

**POLICIES AND GUIDELINES FOR
THE PSYCHIATRY RESIDENCY TRAINING PROGRAM**

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INTRODUCTION:

The updated policies and guidelines in this manual are effective July 1, 2014 and will be made available to all current Residents and to all applicants to the program prior to their interview. Current and prospective Residents will be required to sign a statement that he/she has reviewed this document. This statement will be filed in the Applicant/Resident File.

The District of Columbia Department of Behavioral Health (DBH) is an executive agency within the government of the District of Columbia (the “District”). DBH is responsible for operating Saint Elizabeths Hospital, which provides inpatient behavioral health services to voluntary, civilly committed and forensic patients. DC Department of Behavioral Health Saint Elizabeths Hospital (the “Hospital”) is the sponsoring institution for a program of graduate medical education in psychiatry (“Residency Program”) that is accredited by the Accreditation Council of Graduate Medical Education (“ACGME”). The physician designated to oversee and organize the activities for the Residency Program and to maintain the quality of the Residency Program so that it meets the ACGME standards is the Director of Psychiatry Residency Training (the “Program Director”). The Residency Program provides graduate medical education in psychiatry to physicians who have graduated from accredited medical schools (collectively referred to as the “Residents” and each individually as a “Resident”). “Participating Institution” is defined as an institution with which the Hospital has executed an affiliation agreement for the purpose of furthering Residents’ clinical education and training, and to which Residents rotate for a specific learning experience. These policies and guidelines are established by the Graduate Medical Education Committee (defined below) of the Hospital as required by the ACGME.

1. GRADUATE MEDICAL EDUCATION COMMITTEE:

The Graduate Medical Education Committee (GMEC) is constituted in accordance with ACGME guidelines. The functions of the Chairman of the GMEC are fulfilled by the Designated Institutional Official (DIO), the individual who, in collaboration with the GMEC has authority and responsibility for the oversight and administration of the Hospital accredited programs. The DIO and GMEC have the responsibility for ensuring compliance with the ACGME institutional, Common, and specialty/subspecialty-specific Program Requirements.

Composition of the GMEC: The members are the Program Directors of the ACGME accredited programs, the program coordinator, two peer-selected residents/fellows, and the Hospital’s quality improvement officer or his or her designee. GMEC may include additional faculty and at-large representatives from the medical staff and Hospital administration as may be determined by the DIO/Chair GMEC.

a. Responsibility of The GMEC:

- i. Monitors the ACGME accreditation status of the Hospital and its ACGME-accredited programs. Reviews all ACGME program accreditation letters and monitors action plans for the correction of concerns and areas of non-compliance.
- ii. Oversees the quality of the GME learning and working environment within the Hospital, its ACGME-accredited programs, and its participating sites.

- iii. Oversees the quality of the educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as indicated in the ACGME Common and specialty/subspecialty-specific Program Requirements.
- iv. Oversees the ACGME-accredited program's annual evaluation and improvement activities.
- v. Oversees all process related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Hospital.
- vi. Establishes and implements all GME policies and procedures.
- vii. Establishes and implements formal written institutional policies for the selection, evaluation, promotion, and dismissal of Residents in compliance with the Institutional and Program Requirements.

b. The GMEC Reviews and Approves:

- i. Residents and Fellows stipends, benefits, and funding for positions to assure that they are reasonable and fair; and makes recommendations to the Hospital.
- ii. Applications for ACGME accreditation of new programs.
- iii. Requests for permanent changes in residents and fellows complement.
- iv. Additions and deletions of ACGME-accredited program's participating sites.
- v. Appointment of new program directors.
- vi. Progress reports requested by a Review Committee.
- vii. Responses to Clinical Learning Environment Review (CLER) reports.
- viii. Requests for exceptions to duty hour requirements.
- ix. Voluntary withdrawal of ACGME program accreditation.
- x. All required submissions to the ACGME prior to their submission.
- xi. Requests for appeal of an adverse action by a Review Committee.
- xii. Appeal presentations to an ACGME Appeal Panel.

c. Annual Institutional Review (AIR):

The GMEC must demonstrate effective oversight of the Hospital's institutional accreditation through an Annual Institutional Review (AIR). This AIR must include monitoring procedures for action plans resulting from the review, and the DIO must submit a written annual executive

summary of the AIR to the Governing Body the GMEC must identify institutional performance indicators for the AIR which includes:

- i. Result of the most recent institutional self-study visit.
- ii. Results of ACGME survey of residents.
- iii. Notification of ACGME-accredited programs accreditation statuses and self-study visits.

d. Special Review Report:

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. This Special Review must include a protocol that establishes criteria for identifying underperformance; and, results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring outcomes.

Minutes of GMEC meetings are maintained and made available to accreditation personnel including but not limited to ACGME and The Joint Commission (the “TJC”). The DIO reviews and cosigns all program information forms (PIFs) and any documents or correspondence submitted to ACGME. In the absence of the DIO, the DIO designee will fulfill the aforementioned responsibilities.

2. RESIDENT ELIGIBILITY:

Residents shall be selected from applicants with one of the following qualifications for eligibility for appointment to the Residency Program:

- a. Graduates of medical schools in the United States and Canada accredited by the Liaison Committee on Medical Education (LCME)
- b. Graduates of colleges of osteopathic medicine in the United States accredited by the American Osteopathic Association (AOA)
- c. Graduates of medical schools outside the United States and Canada who meet one of the following qualifications:
 - i. Have received a currently valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) or
 - ii. Have a full and unrestricted license to practice medicine in a U.S. licensing jurisdiction.
- d. Graduates of medical schools outside the United States who have completed a Fifth Pathway program provided by an LCME-accredited medical school.

3. RESIDENT SELECTION:

The Program Director, with assistance from the Applicant Selection Committee will select

Residents among eligible applicants on the basis of their preparedness, ability, aptitude, academic credentials, communication skills, and personal qualities such as motivation and integrity. The Hospital will participate in the National Resident Matching Program (NRMP). There shall be no discrimination on the basis of sex, race, age, religion, color, national origin, disability, or veteran status. The selection process proceeds as follows:

- a. Applicants submit an application through the Electronic Residency Application System (ERAS), which is a national, web-based system used by most residency programs and opens in September of each year.
- b. When applications are complete, the program coordinator downloads the applications, and after ensuring that the requirements of Resident Eligibility are met, distributes the applications to members of the Applicant Selection Committee.
- c. Applicant Selection Committee members review application based on written criteria and determines if applicant should be interviewed.
- d. Program coordinator schedules interview with applicant.
- e. Each applicant is scheduled for face-to-face interviews with faculty members. Applicant's acceptance criteria are double-checked at that time.
- f. Each interviewer scores the applicant on several written criteria, and comes up with a composite score. The criteria are determined by the Application Selection Committee annually, and typically involve the following:
 - i. Good communication skills in written and spoken English.
 - ii. Broad interest in human condition and sensitivity to cultural issues.
 - iii. Psychological mindedness and curiosity about psychological functioning.
 - iv. At least three (3) letters of reference from physicians or supervisors familiar with applicant's work.
 - v. No failed grade in USMLE combined history (Step 1, Step 2 CK, Step 2 CS) except 1 failed grade will be accepted if the average of Step 1 and Step 2 scores is 206 or above.
 - vi. If more than five (5) years have elapse since graduation from medical school, USMLE Step 3, **or** a full medical license in a US jurisdiction is required.

The following criteria are highly desirable but not required for acceptance:

- ii. Graduation from medical school in the past 5 years.
- iii. If graduated from medical school more than 5 years ago, continuous clinical experience since graduation, preferably some in the US, and/or postgraduate training in psychiatry.
- iv. Recent clinical experience in the field of psychiatry, one of the letters of reference being from a psychiatrist who has been clinical supervisor.
- v. Passed USMLE Step 3.
- vi. All USMLE scores above 206.
- vii. Research experience/productivity.
- viii. Personal statement indicating creative interest in psychiatry, psychological mindedness and how personal experience is integrated with the desire to become a psychiatrist.

- ix. Language skills in addition to English.
- g. The Applicant Selection Committee meets in February of each year to discuss candidates based on their average composite scores.
- h. The rank order of interviewed candidates is submitted to the NRMP, which uses the candidate's preferences and the various programs' rankings to finalize the selection list.
- i. When the NRMP publishes the binding list of matched candidates in March, the program coordinator gets in touch with matched candidates to ensure that the Residency Program has copies of the following documentation to support the credentialing of selected applicants, prior to their assigned start date (if not already obtained through ERAS):
 - i. Medical School Diploma and Medical School Transcript
 - ii. Dean's letter, in the case of graduates of US or Canadian Schools
 - iii. ECFMG Certificate, in the case of IMGs (International Medical Graduates)
 - iv. Visa documentation, if applicable (if the Hospital is sponsoring the visa, documents which support this must be provided prior to Resident starting training).
 - v. Letters of reference. If the applicant is applying for PGY-II level or above, or has previously been in a postgraduate training program, one of the letters of reference must be from the candidate's former program director.
 - vi. Signed copy of standard release forms, for purposes of supporting requests for verification of applicant's documents, and documenting detailed information to account for Resident's time from graduation from medical school to present, and attestation as to validity of statements made.
 - vii. Signed copy of the District of Columbia standard employment application, (DC 2000 form).
 - viii. Translation of all documents listed above if not in English by certified translation services.
 - ix. All documents shall be from original source (or transmitted through ERAS in accordance with standard ERAS policy).

