/high school, suspensions, expulsions)

Rating_____ Comments:

11. Legal History (Paper arrests, charges, adjudications, probation, custody status/issues)

Rating_____ Comments:

12. Mental Status Examination (Appearance, interaction, motor activity, speech, mood/affect, thought process, SI,HI/plans, hallucinations, delusions, orientation, memory, attention, intelligence, insight, judgment)

Rating_____ Comments:

13. Assessment (Case formulation with relevant biological, psychological, social or cultural factors)

Rating_____ Comments:

14. Differential Diagnosis

Rating_____ Comments:

15. Treatment Plan (Include discussion of risks, benefits, side effects of medications: patient agreement with medication or other proposed treatment, Bio-psycho-social Treatment Interventions)

Rating_____ Comments:

General Comments:

Overall Rating_____ (Score of ≥ 45 acceptable for indirect supervision)

Supervisor's Signature _____ **Trainee's Signature** _____

TITLE: Circumstances Requiring Faculty Involvement	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The ACGME Requirements for Graduate Medical Education in Child and Adolescent Psychiatry has stated that “**programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members**”.

Policy: All fellows and residents rotating in child and adolescent psychiatry will be aware of the circumstances and situations of which supervising faculty members need to be immediately made aware.

Procedure:

Death of a Patient

1. In the event of the death of a patient (in any clinical setting), the attending faculty, program director, and Chairman of the Department of Psychiatry should be informed.
2. If appropriate, the Office of Risk Management will be informed. The fellow, resident and attending faculty will follow all guidelines put forth by the Office of Risk Management.
3. If appropriate, a Morbidity & Mortality Conference (or QUIPS) may be convened.
4. Other circumstances/situation (listed below) that require immediate direct faculty involvement will be reported to the attending physician and the program director as soon as possible. These circumstances may also require the involvement of the Office of Risk Management.
5. Any relevant information gleaned from the discussion or plan of action resulting from these events may also be forwarded to the Quality Improvement/Assurance Committee within the hospital.

Other circumstances/situations that require immediate direct faculty involvement on any rotation:

- Attempted or completed patient suicide
- Serious adverse drug events
- Complaints by family or other persons regarding professional or ethical boundary violations
- Physical assault by a patient or family member
- Serious injury to a patient
- Physical assault of a resident or attending by a patient
- Serious injury of a resident or attending by a patient
- Legal issues including child abuse or elderly abuse reporting
- Complex and serious cases with unclear presentations due to overlap of medical and psychiatric symptoms

- Complicated issues related to systems of care and interactions between these systems and/or other medical specialties
- Parent/guardian's refusal to follow recommendation for a child's inpatient treatment
- Requests for unplanned discharges or to leave "Against Medical Advice" (AMA)
- Uncooperative or difficult patient or family members
- Subpoenas or other legal documents involving a patient
- Legal issues including laws and statutes regarding the reporting of other medical professionals

TITLE: Transitions of Care	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The CAP fellowship training program is responsible to design clinical assignments to optimize transitions in patient care including their safety, frequency and structure.

Policy:

- 1) The CAP program must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- 2) Programs must ensure that fellows are competent in communicating with team members in the hand-over process.
- 3) The CAP program and clinical sites must maintain and communicate schedules of attending physicians and fellows currently responsible for care.

Procedures:

Off-site Clinical Rotations:

1. As fellows' transition from one rotation site to another, the incoming fellow will contact the outgoing fellow to discuss each patient currently on the service, including any key clinical issues or areas of concern of which the incoming fellow needs to be aware.

Outpatient Clinic Rotations:

- 1) Fellows are assigned the same patients for the entire academic year.
- 2) At the end of each academic year, each fellow will create a log of their current patients and the Chief Fellow is responsible for transferring each of these patients to the incoming fellows.
- 3) In some cases, fellows may arrange for a patient who is particularly challenging or complicated to have a joint appointment with both the incoming and outgoing fellow to assist in the transition.
- 4) Each patient is made aware of the change in fellow assignment prior to the initiation of the change to address any issues or concerns.

Child and Adolescent At-Home Call:

- 1) At the end of each day, the fellow or resident rotating on the consultation-liaison (C/L) service will contact the on-call fellow or resident to inform them of any patients that have been seen and still have pending issues or concerns that need to be addressed, or if they are aware of any patients for which a consult has been requested but not yet seen by the C/L service.
- 2) At the end of a night of call, the on-call fellow or resident will contact the C/L service fellow or resident in the morning to alert them of any patients that have been seen overnight or for any ongoing issues or concerns for patients who still need to be followed up again by the C/L service. Please see the rotation sections for at-home call and the C/L service for further details.
- 3) At the end of a weekend call shift, the at-home call resident or fellow will contact the C/L service fellow or resident on Monday morning to alert them of any patients seen over the weekend, or who need further evaluation or follow-up from the C/L service that day.

Consultation/Liaison (C/L) Service:

1. To ensure all fellows are competent in communicating with team members in the hand-over process:
 - a. Fellows and residents rotating on the child C/L service will be expected to communicate their findings and recommendations to the consulting team immediately after discussing with the attending faculty.
2. To help the sponsoring institution ensure the availability of schedules that inform all members of the health care team of attending physicians and fellows who are currently responsible for each patient's care:
 - a. A call schedule is created on a monthly basis by the chief fellow and staff and is distributed before the beginning of each month.
 - b. The call schedule indicates the fellow and attending physician who is on call each night, phone numbers at which they can be reached, and the hours of availability.
 - c. This call schedule is distributed to all fellows, faculty and staff in the department of psychiatry, and necessary clinical sites, and is made available to the Hospital Operator who is able to be reached 24 hours a day.