4. RESIDENT TRANSFERS:

Physicians may enter the Residency Program at the second-year postgraduate level only after successful completion of one of the following:

- a. One clinical year of training in a program in internal medicine, family practice, or pediatrics accredited by the ACGME.
- b. A transitional year program accredited by the ACGME.
- c. One year of an ACGME-accredited residency in a clinical specialty requiring comprehensive and continuous patient care.

For physicians entering at the PGY-II level after completion of such a program, PGY-I training may be credited toward the 48-month requirement.

To determine the appropriate level of education for Residents who are transferring from another

residency program, in addition to the requirements listed in Section 3, the Program Director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring Resident. Verification must include evaluation of professional integrity of the transferring Resident.

This documentation must be received prior to the transferring resident being accepted into the program. Those residents selected at the second postgraduate year or above must have satisfied the training objectives for reaching that level of training.

The applicant must provide the relevant permissions for release of information regarding previous training experiences in order to be considered for the selection process. Board Certification in Internal Medicine, Family Medicine, or Pediatrics is considered adequate documentation of 4 months of primary care, satisfactory performance evaluation, and a certificate of professional integrity from the previous program. The complete application for the transferring Residents will be reviewed and then submitted to the Educational Policy Committee to determine if the candidate is eligible for consideration.

For Resident transferring into this Residency Program, educational program must be sufficiently individualized so that he/she will have met all the educational and clinical experiences of the program, as accredited, prior to graduation.

For Residents transferring out of this Residency Program prior to completion, the Program Director must provide timely written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. Verification must include evaluation of professional integrity of the Resident transferring to another program, including a child and adolescent psychiatry program.

5. EMPLOYMENT PROCESSING:

a. Physical Examination:

The Hospital requires Residents to submit report of a physical examination and certificate of medical fitness prior to any patient contact. The Hospital provides each Resident with the required complete physical examination.

b. Criminal Background Check:

The Hospital requires a criminal background check conforming to the Criminal Background and Traffic Records Check Policy 716.4 TL-83. This check includes a DC Police and FBI fingerprint check.

c. Drug and Alcohol Testing:

The Residents must be in compliance with the District of Columbia's drug and alcohol testing laws in order to protect themselves and insure safety of their patients.

d. Social Security Cards:

Documentation of a social security number as evidenced by a Social Security Card issued by the Social Security Administration is a requirement for employment with the District of Columbia Department of Behavioral Health.

e. CPR/AED Certification:

Residents are responsible for maintaining their certification in cardiopulmonary resuscitation (CPR) and automatic electronic defibrillator (AED). Arrangements will be made for the initial training either during the orientation schedule or as soon as possible after the beginning of the academic year. Thereafter, notices will be posted regarding dates for recertification classes in CPR and it will be Residents' responsibility to enroll and attend these classes as necessary. Each Resident will provide the Residency Program with copies of their current CPR and AED certification verifications for inclusion in their official training folders.

f. Cellular Phones and Laptops:

The Hospital shall issue Residents cellular phones and laptops which they should return when they graduate. General maintenance and service shall be provided by the Hospital

g. Identification Badge:

All Residents are required to wear official Hospital-issued badges at all times while on duty. If a badge is not visible security officers or any members of management may stop a Resident and request identification. Identification (ID) badges are issued by the Department of Behavioral Health to Residents and remain the property of the Hospital. ID badges must be worn to enter and/or exit the building and at all times while on the Hospital premises. Resident should contact Human Resources directly and request a new ID badge in the following events:

- i. badge is turned in as badly worn or damaged,
- ii. job or name change,
- iii. badge is lost or stolen.

Upon termination from the Hospital, Residents are required to return the ID badge to their Program Director prior to issuance of final check.

h. Emergency Notification Information:

Residents shall complete and sign a standard emergency notification form, which shall indicate current home address and telephone number of Resident, at least two next of kin/significant individual to be notified in case of emergency, address for indicated next of kin/significant individuals, and physician to be notified.

6. RESIDENT LICENSURE POLICY:

The purpose of this policy is to comply with the District of Columbia Municipal Regulations for Medicine (DCMR) Section 4611, of Chapter 46 (Medicine), of Title 17 (Business, Occupations, and Professions) regarding pre-licensure practice by students and postgraduate physicians. Residents are required to comply with D.C. laws and regulations regarding the postgraduate physician training licensure requirements, and for obtaining requisite licenses. The DCMR can be found at: <http://doh.dc.gov/bomed>. A Resident may be disciplined for conduct that violates the DCMR. In addition to any disciplinary action by the DC Board of Medicine (the "Board"), the Resident's employment may be terminated by the Hospital.

a. The Postgraduate Physician Medical Training License:

- i. The Board defines a postgraduate physician as a person who holds a degree in medicine or osteopathy who is enrolled in a postgraduate clinical training program

prior to licensure in any jurisdiction in the United States. The Board allows a postgraduate physician to practice medicine in a clinical training program approved by the ACGME, the AOA or the Board, if he/she is a graduate of an accredited US or Canadian medical or osteopathic school, or holds a valid ECFMG certificate, if the graduate qualifies for, and receives a Medical Training License (MTL).

- ii. All postgraduate physicians/residents are required to obtain a MTL prior to starting or continuing residency training. When applying for a MTL, physicians/residents must complete an application form, submit required documentation, license fee, and photo, and undergo a criminal background check (CBC), prior to the onset of the program start date. The application form and instruction package are available online at <http://doh.dc.gov/bomed>.
- iii. The Board has classified the MTL as follows:
 - 1. Type I(A), who are qualifying applicants that are U.S. or Canadian trained medical postgraduate physicians;
 - 2. Type I(B), who are qualifying applicants that are foreign trained postgraduate physicians enrolled in a residency program; or
 - 3. Type II, who are qualifying applicants that are foreign trained medical physicians participating in an ACGME, AOA or Board approved fellowship program.
- iv. The MTL Type I (a) provides a path to full licensure in the District of Columbia after one year of training. The MTL Type I (b) provides a path to full licensure after three (3) years of training. Approval of a Type II licensee for full licensure in the District of Columbia shall be contingent upon the applicant satisfying the requirements specified in DCMR § 4603.
- v. A resident holding a MTL Type I may practice for a maximum of five (5) years in a residency training program if the licensee has a valid agreement with the institution, organization, or agency sponsoring the clinical training program:
 - 1. For graduates of U.S. and Canadian medical schools, the five (5) year period shall begin with the graduation date from medical school; and
 - 2. For graduates of foreign medical schools, the five (5) year period shall begin at the beginning of an ACGME or AOA approved U.S. postgraduate training program.
- vi. Medical training licensees, during the final six (6) months before completion of their training program, may apply for and receive full licensure from another state without having to apply for full licensure in the District of Columbia.
- vii. An MTL is a limited license to practice in a medical education training program. Holders may only practice within the confines of that program including the primary and affiliate sites. The license will be issued for a period not to exceed one (1) year, and renewed if the licensee has a valid agreement with the institution, organization, or agency sponsoring the clinical training program.

b. The DC License Requirements:

If the Resident holds or has at any time held a full and unrestricted license in D.C. or any other jurisdiction in the United States, he/she must have a D.C. full medical license in order to participate in a residency program unless the Resident is an IMG who became fully licensed in a jurisdiction that required him/her to be fully licensed with less than three (3) years of U.S. postgraduate training, when D.C. requires 3 years of postgraduate training for an IMG to be licensed.

7. CONDITIONS OF APPOINTMENT:

a. Financial Support:

The compensation provided to the Residents should be sufficient to ensure that Residents are able to fulfill their educational programs. The annual compensation will be determined in accordance with the Collective Bargaining Agreement, and will be indicated in the yearly Residency Agreement/contract.

b. Contracts:

A written agreement (Resident Agreement/contract) outlining the terms and conditions of the appointment will be provided to the Resident. The format of the Resident Agreement/contract will be provided to the DIO for review and approval for sufficiency. As a minimum, the agreement shall comply with the ACGME Institutional Requirements.

c. Benefits:

The Resident is eligible to receive the following benefits according to the applicable Comprehensive Merit Personnel Act (CMPA) rules as implemented by DBH Personnel rules and regulations, and Employee Benefits determined by the District of Columbia Office of Personnel. Detailed information on these benefits is posted on <http://dchr.dc.gov> and is also available by calling Saint Elizabeths Hospital Human Resources Office at 202-299-5510:

- i. Health insurance
- ii. Dental and Optical coverage
- iii. Group Life Insurance
- iv. Flexible Spending Account which includes Dependent Care Account and Healthcare Spending Account
- v. Short-term and long-term Disability Insurance
- vi. 457 Deferred Compensation Programs
- vii. Employee Assistance Program
- viii. Direct Deposit
- ix. Savings Bond Program
- x. District of Columbia Employees Credit Union
- xi. D.C. College Savings Plan
- xii. Residents may be eligible for Workers Compensation, health insurance bridge coverage as mandated by the Temporary Continuation of Coverage (TCC), and Unemployment Insurance.

d. Leave:

See Section 8

e. Educational Benefits:

The Hospital provides leave and reimbursement to permit Residents to attend educational conferences and to take exams to satisfy licensure requirements. Details are discussed in the Collective Bargaining Agreement.

f. Mail:

The Hospital agrees to provide Residents with mailboxes located in room 238 within the Residency Program's Department. It is specifically agreed that the Hospital assumes no liability, financial or otherwise for stolen, lost or damaged mail and/or packages and the Resident agrees that he/she will hold the Hospital harmless from any claims, actions, or proceedings by any Resident arising from stolen, lost or damaged mail. The Hospital will not arbitrarily or purposely damage, lose or willfully take part in any other action that abuses the Residents' mail.