Fellow unable to perform patient care responsibilities due to excessive fatigue, illness or emergency:

1. The resident will contact the program coordinator, the program director, the attending physician and the chief resident that they are unable to fill patient care responsibilities.
2. The chief resident will work with the fellows and the attending physicians to arrange for appropriate coverage of the patients.

TITLE: Patient Safety, Quality Improvement (QI), and Quality Assurance (QA), in the Learning & Work Environment	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: Fellowship education must occur in the context of a learning and working environment that emphasize the following principles:

- Excellence in the safety and quality of care rendered to patients by fellows.
- Excellence in the safety and quality of care rendered to patients by fellows in their future practice.
- Excellence in professionalism through faculty modeling of:
 - The effacement of self-interest in a humanistic environment that supports the professional development of physicians.
 - The joy of curiosity, problem-solving, intellectual rigor and discovery.
- Commitment to the well-being of the students, residents/fellows, faculty members, and all members of the health care team.

- 1) All physicians share responsibility for promoting patient safety and enhancing quality of patient care. The child and adolescent psychiatry (CAP) fellowship training program must prepare fellows to provide the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by fellows who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.
- 2) Fellows must demonstrate the ability to analyze the care they provide, understand their roles within health care teams, and play an active role in system improvement processes. Graduating fellows will apply these skills to critique their future unsupervised practice and effect quality improvement measures.
- 3) It is necessary for fellows and faculty members to consistently work in a well-coordinated manner with other health care professionals to achieve organizational patient safety goals.

Policy: A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

PROCEDURE:

A. PATIENT SAFETY

Culture of Safety

1. The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. In addition, the program must have a structure that promotes safe, interprofessional, team-based care.
 - a. Fellows receive education from the rotation supervisor at each of the training sites they rotate through regarding the patient safety processes at each rotation location.
 - b. Fellows are expected to attend any Patient Safety related activities on each rotation to which they are assigned.

Education on Patient Safety

1. Programs must provide formal educational activities that promote patient safety-related goals, tools and techniques
 - a. Fellows receive structured, formal education on patient safety activities while on their Consultation-Liaison Service rotation.

Patient Safety Events

1. Reporting, investigation and follow-up of adverse events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems-based changes to ameliorate patient safety vulnerabilities.
 - a. During orientation, fellows are made aware of the policy and procedure for reporting adverse events or other clinical situations that require the involvement of the attending faculty.
2. Residents, fellows, faculty members and other clinical staff must know their responsibilities in reporting patient safety events at the clinical site, know how to report patient safety events, including near misses at the clinical site and be provided with summary information of their institution's patient safety reports.
 - a. During orientation, fellows are made aware of their responsibilities in reporting patient safety events.
 - b. Chief residents who participate in the Sponsoring Institution's Chief Resident Immersion Training are also provided additional education on institution-wide safety initiatives.
3. Fellows must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions.

Fellow Education and Experience in Disclosure of Adverse Events

1. Patient-centered care requires patients, and when appropriate families, to be apprised of clinical situations that affect them, including adverse events. This is an important skill for faculty physicians to model, and for fellows to develop and apply.
 - a. All fellows must receive training in how to disclose adverse events to patients and families. Fellows have the opportunity to practice this skill in their Case-Based Instruction didactics, as well as monthly clinical case conferences.
 - b. Fellows should have the opportunity to participate in the disclosure of patient safety

events, real or simulated. Fellows are afforded this opportunity while on rotation in both outpatient and inpatient clinical settings, and the C/L Service rotation.

B. QUALITY IMPROVEMENT

Education in Quality Improvement

1. A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary in order for health care professionals to achieve quality improvement goals.
 - a. Fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities.
 - b. Fellows are provided with formal education during their structured didactics, as well as ongoing discussions at each clinical site.

Quality Metrics

1. Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts.
 - a. Fellows and faculty members must receive data on quality metrics and benchmarks related to their patient populations.

Engagement in Quality Improvement Activities

1. Experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.
 - a. Fellows must have the opportunity to participate in interprofessional quality improvement activities that include activities aimed at reducing health care disparities.
 - b. QI/QA guidelines are reviewed during orientation.
 - c. Fellows participate in the outpatient QA/QI quarterly meetings on a rotating basis. The fellow, Medical Director of the CAP Outpatient Clinic and the Outpatient Clinic Director will review patient charts on a regular basis for quality measurements and best practices (see attached forms).
 - d. Chief Residents also have the opportunity to participate in institution-wide patient safety and quality improvement activities.

**Child and Adolescent Psychiatry
Quality Assurance Checklist**

**CONFIDENTIAL PEER REVIEW
Protected Under ARS36-2401**

Resident: _____ Date: _____ Supervisor: _____

Patient Initials: _____ Record #: _____

Indicators For Charting	Comp	Incomp	Comment
Supervisor Identified (3x5 outside pocket card)			
Progress Notes Current (see missing dates in comments)			
Treatment Plan Completed Within 7 days of Intake			
Treatment Plan signed by Patient/Guardian and Dated			
Treatment plan Signed by both Therapists and Dated			
Treatment Plan Updated as Required			

Indicators For Medication Use	Comp	Incomp	Comment
Medication Allergies Noted on the Medication Flow Sheets Updated Annually (Check Incompletes)			
Medication Indication Present			
Medication Contraindications Absent			
Medication Flow Sheet Updated and Signed			
Informed Consent Current			
Neuroleptics- Metabolic Syndrome Screening Requirements Documented			

Additional Comments/ Recommendations:

Resident Signature: _____

Supervisor Signature: _____

Reviewer Signature: _____

Reviewer Signature: _____

**Child and Adolescent Psychiatry
Quality Assurance Checklist**

**CONFIDENTIAL PEER REVIEW
Protected Under ARS36-2401**

Resident: _____ Date: _____ Supervisor: _____

Patient Initials: _____ Record #: _____

Indicators for Charting (for first year fellow)

Development History	Complete	Incomplete
Pregnancy		
Delivery		
Temperament		
Milestones		

Indicators for Charting (for second year fellow)

Biopsychosocial Formulation	Complete	Incomplete
Biological Factors		
Psychological Factors		
Social Factors		

Comments:

Resident Signature: _____

Supervisor Signature: _____

Reviewer Signature: _____

TITLE: Professionalism and Fatigue	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The CAP fellowship training program, in partnership with the University of Arizona College of Medicine – Tucson must educate fellows and faculty members concerning the professional responsibilities of physicians, including their obligation to be appropriately rested and fit to provide the care required by their patients.

Policy: The learning objectives of the CAP program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching and didactics without excessive reliance on fellows to fulfill non-physician obligations and ensure manageable patient care responsibilities.

A. PROFESSIONALISM

1. The program director must provide a culture of professionalism that supports patient safety and personal responsibility.
2. Fellows and faculty members must demonstrate an understanding of their personal role in:
 - a. The provision of patient and family centered care,
 - b. Safety and welfare of patients entrusted to their care, including the ability to report unsafe conditions and adverse events,
 - c. Assurance of their fitness for work including:
 - i. Management of their time before, during and after clinical assignments.
 - ii. Recognition of impairment including from illness, fatigue, and substance use in themselves, their peers and other members of the health care team.
 - d. Commitment to lifelong learning,
 - e. Monitoring of their patient care performance improvement indicators,
 - f. Accurate reporting of clinical and educational work hours, patient outcomes and clinical experience data.
3. Fellows and faculty members must demonstrate responsiveness to patient needs that supersedes self-interest including the recognition that under certain circumstances, the best interests of the patient may be served by transitioning that patient’s care to another qualified and rested provider
4. Programs must provide a professional, respectful and civil environment that is free from mistreatment, abuse, or coercion.
 - a. Fellows are educated during Orientation of their professional obligation to report unprofessional behavior.
 - b. The University of Arizona College of Medicine – Tucson has a program and process for reporting, investigating and addressing such concerns.
 - c. The program description can be found at their website:

<http://medicine.arizona.edu/education/professionalism/members>.

- d. The Professional Conduct Comment Form can be found at <http://medicine.arizona.edu/education/professionalism/members> for reporting both exemplary and unprofessional behaviors.

B. FATIGUE MITIGATION

1. The CAP program must educate all fellows and faculty to recognize the signs of fatigue and sleep deprivation and in alertness management and fatigue mitigation processes.
2. The CAP program must encourage fellows to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
3. The CAP program must ensure continuity of patient care in the event a fellow may be unable to perform their patient care responsibilities due to excessive fatigue.
4. The CAP program must ensure adequate sleep facilities and safe transportation options for fellows who may be too fatigued to safely return home.

Procedure:

On a weekday:

The resident or fellow will contact the CAP program coordinator or the program director and the chief fellow upon the completion of their shift. The resident or fellow will inform one of these individuals of the issue and one of the following mechanisms will be put into place:

1. First, the resident or fellow will attempt to contact a family member, significant other, spouse, friends, neighbors, or any other individuals they feel might be available to transport them home.
2. If the resident or fellow is unable to find an individual who can transport them home, the resident or fellow will be provided with bus fare (up to \$5.00) and an appropriate bus schedule (with transfers, if necessary) to allow them to arrive home safely without having to transport themselves.
3. If the resident or fellow does not live near a bus route, the resident or fellow will be transported to their home by an available resident, staff member, or faculty member.
4. If there is not an available driver to transport, the resident or fellow will be provided with funds and an Uber/Lyft or taxi will be contacted by the fellowship program staff to transport the resident to their home.
5. In each case, the resident or fellow will be responsible for finding their own transportation back to the facility where their vehicle has been left.
6. It is the responsibility of the resident or fellow to find transportation and be prepared to arrive at their next scheduled shift on time.

On a weekend:

1. The resident or fellow will contact the Chief Fellow and inform them of their situation at the completion of their shift.

2. The Chief Fellow will assist with the following procedure after receiving the resident or fellow's call:
 - The resident or fellow will attempt to contact a family member, significant other, spouse, friend, neighbor, peer, or any other individuals they feel might be available to transport them home.
 - If the resident or fellow is unable to find an individual who can transport them home safely, the Chief Fellow will look up the bus schedules for the resident or fellow that can accommodate the resident or fellow's home address.
 - When an appropriate route is found, the Chief Fellow will request the resident or fellow use this route and keep their purchased bus passes.
 - These purchased bus passes should be submitted to the finance coordinator within one week for reimbursement.
 - In the event the resident or fellow does not live near a bus route, the Chief Fellow will Uber/Lyft or taxi to transport the resident to their home.
 - The Chief Fellow will inform the resident to keep a copy of their receipt for the ride and tell the resident to submit it to the finance coordinator within one week for reimbursement.