8. LEAVE POLICY:

The Program Director shall be responsible for establishing policy on scheduling of holiday, vacation, sick, and leave of absence. All leave should be approved well in advance by the Program Director and recorded by the timekeeper. Any planned absence should be discussed and endorsed by all supervisors and class instructors well in advance of the leave. Annual or Educational Leave greater than 4 days or leave that causes absences over a two week period of a particular class or rotation must be approved by the PGY Coordinating Supervisor and the Program Director and recorded by the time keeper in July of each year.

a. Holidays:

Residents shall be entitled to paid government holidays, which usually include New Year's Day, Dr. Martin Luther King Day, Washington's Birthday, D.C. Emancipation Day, Memorial Day, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving and Christmas Day. The list of paid government holidays may be obtained from the website of the District of Columbia Department of Human Resources: <http://dchr.dc.gov>.

b. Annual Leave:

Annual leave earned shall be posted to the Resident's record each pay period before annual leave taken in that period is charged against Resident's annual leave balance. Annual leave is earned in accordance with applicable personnel rules and regulations, and depends on the length of service. Annual Leave is accrued at the rate of 4 hours for every 2-week pay period worked during the first three years of employment and 6 hours thereafter.

Subject to patient care needs and educational requirements, every effort will be made to grant Residents leave for the time requested. If the operation of the Hospital would suffer by scheduling all requests during a given period of time, a schedule will be worked out with all conflicts to be resolved according to the earliest date of application. Residents will be encouraged to schedule Annual Leave throughout the year. Requests by Residents to schedule leave in block of time or to divide vacations into shorter periods shall be determined according to the requirements in Section **13.d** of this Manual (Effect of Leave on Advancement and Graduation). After annual leaves are posted, no changes shall be made unless mutually agreed upon by the Resident and the Program Director or an emergency arises. Any Resident's request for immediate leave due to family death or

sickness shall be considered immediately, and granted or denied within a reasonable period of time.

c. Sick Leave:

Sick leave earned shall be posted to the Resident's record each pay period before sick leave taken in that period is charged against sick leave balance. Sick leave is accrued and granted in accordance with applicable personnel rules and regulations, and the Collective Bargaining Agreement between the Department of Behavioral Health and the Committee of Interns and Residents. Sick leave is accrued at the rate of 4 hours for every 2-week pay period worked. In general, supervisors shall approve sick leave of Residents incapacitated for the performance of their duties. Residents shall request sick leave as far in advance as possible prior to the start of their regular tour of duty on the first day of absence, and each subsequent day, unless extended sick leave has been approved. Residents requesting leave due to illness shall notify his/her rotation supervisor or the designated alternate no later than two hours prior to the start of the workday. Residents wishing to use sick leave for medical or dental appointments shall notify his/her rotation supervisor or the designated alternate 7 days in advance. Residents shall not be required to furnish a doctor's certificate to substantiate a request for approval of sick leave unless such leave exceeds three (3) consecutive workdays. However, if the Program Director has given written notice to a Resident that there is reasonable cause to believe that the Resident has abused sick leave privileges, then the Resident must furnish a doctor's certificate for each absence from work, which is claimed as sick leave regardless of its duration.

Sick leave shall not be charged to Annual Leave unless all of a Resident's sick leave has been exhausted. Residents may be allowed to use Annual Leave in lieu of sick leave but not vice versa, i.e., Residents will not be permitted to use Sick Leave for purposes other than illness/ family leave/ or medical appointments. Flexible scheduling (i.e. assignments to electives, rotations and duties appropriate to the Resident's physical condition) may be programmed within a reasonable period surrounding the Resident's disability and may be combined with the use of paid and/or unpaid leave. Residents have the responsibility to report to their supervisor any illness, which might have a negative impact on their ability to provide patient care in a safe manner. In such cases, the Residency Program may require a medical certificate of fitness for duty before the Resident is permitted to return to regular clinical duties.

d. Leave Voluntary Transfer Program:

The Leave Voluntary Transfer Program allows a Resident who has exhausted all of his/her earned leave to use leave donated by others when the Resident will suffer a loss of income because of a medical emergency. Such Resident must have sustained a substantial loss of income for at least ten consecutive workdays and been employed for one year without a break in service. This program can help ease the emotional and financial burdens felt by a Resident who is seriously ill or has a family member with a medical emergency, and who has exhausted all of his/her annual and sick leave. This program allows coworkers to voluntarily transfer some of their annual leave to the qualifying Residents who can receive up to 320 hours of annual leave.

e. Leave Bank Program:

Under the Leave Bank Program, after one year without a break in service, Residents can make a contribution of 4 hours of annual leave to DBH leave bank in order to become

leave bank members. Should a Resident experience a medical emergency, and after exhaustion of all annual and sick leaves, he/she can apply to DBH leave bank board for withdrawal of annual leave. This withdrawal is only granted to leave bank members and will not exceed 240 hours.

f. Other Leave:

Education Leave, Disability and Family Leave, Leave of Absence, and other categories of leave are covered in the Collective Bargaining Agreement.

9. PROFESSIONAL LIABILITY:

Residents, while providing medical services at the Hospital or at Participating Institutions and while acting within the scope of their employment, will remain covered by the provisions of the Medical Employees Protection Act of 1975, D.C. Code, Section 2-415(b) (2001 ed). A Participating Institution is defined as an institution with which the Hospital has executed an Affiliation Agreement for the purpose of furthering Residents' clinical education and training, and to which Residents rotate for a specific learning experience. The District of Columbia is self-insured, and responsible for money damages assessed against medical employees who are sued for actions taken within the scope of their employment is set forth in D.C. Official Code §2-415(b).

10. RESIDENT DUTY HOURS IN THE LEARNING AND WORKING ENVIRONMENT:

a. Professionalism, Personal Responsibility, and Patient Safety:

- i. The Residency Program and the Hospital will educate residents and faculty members concerning the professional responsibilities of physicians to appear for duty appropriately rested and fit to provide the services required by their patients.
- ii. The Residency Program is committed to and responsible for promoting patient safety and resident well-being in a supportive educational environment.
- iii. The Residency Program is committed to ensure that residents are integrated and actively participate in interdisciplinary clinical quality improvement and patient safety programs.
- iv. The learning objectives of the program will be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational event; and, not be compromised by excessive reliance on Residents to fulfill non-physician service obligation.
- v. The Program Director and the Hospital will ensure a culture of professionalism that supports patient safety and personal responsibility, Residents and faculty members shall demonstrate an understanding and acceptance of their personal role in the following:
 1. Assurance of the safety and welfare of patients entrusted to their care;
 2. Provision of patient- and family-centered care;

3. Assurance of their fitness for duty;
 4. Management of their time before, during, and after clinical assignments;
 5. Recognition of impairment, including illness and fatigue, in themselves and in their peers;
 6. Attention to lifelong learning;
 7. The monitoring of their patient care performance improvement indicator; and,
 8. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.
- vi. All residents and faculty members shall demonstrate responsiveness to patient needs that supersedes self-interest. Physicians shall recognize 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.

b. Hand-off and Transition of Care:

- i. Definition: The hand-off refers to the transfer of information that takes place when the transition in the care of the patient is occurring. The information transferred to manage this discontinuity is referred to as the sign-out. In the course of a patient's care, it is often necessary to transfer responsibility and accountability for this patient from one physician to another. Hand-offs occur upon admission, at shift changes, before and after procedures, upon unit changes, and at discharge.
- ii. Purpose: Hand-offs are high-frequency events in which critical information about a patient's clinical status, including current condition and recent and anticipated treatment, must be transferred completely and accurately to ensure safe and effective continuity of care. Proper hand-off should prevent the occurrence of errors due to failure to communicate changes in the status of a patient that occurred during that shift. The purpose of this hand-off policy is to standardize the hand-off process, and ensure high quality hand-off practice essential for a safe and high quality of care.
- iii. The Residency Program will design clinical assignments to minimize the number of transitions in patient care. When patient care occurs, the Hospital and the Residency Program will ensure and monitor effective, structured hand-off processes to facilitate both continuity of care and patient safety.
- iv. Hand-off communication will occur electronically via email. The resident initiating hand-off (i.e., the resident going off service) is responsible for preparing the transferring of care summary and to send it to all members of the health care team of attending physicians and residents. In unusual circumstances and/or emergency situations the hand-off will occur face-to-face. In such cases, the resident will discuss the case with the attending. During the hand-off, residents have the opportunity to ask and respond to questions.
- v. A new system will be set up whereby each psychiatrist and each general medical officer and nurse practitioner on the units will send an email to a new email

mailbox (one for GMO/NP and one for the psychiatrist) notifying the night/weekend on-call person of any patient that they have concerns about, what to expect, and what they would like done. The mail box will be set up to automatically distribute the emails to a list of members of the clinical team who may need to know.

c. Alertness Management/Fatigue Mitigation:

- i. The Residency Program will:
 1. Educate all faculty members and Residents to recognize the signs of fatigue and sleep deprivation.
 2. Educate all faculty members and Residents in alertness management and fatigue mitigation processes.
 3. Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back up call schedules.
- ii. The Residency Program will have a process to ensure continuity of patient care in the event that a Resident is unable to perform his/her patient care duties.
- iii. The Hospital will provide adequate sleep facilities to Residents who may be too fatigued to safely return home.

d. Resident Duty Hours:

Duty Hours are defined as all clinical and academic activities related to the Residency Program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty Hours do not include reading and preparation time spent away from the duty site. These standards apply to all Residency Program training sites, including, but not limited to, current Participating Institutions.

i. *Maximum Hours of Work per Week:*

1. 80 Hours limit: Duty Hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.
2. Moonlighting: Moonlighting that occurs within the Residency Program or DBH, i.e., internal moonlighting, as well as any external moonlighting will be counted towards the 80-hour weekly limit on Duty Hours.
 - A. Moonlighting must not interfere with the ability of the Resident to achieve the goal and objectives of the educational program.
 - B. PGY-I and PGY-II Residents are not permitted to moonlight.

ii. *Mandatory Time Free of Duty:*

1. 1 Day Free: Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day defined as one continuous 24-hour period free

from all clinical, educational, and administrative activities. At-home call cannot be assigned on these free days.

iii. ***Maximum Duty Period Length:***

1. 16 Hours for PGY-I Residents: Duty periods of PGY-I Residents must not exceed 16 hours in duration.
2. 28 Hours for all other Residents: Duty periods of PGY-II, PGY-III, and PGY-IV Residents may be scheduled to a maximum of 24 hours of continuous duty in the Hospital. Residents may be allowed to remain on site for an additional four hours for effective transition in care.
 - A. Residents will not be assigned additional clinical responsibilities after 24 hour of continuous in-house duty. No new patients may be accepted after 24 hours of continuous duty. A new patient is defined as any patient for whom the Resident has not previously provided care.
 - B. Residents are encouraged to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hour of 10:00pm and 8:00am is strongly suggested.

iv. ***Minimum Time Off Between Scheduled Duty Periods:***

1. PGY-I Residents: PGY-I Residents should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
2. PGY-II Residents: Intermediate-level Residents should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.
3. PGY-III and PGY-IV Residents: Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour maximum duty period length, and one-day-off-in-seven standards. It is desirable that Residents in their final years of education have 8 hours free of duty between shifts. Circumstances where these Residents stay on duty or return to the Hospital with fewer than eight hours free of duty is not allowed.

v. ***Maximum Frequency of In-House Night Float:***

1. Residents will not be scheduled for more than six consecutive nights of night float.

vi. ***Maximum In-House On-Call Frequency:***

1. The objective of on-call activities is to provide Residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when Residents are required to be immediately available in the assigned institution.

2. PGY-II, PGY-III, and PGY-IV Residents will be scheduled for in-house call no more frequently than every-third-night when averaged over a four-week period.

vii. ***At-home call (pager call)***

1. At-home is defined as call taken from outside the assigned institution. The frequency of at-home call is not subject to the every-third-night limitation. However, at-home call will not be so frequent or taxing as to preclude rest and reasonable personal time for each Resident.
2. Residents taking at-home call will be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period. When Residents are called into the Hospital (or Participating Institution) from home, the hours Residents spend in-house are counted toward the 80-hour limit.
3. The Program Director and the faculty will monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

e. **Oversight:**

i. **Employee Self Service (“ESS”) PeopleSoft Module for E-Time Entry:**

1. E-time Mandatory Registration and Time Entry: ESS is a component of PeopleSoft that allows Residents to record directly and accurately their daily duty hours in order to get paid. Human Resources will issue Residents a PeopleSoft ID and a temporary PeopleSoft password at the beginning of the Residency Program. After obtaining their PeopleSoft ID and temporary password, it is mandatory for Residents to report time worked in ESS by login onto the following link: <https://pshcm.dc.gov>. The Program Director will verify and approve time.
 - A. PeopleSoft Employee Self Service allows Residents to review their records, update personal information, and includes access to:
 - I. E-Pay: enables to enter time, view basic payroll information and print copy of latest earning statement online. E-Pay is a collaborative application that gives immediate access to personal payroll data.
 - II. E-Benefits: enables online access to view benefits information. Residents will also be able to access their Health, Life, FSA, and Retirement benefits information online as well.
 - III. E-Profile: enables to update name, address, marital status, and emergency contact information.

ii. **E-Value Mandatory Registration and Duty Hours Entry:**

1. E-Value is an on-line computer program, a web-based tracking and performance management system created by Advanced Informatics. This on-line computer program is used for tracking many aspects of residency programs including duty hours. Residents will be enrolled in E-value by the program coordinator. After obtaining an E-value ID and password, Residents are responsible for entering accurately and timely their daily duty hours on E-value. It is mandatory that duty hours be entered for every day, including weekends and holidays at least once a week.
2. There are four categories of work hour tasks: Planned, Unplanned, Vacation, and Non-Duty. Residents will be trained as to which type of task to choose when recording work hours. Residents will be able to report duty hours down to the minute. E-value has identified ACGME Duty Hours Standards into four different violation rule sets refer to as followed (also refer to Section 10 of this Manual):
 - A. Rule 1: 24 hour breaks: Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, education, and administrative activities.
 - B. Rule 2: 80 hour work week: Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities. When Residents are called into the Hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
 - C. Rule 3: maximum shift length should be less than 28 hours: Continuous on-site duty, including in-house call must not exceed 24 consecutive hours. Residents may remain on duty for up to *four* additional hours to transfer care of patients.
 - D. Rule 4: 10 hour shift break: Adequate time for rest and personal activities must be provided. This consists of a *10 hour* time period provided between all daily duties and after in-house call for PGY-1 and PGY-2. For senior Residents (PGY-3 and PGY-4) a *10 hour* gap between shifts is desirable and an *8 hour* gap in shifts is required. After 24 hours of continuous call residents should have at least *14 hours* off. When a Resident's regular duty hour is unusually prolonged due to unexpected circumstances, the Resident must delay the start of the next workday in order to avoid fatigue and allow the time period required between shifts. In such case, the Resident shall notify his/her rotation supervisor and Program Director no later than two hours prior to the start of the workday or as soon as possible prior to the start of the workday.

iii. **Duty Hours monitoring**: Duty hours will be monitored to ensure appropriate balance between service obligation and education. The DIO is responsible for monitoring duty hours on a monthly basis with the following E-value issued

reports:

1. ACGME Report: ACGME poses six questions for all programs regarding duty hours as part 7b of the Web Accreditation Data System.
 - A. *Excluding call from home, what was the average number of hours on duty per trainee per week?*
 - B. *On average how many days per week of in-house call were trainees assigned?*
 - C. *Excluding call from home, what was the maximum number of continuous hours worked by any trainees?*
 - D. *How many times (in the last four weeks) have trainees worked more than 30 continuous hours? This includes an in-house call immediately following a regular duty shift. The total number of times for all residents.*
 - E. *On average how many days (in the last four weeks) did each trainee have completely free from all educational and clinical responsibilities?*
 - F. *On average, how many hours off did each trainee have between duty shifts (Duty shifts include in-house call)?*
 2. Duty Hours Statistic: This report will summarize duty hours by trainee over 28 day periods.
 3. Duty Hours Violations: This report will identify Residents who have worked hours not in compliance with ACGME duty hour rules over a period of time.
 4. Duty Hours Compliance: This report will summarize how Residents are complying with the recording of the duty hours.
 5. Duty Hours Data Download: This report will generate download listing of individual duty hours logs.
- iv. Residents who have not entered duty hours for all days will receive a notice of non-compliance with Duty Hour Standards, and reported to the Program Director. In such case, Residents will be requested to provide an explanation and record duty hours within 7 days. A violation notice will be sent to Residents for whom E-value has reported a violation of Duty Hour Standards rules. In such case, Residents will only be requested to provide an explanation within 7 days. Residents will not be allowed to make any changes or corrections in the system in case of violation even if such violation resulted from a mistake while recording duty hours. Repeated non-compliance and/or violations notices will lead to a notification letter to the Resident, signed by the DIO and the Program Director. This notification letter will be included in the Resident's file.

f. Work Environment:

The Hospital and Participating Institutions will provide services and develop systems to minimize the work of Residents that is extraneous to their educational programs, ensuring that the following conditions are met:

- i. Residents on overnight duty in the Hospital will be provided adequate and appropriate food services and sleeping quarters.
- ii. The Hospital will provide adequate lounge, toilet, shower and on-call facilities for both genders. All facilities will be cleaned as necessary, and specifically the on-call facilities will be provided with clean bed linen. In the event the level of cleanliness needs review, the Residents may request such review with the Director of Medical Affairs. The Hospital shall give the Residents sufficient notice of any planned renovation or movement of on-call rooms, lounges, locker rooms, and toilet facilities.
- iii. Patient support services, such as intravenous services, phlebotomy services, and laboratory services, as well as messenger and transporter services will be provided in a manner appropriate to and consistent with educational objectives and patient care.
- iv. An effective laboratory and radiological information retrieval system will be in place to provide for appropriate conduct of the educational programs and quality and timely patient care.
- v. A medical records system that documents the course of each patient's illness and care will be available at all times and will be adequate to support the education of Residents, quality-assurance activities, and provide a resource for scholarly activity.
- vi. Appropriate security and personal safety measures will be provided to Residents in all locations including but not limited to parking facilities, on-call quarters, hospital and institutional grounds, and related clinical facilities (e.g., medical office building).