TITLE: Resident Well-being and Wellness	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: In today’s health care environment, there is growing recognition that fellows and faculty are at increased risk for burnout and depression. Psychological, emotional, and physical well-being are critical in the development of the competent, caring, and resilient physicians. The CAP fellowship training program, the University of Arizona College of Medicine – Tucson and the Accreditation Council for Graduate Medical Education (ACGME) are committed to the well-being of residents and faculty, and have the responsibility to address well-being in addition to other aspects of resident competence. The ACGME has established new Common Program Requirement to address these concerns.

Policy: The CAP program is responsible to address resident/fellow well-being and has established this policy and procedures to ensure compliance with the ACGME CPRs regarding Well-Being.

Procedure: The CAP program is responsible to address fellow well-being in the same way it evaluates other aspects of fellow competence.

1. The CAP program has a responsibility to ensure efforts are made to enhance the meaning that each fellow find in the experience of being a physician, including protecting time with patients, minimizing non-physician obligations, providing administrative support, promoting progressive autonomy and flexibility and enhancing professional relationships.
2. CAP fellows are each assigned long-term mentors who meet with them monthly for mentorship and career development and are available to discuss issues related to resident well-being and strategies to maintain and develop joy and meaning in their work.
3. CAP fellows have clinic schedules developed in coordination with the medical director of the outpatient CAP clinic to ensure enough time is protected for fellows to see patients and for supervision.
4. The CAP fellows are part of a multidisciplinary healthcare team, and their roles as part of that team is identified in the CAP training manual for each clinical experience. Efforts are made to minimize non-physician duties in the clinical environment including the social work involved in disposition planning. As part of the agenda for monthly CAP education committee meetings, fellows have an opportunity to inform the committee when non-physician duties are becoming excessive. The program director and the site supervisor work together with the health care team to minimize these requests.
5. CAP fellows are provided with clinical supervision that is designed to promote progressive

autonomy and flexibility. The CAP faculty each work with the fellows individually to determine the appropriate balance of supervision and autonomy.

6. The CAP program provides many opportunities to enhance professional relationships.
7. The CAP program has responsibility to ensure that appropriate scheduling, work intensity and work compression does not negatively impact fellow well-being.
8. The CAP program has responsibility to evaluate workplace safety data and address the safety of fellows and faculty members.
 - a. Fellows have the opportunity to raise concerns regarding workplace safety during monthly CAP education committee meetings. The faculty will work together with the program director and the site supervisor to address any issues raised for any clinical site.
9. The CAP program is responsible to ensure policies and programs that encourage optimal fellow and faculty member well-being.
 - a. Fellows are given the opportunity to attend medical, mental health and dental care appointments including those scheduled during working hours. Please provide as much advance notice as possible to minimize disruption to the clinic and other fellows.
 - b. When a CAP fellow needs to attend an appointment, the fellow will inform the program coordinator, program director, and the site supervisor of the time needed off service. They are responsible to coordinate with the site supervisor, as needed to ensure clinical coverage is provided during the time away.
10. The CAP program provides 5 sick days and 5 wellness days. The spirit of wellness days is to support ongoing stamina and overall wellness throughout the year. These days are provided in addition to sick days to allow for periodic breaks or activities that will support wellness. They are not intended to be used as vacation. Wherever possible, early notification for wellness days is appreciated, however they can also be taken when needed in case of a wellness emergency.

The CAP program is responsible to attend to resident and faculty member burnout, depression, and substance abuse. The program, in partnership with the University of Arizona College of Medicine - Tucson, must educate faculty members and residents in identification of the symptoms of burnout, depression, and substance abuse and how to recognize these symptoms in themselves and how to seek appropriate care. The CAP program is responsible to ensure they are able to assist those who experience these conditions by providing the following:

- 1) Fellows and faculty are educated on the signs and symptoms of burnout, depression and substance abuse.
- 2) Fellows are made aware of resources in the community for issues related to burnout, depression and substance abuse.
- 3) The University of Arizona College of Medicine, provide access for residents and fellows to a house staff counselor who is available to provide confidential counseling and

psychological support to all residents and their families.

- 4) The House staff Counselor contact information can be found at: <http://medicine.arizona.edu/education/graduate/graduate-medical-education/university/housestaff/counselor>
- 5) The Graduate Medical Education Committee (GMEC) has established a Wellness Committee and will be developing a website with resources and screening tools for depression, burnout and substance abuse.
- 6) Fellows are encouraged to alert the program director if they are concerned that another member of the health care team may be displaying signs of burnout, depression, substance abuse, suicidal ideation or signs of violence.

There are circumstances in which a fellow may be unable to attend work. When a fellow is unable to attend work, the following procedure will be followed.

On a weekday:

- a. The fellow will contact the site supervisor, program coordinator and program director to inform them they will not be able to attend work.
- b. The site supervisor will work with the program director to ensure appropriate coverage of clinical responsibilities.
- c. The program coordinator will log the day as “sick leave or wellness”

On a weekend:

- a. The resident or fellow will contact the program director and program coordinator to inform them they will not be able to attend work.
- b. The chief fellow will work with the program director to find appropriate clinical coverage as needed.
- c. The program coordinator will log the day as “sick leave or wellness”.