11. SUPERVISION OF RESIDENTS:

The Residency Program will ensure proper and consistent supervision of Residents in their delivery of patient care. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced Resident. Other portions of care provided by the Resident can be adequately supervised by the immediate availability of the supervising faculty member or Resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

- a. The clinical responsibility for each Resident will be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.
- b. Identification of the respective duties and responsibilities of attending physicians and Residents provides the foundation upon which supervision is based. Residents and faculty members should inform patients of their respective roles in each patient's care.
- c. In the clinical learning environment, each patient has an identifiable, appropriately-

credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to Residents, faculty members and patients.

- d. The Residency Program will ensure that appropriate level of supervision is in place at all times for all residents who care for patients. To ensure oversight of resident supervision and graded authority and responsibility, the Residency Program will use the following classification/levels of supervision:
 - i. Direct Supervision:
 - 1. The Supervising physician is physically present with the resident and patient.
 - ii. Indirect Supervision:
 - 1. 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.
 - 2. 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 provide Direct Supervision.
 - iii. Oversight: The supervising physician will be available to provide review of procedure/encounters with feedback provided after care is delivered.
- e. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each Resident will be assigned by the Program Director and faculty members. Residents assume progressively increasing responsibility for patient care according to their level of training, ability and experience.
 - i. The Program Director will evaluate each Resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - ii. Faculty members functioning as supervising physicians will delegate portions of care to Residents based on the needs of the patient and the skills of the Resident.
 - 1. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each Resident and delegate to him/her the appropriate level of patient care authority and responsibility.
 - iii. Senior residents will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual Resident.
 - 1. The PGY-II, III and IV residents must be certified once during Residency by the Attending Psychiatrist regarding their Competency to supervise before they can start supervising PGY-I residents.
- f. Each Resident must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

- i. In particular, PGY-I Residents should be supervised either directly or indirectly with direct supervision immediately available.
 - 1. PGY-I Residents will be supervised at all times by the attending physician or a senior resident, and provide patient care under direct supervision to ensure patient safety and meet educational goals. The components of Direct Supervision are:
 - A. Educational objectives are defined.
 - B. The supervisor assesses the skill level of the Resident by direct observation.
 - C. The supervisor authorizes independent action by the Resident.
 - D. The supervisor defines the course of progressive independence from performing functions together with decreasing frequency of review. This process starts with close supervision, progressing towards independence as skills are observed.
 - E. Written evaluation and feedback are considered in the progression levels.
 - F. At all times, the Resident has access to advice and direction from the supervisor.
 - 2. PGY-I Residents will progress from direct supervision to indirect supervision only after demonstrating competence in:
 - A. The ability and willingness to ask for help when indicated;
 - B. Gathering an appropriate history;
 - C. The ability to perform an emergent psychiatric assessment; and
 - D. Presenting patient findings and data accurately to a supervisor who has not seen the patient.
- g. Residents must communicate with appropriate supervising faculty members in case the following circumstances or event occur:
 - i. Major Unusual Incident (MUI): Any incident that poses a significant danger or that is likely to result, or has resulted, in serious consequences to the health and safety of individual staff, individuals, or visitors. Some of these incidents may require criminal investigation.
 - ii. Unusual Incident (UI): Any occurrence of event which is different from regular routine and/or which varies from established procedures.
- h. Residents will be provided with rapid, reliable systems for communicating with faculty that supervises residents. All residents will be given Pager numbers or cell phone numbers for the supervising attending to be able to reach them at all times. In the absence of attending due to unforeseen circumstances, the Director of Medical Affairs will ensure that a covering attending is available at all times that the resident is providing patient care.
- i. **Teamwork:** Residents must care for patients in an environment that maximizes effective communication. This must include the opportunity to work as a member of effective multidisciplinary teams that are appropriate to the delivery of care in psychiatry.
- j. **General Supervision:** All Residents receive one (1) hour weekly of additional General Supervision from clinical faculty. General supervisors will meet with the resident at the clinical site or in their offices and provide patient-focused teaching and guidance, using

patient interviews, process notes, resident reports, videotaped interviews, progress notes and the psychiatric interview as resources.

k. Inpatient Rotations:

- i. Residents will be able to identify an available supervising attending at all times during patient care.
- ii. Attending physicians must be available to Residents and must be able to provide direct consultation patient care when necessary.
- iii. Admissions will be discussed with an attending supervisor on the day of admission. The attending psychiatrist will write a note agreeing or amending the resident note and co-sign the admission note.
- iv. Transfers and discharges will be discussed with an attending prospectively.
- v. As often as medically appropriate, attending faculty (or his/her attending faculty back-up), or a licensed Resident will personally supervise the care of all hospitalized patients assigned to his/her service, will document as appropriate and will see patients daily.
- vi. An attending faculty will personally see and supervise inpatient consultations referred to his/her service and ensure appropriate documentation.
- vii. The attending faculty member will be responsible for compliance with ACGME policies in the inpatient setting.

l. Outpatient Rotations:

- i. Residents will be able to identify an available supervising attending physician at all times during patient care.
- ii. Attending faculty will be available to Residents during the entire outpatient clinic session.
- iii. Attending faculty or licensed Resident physicians will personally supervise and appropriately document the care of all patients under the care of unlicensed Residents.
- iv. An attending faculty member will be responsible for service in each specific outpatient site. This individual will be responsible for insuring compliance with ACGME policies.

m. Comprehensive Psychiatric Emergency Program:

- i. Residents will be able to identify an available supervising attending at all times during patient care.
- ii. Attending faculty will be available to Residents.
- iii. Compliance with requirements regarding the supervision of Residents and the care of patients.
- iv. A specific attending faculty member will be assigned to be responsible for compliance with ACGME policies.

n. General Supervision for Call at the Hospital:

- i. Patients admitted to the Hospital: The Resident will call the on-call attending for questions about admission orders and medications overnight. The attending psychiatrist will write a note agreeing or amending the Resident note and co-sign the admission note.
- ii. Patients transferred to another facility: All transfers to another facility should be approved by the attending psychiatrist or general medical officer on call. The

Director of Medical Affairs should be consulted in cases where questions cannot be resolved by the attending psychiatrist or general medical officer.

- iii. Patients being discharged from the Hospital: Any unscheduled discharge from the unit needs to be cleared by the attending psychiatrist on-call or the Director of Medical Affairs.
- iv. When to call the Attending: Anytime the Resident believes it is necessary.
- v. When restraints are needed, the attending psychiatrist needs to assess the patient.

o. Supervisory Procedures:

- i. All Residents will be assigned two supervisors. One will be clinical supervisor and one will be administrative from the full-time attending faculty.
- ii. Resident and supervisor meeting times are to be arranged during the first week in July.
- iii. Supervisory assignments are not elective. It is expected that the Resident will meet on average once weekly with each of his/ her clinical supervisors.
- iv. If some problems arise in the Resident's supervisory experience, every attempt should be made to work it out with the Resident's supervisor since this can be a very meaningful part of the supervisory experience. If the problem cannot be resolved between the Resident and his/ her supervisor, the administrative supervisor (if problems are with clinical supervision) or the Program Director should be contacted to discuss the matter.
- v. The GMEC will expect each supervisor to complete an evaluation of the rotation through E- value period describing the supervisory experience and an evaluation of the Resident's work, to be described in terms of the six competencies described in Section 8 a. This report should be shared with the Resident, discussed and signed. In the same way, an evaluation of the rotation by the Resident regarding his/her views of the supervision and the supervisor is expected.
- vi. All supervisory assignments are made centrally in the Residency Program office. Occasionally a Resident may contact a supervisor about future supervision on his own initiative. This should be immediately reported to the Residency Program office for review and coordination since it is the responsibility of the Residency Program office to make all the assignments.

p. Faculty Expectations and Supervisory Lines of Responsibility: The Faculty plays a fundamental role in the Residency Program. Faculty members are responsible for the comprehensive professional development of the Residents. Faculty members are responsible for Residents training in areas of education, clinical service and supervision, research and scholarship and evaluation. Faculty schedules will be structured to provide Residents with continuous supervision and consultation.

i. Education: As educators faculty members are expected to:

- 1. Teach the six competencies through supervision, didactic seminars, and role modeling on clinical services.
- 2. Teach the art and science of clinical psychiatry including the biological, psychological, and socio-cultural aspects of the field, according to his or her areas of expertise.
- 3. Serve as an academic mentor for Residents who express clinical or academic interests in his or her area of expertise.
- 4. Help teach the Residents how to become educators and supervisors of lay

and professional populations.