TITLE: Moonlighting Policy	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: To ensure that fellows interested in moonlighting can gain this experience without interfering with the goals and objectives of the training program, the Child and Adolescent Psychiatry Fellowship training program has instituted a Moonlighting Policy in accordance with the Graduate Medical Education (GME) Moonlighting Policy.

http://medicine.arizona.edu/sites/medicine/files/moonlighting_policy_1.pdf

Policy: A fellow in the CAP training program will have the opportunity to moonlight provided the experience does not interfere with the fellow’s ability to achieve the goals and objectives of the educational program, and must not interfere with the fellow’s fitness for work, nor compromise patient safety.

Procedure:

1. Any time spent by fellows moonlighting in “Internal and External Moonlighting”, as defined in the ACGME Glossary of Terms, must be counted toward the 80-hour Maximum Weekly Hour Limit.
2. A fellow interested in moonlighting will complete the Moonlighting Information Sheet to provide a written description of the experience, including the time commitment and responsibilities, to the program director.
3. The program director will review the fellow’s current performance in the training program, to ensure the fellow is meeting the expectations of the goals and objectives of the training program before presenting the request at the next CAP Education Meeting.
4. Requests for moonlighting will be discussed during the next CAP Education Meeting. However, any urgent requests for moonlighting can be approved **provisionally** by the program director, until the request can be presented for full discussion during the next CAP Education Meeting.
5. Once a request for moonlighting has been approved, any change in the moonlighting experience or time commitment must be communicated by the fellow to the program director by resubmitting the “Moonlighting Information Sheet” with the new information and submitted for approval. Any requests for changes in moonlighting will also be discussed during the next CAP Education Meeting.
6. If at any time, a faculty member believes that moonlighting may be interfering with a fellow's responsibilities or job performance, it will be brought to the attention of the program director.

The program director will review the fellow's performance and discuss during the next CAP Education Meeting. A decision will be made at the time to either allow the fellow to continue as is, require the fellow to decrease the amount of time moonlighting, or stop moonlighting altogether.

7. Moonlighting experiences and clinical and educational work hours will be monitored by the CAP program director to ensure compliance with the policy, and to ensure continued adequate performance of the training goals and objectives.
8. Moonlighting will not be performed during normal University of Arizona working hours of 8:00am to 5:00pm Monday through Friday, or while scheduled for on-call responsibilities as part of their regular fellowship training.
9. University of Arizona office space, equipment or beepers will not be used while moonlighting.
10. Any fellow found to be in noncompliance with the above procedures will be subject to disciplinary action, including the potential to be dismissed from the training program.
11. Any external moonlighting experiences by fellows are not covered by the Malpractice Insurance provided by the Sponsoring Institution for clinical care given during the course of the Child and Adolescent Psychiatry Fellowship Training Program.
12. Fellows who have been approved for Moonlighting in previous years, must complete a new Moonlighting Information Sheet annually following the procedure described above. All moonlighting requests must be renewed and approved annually.

MOONLIGHTING INFORMATION SHEET

FELLOW NAME: _____ DATE OF REQUEST: _____

New Request for moonlighting experience? (YES/NO)

Request for continuation of moonlighting experience already in progress? (YES/NO)

1. What moonlighting activities are you currently contemplating, or, how are you considering changing the moonlighting activities you are currently participating in?

2. Where will the above moonlighting activities take place?

3. What is the nature of the moonlighting work which you contemplate doing?

4. How frequently are you planning to moonlight?

5. How many hours will you be spending on a typical moonlighting shift?

APPROVED / NOT APPROVED (Circle One) FOR CURRENT ACADEMIC YEAR: _____

EXPLANATION:

Sally Boeve, M.D., Program Director,
Child and Adolescent Psychiatry Fellowship Training Program

TITLE: Selection Policy	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The child and adolescent psychiatry (CAP) fellowship training program faculty seek to recruit qualified individuals who are committed to furthering their education in psychiatry with a focus on children and adolescents and their families.

Policy: To ensure that the CAP fellowship training program identifies the best qualified applicants for CAP training, the CAP fellowship training program complies with ACGME and institutional requirements for fellow eligibility.

The Graduate Medical Education (GME) policy on Selection and Eligibility can be found at <https://medicine.arizona.edu/sites/default/files/eligibilityandselectionpolicy.pdf>.

The CAP fellowship training program participates in the Electronic Residency Application System (ERAS).

Procedure:

1. Potential applicants will complete an application for the fellowship training program through ERAS, which can be located at <http://www.aamc.org>.
2. A completed application will include:
 - A completed application form.
 - The Medical School Program Evaluation (MSPE) letter.
 - The applicant’s official medical school transcript.
 - A letter from the applicant’s current program director stating the applicant is in good standing and completed all the requirements of general psychiatry training in a satisfactory manner.
 - At least two (2) current letters of recommendation from the applicant’s current training program.
 - A current Curriculum Vitae.
 - A personal statement indicating the applicant’s interest in child and adolescent psychiatry training, career goals in child and adolescent psychiatry and interest in training specifically at the University of Arizona.
 - Documentation of VISA status for international graduates.
 - Documentation of ECFMG certification, when applicable.
 - Verification of completion of three Clinical Skills Evaluations (CSEs) by the time of matriculation to the program.
3. Each application will be reviewed for the eligibility requirements as they become available and given to the program director when complete. After review by the program director, each completed application will be distributed to members of the CAP Faculty and the Chief Fellow for approval to invite for an interview. Applicants selected for an on-site interview will be

contacted as soon as possible.