- ii. Clinical Service and Supervision: As clinicians faculty members are expected to:
 - 1. Provide clinical supervision for cases presented in a range of settings.
 - 2. Be available for emergency supervision of clinical cases.
 - 3. Provide clinical supervision in areas of his or her areas of clinical expertise.
 - 4. Review clinical reports of assessments and treatment of supervised cases. In all cases, the psychiatrist must review the content of the assessment and write a note to accompany these assessments. The note must detail the review and include any additional information in areas that are not covered in the assessment.
 - 5. Be responsible for the clinical care of patients under supervision.
- iii. Research and Scholarship: As members of an academic Residency Program, each faculty member must have one or more areas of academic expertise. Each faculty member, through supervision, didactic seminars or individual tutorials are expected to:
 - 1. Serve as a mentor for Resident research or scholarship in his or her area of expertise.
 - 2. Instill the means for Residents to pursue career interests in an area of research or scholarship if asked by an interested Resident.
 - 3. Demonstrate continuing professional education and development in his or her area of interests.
- iv. Evaluation of Residents and the Residency Program: As member of the Residency Program, the faculty is crucial in providing ongoing evaluation of Resident performance in the six competencies and in specialized areas of interest. In addition, the faculty is essential in the continued development of the Residency Program. Each faculty member is expected to:
 - 1. Provide ongoing verbal and written evaluations of the Resident's performance in the six competencies.
 - 2. Provide ongoing verbal and written evaluations of the Residents in specialized areas of academic, clinical and administrative performance.
 - 3. Provide ongoing verbal and written evaluations of the Program, including utilization of resources available to the program, the financial and administrative support to the program, the volume and variety of patients available to the program for educational purposes, the performance of members of the teaching staff, and quality of supervision of the Residents (peer review).
 - 4. Demonstrate self-assessment of knowledge, skills and attitude in the process of life-long learning, and personal quality assurance.
- v. Administration of the Residency Program and Departmental Duties: As members of the Residency Program, faculty are expected if called upon to:
 - 1. Serve on clinical or educational committees, such as Educational Policy Committee, Applicant Selection Committee, Graduate Medical Education Committee or others.
 - 2. Interview applicants to the Residency Program.
 - 3. Teach in didactic seminars or provide clinical supervision for Residents.

4. Teach medical students rotating in the Program.
5. Provide clinical and academic consultation in areas of expertise.
6. Represent the Residency Program in local, regional and national meetings.

12. EDUCATIONAL PROGRAM:

In accordance with the Program Requirements, the Residency Program shall develop an educational curriculum based on ACGME general competencies that imparts specific knowledge, skills, attitudes, and educational experiences required in order for its Residents to demonstrate the following:

- a. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- b. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
- c. **Practice-based learning and improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
- d. **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families and other health professionals.
- e. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.
- f. **System-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system for health care and the ability to effectively call on system resources to provide care that is of optimal value.

In addition, the Hospital and the Residency Program require the Residents to:

- a. Undertake a personal program of learning to foster continued professional growth with guidance from the teaching staff;
- b. Participate fully in the educational and scholarly activities of the Residency Program and as required, assume responsibility for teaching and supervising other Residents and students;
- c. Participate on appropriate institutional and departmental committees and councils whose actions affect their education and/or patient care, to further an understanding of the workings of the Hospital and the Residency Program, and to take advantage of the contributions Residents can make (e.g., Graduate Medical Education Committee, Educational Policy Committee, Applicant Selection Committee, Pharmacy and Therapeutics Committee, and Institutional Review Board, etc.)

- d. Participate in an educational program regarding physician impairment, including substance abuse.

The Hospital and the Residency Program require the Residents to submit through E-Value a confidential written evaluation of the faculty and of their educational experiences at the end of each rotation.

13. PERFORMANCE EVALUATIONS, ADVANCEMENT, AND GRADUATION:

a. The Clinical Competency Committee (CCC):

- i. The program Director will appoint a Competency Committee (CCC) composed of faculty members and attending psychiatrists. Semi-annually, the CCC will be responsible for reviewing all Residents' evaluations, monitoring and recording Residents progress on predefined Milestones. "Milestones are competency-based developmental outcome expectations that can be demonstrated progressively by Residents from the beginning of residency through graduation to the unsupervised practice of their specialty." The Program Director will ensure the reporting of Milestones evaluation of each Resident to ACGME.

b. Formative Evaluation of the Residents:

- i. The faculty will evaluate resident performance in a timely manner during each rotation or similar education assignment, and document this evaluation at completion of the assignment.
- ii. The residency program will provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
- iii. The program will use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff).
- iv. Documentation of progressive resident performance improvement will be appropriate to educational level.
- v. Supervisor and Teacher Evaluations: The most important of the Resident evaluation is done on a daily, continuous basis by various levels of supervisors and teachers. The core of the faculty meets weekly at the Education Policy Committee meetings and all more peripheral faculty are encouraged to attend. Noteworthy Resident performance reports are brought up in these meetings, whether salutary or troublesome, and provide a system of constant monitoring. There are formal mid-year and near end of year evaluations on each Resident in the weekly faculty meetings, in which each Resident in the program is discussed by means of the reading of required written evaluations by all clinical supervisors, and teacher, and by verbal report and discussion by all knowledgeable faculty. These evaluations are based on the general competencies developed for each rotation or programmatic experience. The PGY Supervising Coordinator writes a summary report that will be forwarded to and discussed with the Residents. After discussion, it will be signed by Residents and placed in their personnel record. The Evaluations of Residents' performance will be accessible for review by the Residents, in accordance with

institutional policy.

- vi. Program Director will provide each Resident with documented semi-annual evaluation of performance with feedback. During these sessions, the Program Director will discuss Residents' caseloads, didactic attendance, evaluations by supervisors and service directors, and their progress in the program.
- vii. Regular evaluations of the knowledge, skills and professional growth of each Resident, using appropriate criteria and procedures, will be maintained, including complete records of evaluations containing explicit statements on the Resident's progress toward meeting educational objectives and his or her major strengths and weaknesses.
- viii. Written Examinations: The Residency Program will use the nationally given multiple choice Psychiatry Resident in Training Examination (PRITE) as its formal examination of cognitive knowledge that each psychiatric Resident should learn. Given every fall, this test examines both psychiatric and relevant neurological knowledge across biological, psychological and social spheres that are defined in the program's written goal and objectives. Passing will be achieved by a score on the PRITE of the 10th percentile or above within a Resident's own PG year. Residents must achieve a passing score on both the psychiatry and neurology sections of the examination. Although we understand that PGY-I Residents will have had little formal training in psychiatry at the time of the examination, all Residents will take the PRITE exam. A PGY-I Resident who does not pass the exam will not be required to participate in remedial activities.
- ix. ACGME-mandated Clinical Skills Examination: The program will formally conduct an annual clinical skills examination referred to internally as the "mini-board" exam, and will be graded at the current level of training. This exam is fashioned after the Part II exam of the American Board of Psychiatry and Neurology. A faculty member watches the resident conduct a 30-minute board-style interview on a live patient, followed by 30-minute session during which the Resident presents and discusses the case and is asked questions about the case. The resident is assessed on his/her ability to:
 - 1. interview patients and families;
 - 2. establish an appropriate doctor/patient relationship;
 - 3. elicit an appropriate present and past psychiatric, medical, social, and developmental history;
 - 4. assess mental status;
 - 5. provide a relevant formulation, differential diagnosis and provisional treatment plan; and
 - 6. make an organized presentation of the pertinent history, including the mental status examination.
- x. The resident is then given verbal feedback about his/her performance. Written feedback is made part of the Resident Portfolio, which is discussed during the twice-yearly evaluation discussions at the Educational Policy Committee, and is made part of the Resident File. Residents are graded from excellent to fail. Those who fail will undergo immediate individualized remedial work, with reevaluation

until they perform at least acceptably. The program provides continuous close evaluation of clinical skills through its heavy use of supervision.

- xi. ABPN-mandated Clinical Skills Evaluation (CSV) Examinations: In at least three evaluations with any patient type, in any clinical setting, and at any time during the program, Residents must demonstrate satisfactory competence in: establishing an appropriate doctor/patient relationship, psychiatric interviewing, performing the mental status examinations and in case presentation. Each of the three required evaluations must be conducted by an ABPN-certified psychiatrist, and at least two of the valuations must be conducted by different ABPN-certified psychiatrists.

c. Advancement to the Next Year of Training:

- i. In order to be promoted to the next year of training, the Resident must:
 - 1. Complete the curriculum outlined for each year of training in a satisfactory fashion (a maximum of one failed rotation may be allowed with the understanding that it will be completed during the next academic year).
 - 2. Have passed USMLE Step 3 exam by PGY-II (in case of failure to pass Step 3, a plan of action must be submitted by the Resident).
 - 3. Achieve 70% attendance in each didactic courses and conferences.
 - 4. Demonstrate professional behavior. Single or repeated breaches of professionalism by themselves may constitute criteria for non-advancement to the next year of training regardless of any other aspect of performance.
 - 5. Demonstrate good moral and ethical behavior.
 - 6. Be judged capable of performing in a satisfactory fashion at the next level of training.
- ii. PGY-II Residents renewal of contract and advancement to PGY-III is contingent upon passing USMLE Step 3 by January 31st of PGY-II. If a Resident has not passed USMLE Step 3 by the specified date, a written notice of the intent not to renew Resident's contract will be issued no later than four (4) months prior to the end of the Resident's current contract period. However, if the primary reason(s) for non-renewal occur(s) within the four months prior to the end of the contract period, the Resident will be given as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the current contract period.
- iii. PGY-III Residents renewal of contract and advancement to PGY-IV is contingent upon passing 3 Clinical Skills Evaluation (CSV) exams by the middle of PGY-III..
- iv. If any of the above criteria are not met then the Educational Policy Committee will review the circumstances on an individual case basis and make a decision regarding promotion. Any disciplinary actions in a Resident's file during the academic year will be reviewed and discussed.

d. Effect of Leave on Advancement and Graduation:

Make-up time may be required to meet the educational objectives and certification requirements of the training program and/or the American Board of Psychiatry and Neurology when a Resident utilizes excessive leave time. Residents must not take so much leave at a given time as to compromise their ability to accomplish the training goals of a given rotation, or satisfy the ACGME requirements of time and effort dedicated to a

specific rotation. If the period of leave during a rotation is over the 10% of the rotation duration, the Resident may be required to make this time up, and graduation date may be extended. This 10% will include all kinds of leave e.g., annual leave, sick and family leave, education leave, unpaid leave of absence, and conference days away. In such cases, a decision will be made by the rotation supervisor, the Educational Policy Committee and the Program Director as to whether the Resident must make up a portion or the whole rotation in order to obtain credit for it.

e. Graduation From The Residency Program:

- i. Graduation from the 4-year residency program entails the successful completion of the following academic requirements:
 1. Satisfactory completion of clinical rotations.
 2. Demonstration of clinical competency.
 3. Demonstration of ethical conduct.
 4. Achievement of 70% attendance in didactic courses and conferences.
 5. Satisfactory demonstration of the competencies during the three CSV examinations.
 6. Competence in Psychotherapy.
 7. Competence in Psychopharmacology.
 8. Satisfactory scores on the (PRITE).
 9. Completion of a Senior Scholarly Project.

ii. Summative Evaluation:

The Program Director will provide a summative evaluation for each resident upon completion of the residency program. Special-specific Milestones will be used as one of the tools to ensure residents are able to enter the practice of psychiatry without supervision upon graduation.

1. The summative evaluation will document the Resident's performance during the final period of education, and verify that the Resident has demonstrated sufficient competence to enter practice without direct supervision.
2. The final evaluation will also include a summary of any documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence or a statement that none such has occurred. Where there is such evidence, it must be comprehensively recorded, along with the Resident's response(s) to such evidence.
3. The final evaluation will become part of the Resident's permanent record maintained by the Hospital and will be accessible for review by the Resident in accordance with institutional policy.

f. Faculty Evaluation:

At least annually, the program will evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This evaluation will include at least annual written confidential evaluations by the Residents.

14. MOONLIGHTING POLICY:

Moonlighting refers to professional and patient care activities that are external to the educational program.

- a. Residents must not be required to engage in Moonlighting.
- b. Moonlighting activities, whether internal or external, must allow sufficient time for rest and restoration to promote the Residents' educational experience and safe patient care. Therefore, all Moonlighting activities should be closely monitored by the institution and the Program Director.
- c. A prospective, written statement of permission from the Program Director is required to start Moonlighting. A copy of this written approval must be placed in the official Resident File.
- d. Any Resident who Moonlights in the absence of prior written approval from his/her Program Director is subject to disciplinary action.
- e. Only PGY-III and PGY-IV Residents are allowed to Moonlight. Residents are required to have passed USMLE Step 3 examination in order to start or continue Moonlighting.
- f. Residents should make the request for permission to Moonlight using the approved "Moonlighting Application" form. All requests must be renewed in each of the following instances:
 - i. Annually
 - ii. When training schedule changes (e.g., promotion to next PG level).
 - iii. When the number of Moonlighting hours changes.
 - iv. When there is a change in supervisory arrangements for Moonlighting activity.
 - v. When the site of Moonlighting changes.
- g. Because residency education is a full-time endeavor, the Program Director will ensure that Moonlighting does not interfere with the ability of the Resident to achieve the goals and objectives of the educational program.
- h. PGY-III Residents are not allowed to Moonlight more than 16 hours per pay period (8 hours per week averaged over a 2-week period). PGY-IV Residents are not allowed to Moonlight more than 20 hours per pay period (10 hours per week averaged over a 2-week period).
- i. When Residents are called into the Hospital from home while taking at-home call (or pager call), the hours Residents spend in-house at the Moonlighting institution are counted toward to 16-hour or 20-hour per pay period limit for PGY-III and PGY-IV Residents respectively.
- j. Per Duty Hour requirements of ACGME, there should be a time period of at least 10 hours between all daily duty periods and after in-house call. Therefore, the Residents are not allowed to Moonlight after 10:00 P.M. on Sunday, Monday, Tuesday, Wednesday, and Thursday nights.
- k. Residents must accurately report Moonlighting activities to the Program Director every pay period.

- l.** During Moonlighting, the Resident's performance in the Residency Program will be monitored by the Program Director. Should the Resident's performance be affected adversely by the Moonlighting activity, the Program Director reserves the right to withdraw the permission given to the Resident to Moonlight. Such a decision will be communicated to the Resident in writing and a copy of the notice will be placed in the official Resident File.
- m.** Following the decision to withdraw the permission to Moonlight, the Program Director and/or the Residency Program is not liable for any financial and/or other consequences that may result because of and/or following cessation of the Moonlight activities.
- n.** Notwithstanding any other requirements of this or another policy, the total Duty Hours (including hours at the Residency Program and in Moonlighting) must be in accordance with the Duty Hours Policy for Residents.
- o.** All Moonlighting must be counted toward the 80-hour weekly limit on Duty Hours.
- p.** Internal Moonlighting:
 - i.** Moonlighting that occurs within DBH (including Saint Elizabeths Hospital and Comprehensive Psychiatric Emergency Program and the Mental Health Services Division (MHSD) is called Internal Moonlighting.
- q.** External Moonlighting:
 - i.** External Moonlighting is defined as Moonlighting outside of the Department of Behavioral Health.
 - ii.** While engaging in External Moonlighting activities, the Resident is not acting as an employee or agent of the Hospital or DBH and should not be visibly identifiable as the Hospital or DBH employee.
 - iii.** Professional liability is not provided by the Hospital for External Moonlighting activities. All Residents engaged in External Moonlighting activities must obtain proper professional liability malpractice insurance with a minimum of \$1M/3M and should provide the proof of coverage to the Program Director along with the request to Moonlight.
 - iv.** Any Resident holding an H-1B or J-1 visa, by virtue of U.S. Citizenship and Immigration Service (USCIS) regulations and Educational Commission for Foreign Medical Graduates (ECFMG) sponsorship, is not permitted to accept work or receive income in any capacity other than that of a Resident as specified on the sponsorship document issued by the ECFMG or the Labor Condition Application approved by the USCIS.
 - v.** All Residents engaged in Moonlighting must be licensed for unsupervised medical practice in District of Columbia or the jurisdiction of proposed Moonlighting activity.
 - vi.** Residents have to obtain a federal Drug Enforcement Administration (DEA) number and a controlled substance number in the jurisdiction of Moonlighting.
 - vii.** It is the responsibility of the Resident and the institution hiring the Resident to Moonlight to determine whether licensure, DEA number, controlled substance number, professional liability etc. are in place and all laws and regulations in the jurisdiction of Moonlighting have been followed.

15. RESIDENT FILES:

For each Resident the Residency Program will maintain a file (Resident File) that shall contain application materials and credentials, copies of contracts, personnel actions, including promotion, salary increases, initial appointments, etc., copies of visa applications/documentation, requests for/response to verifications, references, a record of all rotations and clinical assignments, a record of all evaluations including outside and in-house electives, and a record of all due process actions. Resident Files may not be removed from the designated area. The Resident may examine his/her Resident File upon request. Such review can occur only in the Residency Program where the specific file is located, under the supervision of the employees of that Residency Program.

In addition, the Collective Bargaining Agreement governs the policy regarding Resident Files.

16. RESIDENCY COMPLETION AND CLEARANCE PROCEDURE:

a. Residency Completion Certificate:

Upon satisfactory completion of residency training, a Certificate of Completion of Residency Training will be provided by the Hospital and the Residency Program for each qualified Resident in the following format: Name of Resident, Position held; Inclusive dates of training. The diplomas will be signed by the Program Director, the Director of Medical Affairs, the Chief Executive Officer of The Hospital and the Director of DC Department of Behavioral Health. When ready, the Program Director should sign first, then forward the Diplomas to the Director of Medical Affairs for signature and forwarding to the Chief Executive Officer and the Director of DBH. Gold seals will be affixed and imprinted with the Hospital Seal by the Residency Program. A copy of the completed diploma will be retained in the official Resident File and the originals issued to the Residents after completion of Termination/Clearance Procedure.

b. Termination/Clearance Procedure:

Upon termination (voluntary or involuntary) of a position as a Resident, the Residency Completion Certificate (or certificate of partial training, if applicable) will be released to the Resident when the Resident has complied with the following clearance procedures:

- i. Complete all medical records, which are available on the day of departure.
- ii. Return all Hospital Property, including library materials, beepers, keys, ID badge etc.
- iii. Obtain all signatures.
- iv. Provide a forwarding address and signature, and agree to provide the Residency Program with forwarding addresses for the next three years.
- v. Complete the standard Resident Clearance form.

Upon completion, the form will be forwarded to the Division of Human Resources for processing.

17. DISCIPLINARY/ADMINISTRATIVE ACTION:

This is covered in the Collective Bargaining Agreement between the Department of Behavioral

Health and the Committee of Interns of Residents.

18. GRIEVANCE PROCEDURE:

This is covered in the Collective Bargaining Agreement between the Department of Behavioral Health and the Committee of Interns of Residents.