4. Fellowship programs must receive verification of each entering fellow's level of competency in the required field using ACGME or CanMEDS Milestones assessments from the core residency program.
5. Applicants must demonstrate sufficient command of English to permit accurate and unimpeded communication.
6. Interviews will be scheduled on a first come, first serve basis. Applicant interviews will be completed on-site, unless other arrangements have been made, or in unusual or unanticipated circumstances.
7. On-site interviews will be completed over the course of a day.
8. Each interviewer will complete an evaluation form (see attached) that will be returned to the program coordinator in a timely manner. The program coordinator will compile the completed evaluations for the selection committee to review.
9. At the end of the interviewing cycle, the CAP Faculty and residents will meet to discuss and review the applicant files and make suggestions for final ranking for participation in the National Residency Matching Program (NRMP).
10. All policies and procedures from the NRMP governing the "Match" will be followed.
11. No applicants will be offered a position in the fellowship training program outside of the NRMP.
12. All fellows accepted to the program will be formally notified of the length of the program before the start of the academic year, and this length will not change during the course of training without mutual agreement unless there is an interruption in the fellow's education or that requires remedial education.
13. Complete contracts for fellowship positions will be sent to prospective fellows as they become available.
14. All records of applications, including letters of recommendation, will be kept on file in the office of the program director. If a fellowship position is offered and accepted, the file will automatically become part of the fellow's academic record. Once all fellowship positions are filled for a given year, application records for individuals interviewed will be kept on file in the program coordinator's office for one year and all other application records will be shredded and disposed.
15. If an applicant wishes to re-apply in a subsequent year, a new application and updated letters of recommendation will be required.

The University of Arizona Department of Psychiatry

CONFIDENTIAL INTERVIEW SUMMARY



Applicant: _____ Date _____

<p><i>Please check the appropriate boxes using the scale given.</i></p> <p><i>Comments about these characteristics should include strengths and weaknesses (2nd page)</i></p>	<p>OUTSTANDING</p>	<p>SUPERIOR</p>	<p>AVERAGE</p>	<p>FAIR</p>	<p>UNACCEPTABLE</p>
<p>Flexibility: Ability to be flexible vs. rigid; ability to respond to unanticipated changes or unfamiliar situations; ability to handle competing time demands.</p>					
<p>Motivation. Desire for a career in child psychiatry.</p>					
<p>Communication Skills: Ability to articulate ideas, concepts, opinions; clarity of expression.</p>					
<p>Interpersonal Skills: Warmth, openness, ability to relate effectively and sensitively to others.</p>					
<p>Sincerity: Honesty, Frankness, Maturity, Responsibility, etc.</p>					






(OVER)

Applicant's Strengths:

Applicant's Areas for Improvement:

Additional Comments:

OVERALL RANKING

0	1 2 3 4	5 6 7 8	9 10 11 12	13 14 15 16
Unacceptable	Below Average	Good	Above average	Excellent
				

Interviewer (Print Name) _____

Signature _____

PLEASE RETURN SAME DAY TO:
sjlockwood@psychiatry.arizona.edu

Susan Lockwood Program Coordinator
Child and Adolescent Psychiatry

TITLE: Resident Files	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: To ensure a process that protects information located in a fellow’s academic file and ensures the information is secure and available only to those individuals in the fellowship training program who are required to have access to this information during the course of training.

Policy: Fellow academic files are kept in a secure area of the Child and Adolescent Psychiatry (CAP) Fellowship Training Program and are available only to those faculty and staff who necessarily have access to academic files for issues related to fellowship training. Additionally, all fellows may view their academic file upon request.

Procedure:

- All academic files for fellows are kept in a locked file cabinet in an area designated for work by the CAP Program Coordinator. The files are only accessible when the Program Coordinator is present.
- The CAP Program Director, Program Coordinators for Psychiatry Education, and the Department Chair of Psychiatry have access to academic files.
- Academic files of the fellows may also be reviewed by the Clinical Competency Committee as needed to fulfill the mission of promoting fellows and managing performance issues or concerns that may arise during the course of training.
- Any fellow may have access to his/her own academic file.
- If a fellow wants to review their file, they will inform the program coordinator in writing.
- A copy of the request to review the academic file will be placed in the academic file and a time will be established to allow for the review.
- If requested, the fellow will be provided with a copy of their academic file.
- The academic files of fellows should not be removed from the program coordinator’s office.

TITLE: Leaves of Absence and Time Away	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: Time away from work for illness, vacation or to attend scholarly activities is important and necessary for resident well-being.

Policy: In coordination with the psychiatry residency program, the CAP training program has established a policy for time away from work and leaves of absence based on guidelines established at the University of Arizona College of Medicine - Tucson.

http://medicine.arizona.edu/sites/medicine/files/resident_fellow_manual.uacom_gme_june_2017.pdf

Fellows are expected to attend 70% of regularly scheduled didactic sessions.

Procedure:

Paid Time Off (PTO)

1. All planned leave must be requested at least 60 days prior to the proposed leave date. This is done in order to better facilitate clinic appointments since intakes are scheduled 60 days out.
2. The CAP program allows fellows a total of 20 vacation days, 5 sick days and 5 wellness days. These days must be used each year as they do not accumulate or roll into the next year.
3. To request time away, the Child and Adolescent Psychiatry Request for Leave Form (see below) must be completed, and all required signatures from the site supervisor, the resident/fellow who will be providing clinical coverage and the CAP Chief Resident must be obtained prior to submission.
4. Once the Request for Leave Form is completed, it is submitted to the CAP program director for final signature; final signed copy is submitted the program coordinator who tracks fellow time off.
5. To ensure a fellow does not take so much leave at any given time as to compromise their ability to accomplish the training goals of a given rotation, a fellow may only take up to two weeks of vacation and/or combined sick leave at a time.
6. In accordance with the psychiatry residency program's vacation policy, PGY2 residents rotating in their required child and adolescent psychiatry rotation may take up to 5 vacation during this rotation, in the outpatient month of the rotation only (month 2).
7. Vacation time is not approved for first year CAP residents during the last week of June or for any CAP resident during the first week of July (also during PRITE or OSCE).

8. The fellow must send notification to The Department of Psychiatry list serve indicating dates away and who is covering: psychdept@list.arizona.edu. The fellow will send an email to the appropriate clinical sites to confirm the dates they will be away, and inform who (if anyone) will be covering for them at that site.

9. Fellow must create an autoreply in your email programs stating when you are away, who is covering and when you'll return.

Sick Leave

When a fellow is requiring a sick day, the fellow must notify the site supervisor, program director, program coordinator and Chief Resident as soon as possible. The Chief Resident will work with the fellows and faculty to ensure appropriate clinical coverage for that day. Sick days cannot be used for vacation time or to extend a vacation. If available sick time is exhausted then the expectation is to use available vacation time.

Fellows must not take so much sick leave either alone or in combination with vacation and/or conference leave during a given rotation such that it compromises the educational objectives of the rotation.

Conference/Scholarly Days

1. The CAP program allows fellows to take an additional five (5) conference days per year. This time may be used to attend and travel to a conference, seminar, board review course or other academic activity that has been approved by the Program Director.

2. Conference time may not be taken during the time of the scheduled CHILD PRITE or the OSCE, and is discouraged during the last two weeks of June or during the first two weeks of July, unless alternate arrangements are made with the program director.

3. Conference attendance must be reviewed and approved in advance by the program director with the completion of the Request for Leave Form.

4. Once approval is obtained, the fellow must complete a Travel Form which are available from the program coordinator. A University Travel Order will be prepared. Three to four weeks of notice must be provided in order to process these sheets. **TRAVEL ORDERS CANNOT BE PREPARED AFTER THE TRIP.**

Holidays:

There are 6 recognized Banner holidays. Some fellows will have to be on call on holidays. Effort will be made to make this as fair as possible. If not on call or work required by regular rotation, fellows are not required to work on these holidays:

Independence Day
Labor Day
Thanksgiving Day

Christmas Day
New Year's Day
Memorial Day

If the fellow is at a site other than a Banner facility they will abide by the holidays recognized at that site unless they are on call.

Leaves of Absence

- 1) All Leaves of Absence must be approved by the Program Director and will be granted in accordance with Banner Health policy. For information concerning the FAMILY MEDICAL LEAVE ACT, contact Human Resources at the Banner.
- 2) A compelling personal issue may prompt a fellow to request an extended Personal Leave of Absence (PLOA), which the Program Director may approve. PLOAs are available, with approval, for no more than 12 weeks; however, such leave will be limited to no longer than the fellow's length of employment.
- 3) A fellow may qualify for leave under the Family Medical Leave Act (FMLA) to address their own medical issue, or the medical issue of an immediate family member. The fellow should discuss eligibility for this type of leave with the Graduate Medical Education (GME) Office.
- 4) All requests for unpaid leaves of absence must be submitted to the program director with a letter indicating the reason for the leave and the proposed leave schedule, and will be reviewed in accordance with Banner Health policy.
- 5) In the event that sufficiently large leaves of absence are taken, a decision will be made by the program director, in consultation with the site supervisor and the CCC, to determine whether the fellow must make up part, or all, of the rotation in order to obtain credit for it.
- 6) Any significant leave of absence may affect the completion date of the fellowship program and will be determined by the Program Director in consultation with the requirements of the specialty's certifying board's criteria and in consultation with the CAP Clinical Competency Committee (CCC).
- 7) Should the allowed cumulative leave time be exceeded, the fellow will be required to extend the length of his/her training program.
- 8) The Program Director, in consultation with the CAP CCC shall specify the make-up period, the educational goals and the requirements of the relevant specialty. The curriculum agreed upon by the Program Director and resident/fellow will be documented.

TITLE: CAP Fellow Evaluation and Promotion Policy	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: The CAP fellowship training program follows the Accreditation Council for Graduate Medical Education (ACGME) Guidelines for CAP Resident Evaluation during training.

Policy: In order to comply with the ACGME guidelines for fellow evaluation, the CAP fellow evaluation policy will ensure CAP fellows are evaluated according to these guidelines.

Procedure:

A. FELLOW EVALUATION

1. The Program Director has the responsibility of overseeing the fellowship program.
2. The program director must appoint the Clinical Competency Committee (CCC).
 - a. At a minimum, the CCC must be composed of three members of the program faculty.
 - b. The program director may appoint additional members of the CCC.
 - c. These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program’s fellows in patient care and other health care settings.
3. There must be a written description of the responsibilities of the CCC.
4. The CCC must:
 - a. Review all fellow evaluations semi-annually
 - b. Prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to the ACGME
 - c. Advise the program director regarding fellow progress, including promotion, remediation and dismissal.
5. To review fellow progress and performance, the CCC will review evaluations from clinical rotations, CHILD PRITE scores, OSCE performance, performance in courses and seminars, feedback from self-assessments, peer evaluations, among others. If there is evidence of academic difficulties, specific remedial recommendations will be made to the program director. In the case of problems deemed severe enough to warrant probation or termination, the “Due Process Guidelines for Residents and Fellows” will be followed.
6. As part of the monthly CAP Faculty Meetings, resident educational progress and performance will be discussed to ensure early identification of any problems or concerns.

7. The Fellow's performance may also be assessed separately in courses, seminars or on clinical rotations by the CAP faculty. Faculty may choose to use written tests and/or required papers as a means of evaluation.

B. FELLOW FORMATIVE EVALUATION

1. The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

2. The program will:

- a. Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.
- b. Use multiple evaluators such as faculty, peers, patients, self, and other professional staff.
- c. Document progressive fellow performance improvement appropriate to educational level.
- d. Provide each fellow with documented semiannual evaluation of performance with feedback.

3. For each clinical rotation, supervising faculty will complete a mid-rotation evaluation of the fellows' performance. This will be used to provide formative feedback and to establish educational goals for the final half of their rotation.

4. At the end of each clinical rotation, supervising faculty will complete a final evaluation of the fellows' performance. When possible, this evaluation should be reviewed with the fellow at the end of their rotation.

5. The evaluations of fellow performance will be accessible for review by the fellow, in accordance with institutional policy.

6. The program will maintain records of all evaluations required in this section, and these will be made available on review of the program.

7. In addition to periodic assessments, the fellows will participate in an annual written examination of medical knowledge (CHILD PRITE).

8. In addition to periodic assessments, fellows will participate in an annual clinical skills examination, an Objective Clinical Skills Examination (OSCE).

9. Fellows are responsible to be present for and complete both the CHILD PRITE and the OSCE each year.

10. The program director is available to discuss either the OSCE or CHILD PRITE prior to the examination dates, should fellows have any questions or concerns about the format or content.

11. Should a fellow not perform adequately on any section of either the OSCE or CHILD PRITE, remedial work may be outlined by the program director in an individualized learning plan.

12. Fellows can elect to take the Annual Clinical Examination (ACE) or the PRITE in General Psychiatry.

13. The fellows' teaching abilities will be observed and evaluated by CAP faculty and will be documented by evaluations from faculty members and/or learners.

14. Duty hours are monitored closely and fellows are instructed to enter duty hours weekly.

15. To ensure a variety of patients and diagnoses are seen during training, residents will maintain a patient log of all of their clinical contacts which will be monitored closely throughout training. This information will be reviewed and incorporated into the resident's six-month evaluations and efforts will be made to ensure each fellow is seeing a breadth of patients and diagnoses.

C. FELLOW SUMMATIVE EVALUATION:

1. CAP specific Milestones will be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program.

2. The program director will provide a summative evaluation for each fellow upon completion of the program.

3. The summative evaluation will become part of the fellows' permanent record maintained by the institution, and will be accessible for review by the CAP resident in accordance with institutional policy.

4. The summative evaluation will document the fellows' performance during the final period of education.

5. The summative evaluation will verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

6. The summative evaluation will include documented evidence of any unethical behavior, unprofessional behavior, or clinical incompetence. Where there is such evidence, it must be comprehensively recorded, along with the response(s) of the fellow.

7. When preparing the Summative Evaluation, the program director will ensure:

- i. Decisions are based on pre-established criteria and thresholds, not as measured against the performance of past or current fellows
- ii. Decisions are based on current performance and not based on formative assessments that capture the process of developing abilities
- iii. Fellows are informed when an assessment is for summative purposes rather than formative purposes
- iv. The summative evaluation is discussed with the fellow and that the fellow receives a copy of the summative evaluation for his or her records

8. The program director will meet with the fellow to discuss the content of the Summative Evaluation.
9. The fellow will acknowledge receipt of the Summative Evaluation by signing an acknowledgement, which will verify that the program director has discussed the evaluation with the resident.
10. The program director will provide the fellow with a form of release, authorizing the program to provide a copy of the Summative Evaluation and to respond to specific questions about a fellow's training. If the fellow does not sign the release, the program will acknowledge that on the release form
11. A copy of the final Summative Evaluation letter and signed release will be forwarded to the GME office.

TITLE: Child and Adolescent Psychiatry Fellows Due Process	
Source: Child & Adolescent Psychiatry Fellowship	
Distribution: Faculty, Fellows and Staff	
Revised Date: 6/1/2020	Program Director: Sally Boeve, MD

Purpose: For concerns regarding performance or conduct, fellows enrolled in the CAP fellowship training program at the University of Arizona College of Medicine – Tucson are entitled to due process.

Policy: The CAP fellowship training program follows University of Arizona, College of Medicine – Tucson established Due Process Guidelines for Residents and Fellows.

Procedure:

1. The Due Process Guidelines for Residents and Fellows may be found at:
http://medicine.arizona.edu/sites/medicine/files/due_process_guidelines_2017.pdf



COLLEGE OF MEDICINE TUCSON
Psychiatry

To whom it may concern:

I hereby attest that the policies and procedures for the University of Arizona College of Medicine, Child and Adolescent Psychiatry Fellowship Training Program have been read, reviewed and updated annually.

Signed: Sally Boeve, MD
Sally Boeve, MD
Program Director

Dated: June 23, 2020