19. PHYSICIAN (RESIDENT) IMPAIRMENT POLICY:

The American Medical Association (AMA) defines an impaired physician/Resident as one, whose ability to practice medicine with reasonable skill and safety is impaired because of mental illness, substance abuse, or physical disability. GMEC shall be responsible for the implementation of a process to identify and manage matters dealing with the health of an individual Resident. The education of the Residents about illness and impairment recognition issues specific to physicians shall be done through various continuing medical education activities, Resident Committees and Resident meetings. The purpose of this education is assistance and rehabilitation, rather than discipline, and to aid a physician in retaining or regaining optimal professional functioning consistent with protection of the patient and continuation of the Residency training.

- a. When a Resident's inability to practice medicine with reasonable skill and safety by reason of mental or physical illness including but not limited to deterioration through the aging process, or loss of motor skills or excessive use of drugs including alcohol is detrimental to delivery patient care in accordance with applicable standards or professional practice or disruptive to the operation of the Hospital and/or participating institutions, complaints or self-referral may be made by any member of the faculty and/or by any Resident to the GMEC.
- b. All complaints/self-referrals shall be made in writing, to the GMEC, and shall be supported by references to the specific activities/conduct that constitutes ground for the complaint/self-referral.
- c. The GMEC will appoint an *ad hoc* committee of peers and faculty to evaluate the credibility of the complaint, and monitor the affected Resident and safety of the patients entrusted to his/her care until rehabilitation is completed.
 - The *ad hoc* committee will provide the Resident with information about the availability of counseling and treatment that is confidential, voluntary and non-punitive. This treatment referral is confidential except when limited by law, ethical obligation, or safety of the patient is threatened.
- d. If the impaired Resident does not comply and endangers patients, the *ad hoc* committee will report their findings to the GMEC for appropriate corrective action that includes strict adherence to District and federally mandated laws.

20. EMPLOYEE ASSISTANCE PROGRAM:

The District government offers an Employee Assistance Program (EAP) benefit for employees and their dependents. Employees can access the EAP through self-referral or through referral by a supervisor.

a. INOVA Employee Assistance Program (EAP):

Personal and family problems can make life very difficult, and adversely affect Residents overall performance on the job and their ability to concentrate on their clinical training. INOVA Employee Assistance is a nationally-recognized company, who has been in the business of helping employees manage workplace and family issues for more than twenty-six years. Their counselors are trained, licensed professionals who can advise employees on a wide range of issues, including but not limited to: relationships, family or marital problems, work life issues, legal or financial difficulties, emotional or mental illness, major life or health changes, and substance abuse problems. INOVA Employee Assistance will be providing employee assistance program and work-life referral services to all full-time employees and members of their households.

Residents can arrange counseling for themselves and/or family members by calling Toll Free 24/7 at 800-346-0110. All counseling is strictly confidential. Records of counseling will not be made available to the Program Director or faculty if the counseling was initiated by the Resident. If the Program Director feels that a Resident requires professional counseling because emotional problems of the Resident have compromised his/her ability to work effectively, the Program Director may refer the Resident to EAP for an evaluation. In such situation, the Program Director reserves the right to request a report from the mental health professional regarding the Resident's ability to resume duties. The Resident must give consent to the mental health professional to release such a report.

b. Support Our Staff:

Saint Elizabeths Hospital has a voluntary response team composed of employees in case of incidents. Support Our Staff (S.O.S) is a program responsible for providing support for any staff member who has been traumatized due to an unusual event or incident involving staff and/or patients at the Hospital. Residents in need of help under those circumstances can reach S.O.S team members on call pager 24-hours a day, seven days a week at 202-503-7422. All information is held confidential.

21. ACCOMMODATION FOR DISABILITIES POLICY:

Residents are employees of the District of Columbia Department of Behavioral Health for whom the following policies are applicable:

- a.** DBH Policy 760.2 "Provision of Reasonable Accommodations under the Americans with Disabilities Act (ADA). This provision's signature is in process. In the meanwhile, it can be found under DBH Policy Online with Notice Number 760 issued on May 30, 2006.
- b.** DBH Policy 760.1 "DBH Americans with Disabilities Act Grievance Procedure" issued on July 15, 2002.

22. HARASSMENT POLICY:

Residents are employees of the District of Columbia Department of Behavioral Health who are bound by the following policies:

- a. Mayor's Order 2004-171 "Sexual Harassment" issued on October 20, 2004.
- b. The Human Rights Act of 1977, effective December 13, 1977 (D.C. Law 2-38; D.C. Code §1-2501 *et seq.*)

23. DISASTER RESPONSE POLICY:

This disaster response policy applies in situations where significant number of employees of the Hospital is prevented from reporting for work on time or which requires the Hospital to close all or part of its activities, including emergency situations and major disasters, adverse weather conditions, natural disasters, and other incidents causing disruptions to the Hospital's operations. The ACGME policies and procedures define disaster as "An event or set of events causing significant alteration to the residency experience at one or more residency program(s). Hurricane Katrina is an example of disaster".

a. Statement of Policy:

In the event of a disaster and/or widespread emergency affecting the operations of The Hospital and impacting the Residency Program, the following disaster response policy is adopted as an emergency plan of action to guide the Residency Program in dealing with the specific situation. This policy is intended to supplement existing plans that are applicable at the institutional level. The Residency Program is guided by the following principles:

- i. The Residency Program is committed to ensuring a safe, organized and effective environment for training of its Residents.
- ii. The Residency Program recognizes the importance of Residents at all levels of training in the provision of emergency care in case of an emergency of any kind.
- iii. Decisions regarding continuing deployment of Residents in the provision of medical care during an emergency will be made by the Program Director taking into consideration the safety and health of Residents and the importance of providing emergency medical care.

b. Communication of an Emergency Situation and/or Disaster:

Upon the occurrence of an emergency situation and/or disaster, and in order to inform faculty and Residents as quickly as possible, the following phone tree will be implemented:

- i. The first staff member aware of the emergency must contact the Program Director.
- ii. The Program Director will contact the DIO, and two others faculty members.
- iii. Each faculty member contacted by the Program Director will contact other faculty members in order of phone tree.

- iv. The Program Director will also contact representatives for each PGY level.
- v. Each PGY level representative will contact Residents starting alphabetically until he/she is able to communicate the information to one Resident who will in turn contact the next Resident listed, and so on.

c. Emergency Situation without Alterations to the Residency Program's Educational Activities:

- i. All Residents have been identified and designated "Essential Emergency Employees" by The Hospital. As such, unless otherwise directed by the Program Director, Residents are expected to report for work on time or remain at work in any given emergency situation including but not limited to:
 - 1. Early dismissal of employees
 - 2. Delayed arrival of employees
 - 3. Temporary closure of The Hospital
- ii. As Essential Emergency Employees, Residents may be assigned to perform work other than their regular work and/or in a department other than their regular department. If needed, the Program Director will assist in clarifying the other responsibilities associated with the designation.
- iii. Residents, who are required to work during their regular tour of duty during such emergency situations, will not be entitled to receive overtime pay, credit hours, or compensatory time off for performing work.
- iv. In the event a Resident is unable to report to work in such emergency situations, he/she should inform the Program Director immediately and request leave. The Program Director will make the determination as to whether the Resident has adequate reason for his/her absence. However, if a Resident who is required to work fails to report for duty without informing his supervisor, the Program Director may choose to place such Resident on absence without leave ("AWOL"). In case of AWOL, the Resident may potentially be disciplined at the Program Director's discretion.

d. Emergency Situation and/or Disaster Causing Significant Alterations to the Residency Program's Educational Activities.

i. Declaration of the Emergency Situation and/or Disaster to ACGME:

In the event an emergency situation and/or disaster have caused significant alterations to the Residency Program's educational activities, the DIO will contact the ACGME Institutional Review Committee Executive Director. Similarly, the Program Director will contact ACGME Residency Review Committee Executive Director. The DIO and Program Director will also discuss the disaster plan implementation and needs within the sponsoring institution. Following declaration of a disaster, the GMEC working with the DIO and Program Director and other sponsoring institutions' leadership will strive to restructure or reconstitute the educational experience as quickly as possible. In order to maximize the likelihood that Residents will be able to complete program requirements within the standard

time required for certification in that specialty, the DIO, GMEC, and the Program Director will make the determination that transfer to another program is necessary.

ii. **Temporary Transfer of Residents in case of disaster:**

Once the DIO, the GMEC and the Program Director determine that the sponsoring institution can no longer provide an adequate educational experience for its Residents, the sponsoring institution will to the best of its ability arrange for the **temporary transfer** to alternative sites until such time as the Residency Program is able to resume providing the educational experience.

1. The Program Director will contact program directors at alternative training sites to determine feasibility of transfers as appropriate.
2. The Program Director will inform transferred Residents of the minimum duration of the temporary transfer. . Should that initial time estimate need be extended, Residents will be notified by the Program Director using written or electronic means identifying the estimated time of the extension. Transfers will be coordinated with ACGME.

iii. **The End of the Emergency Situation and/or Disaster:**

When the emergency situation/disaster has ended, plans will be made with the participating institutions to which Residents have been transferred for them to resume training at the sponsoring institution. Appropriate credit for training will be coordinated with ACGME. Decisions as to other matters related to the impact of the emergency situation and/or disaster on training will be made.

iv. **Permanent Transfer of Residents:**

If the disaster prevents the sponsoring institution from re-establishing an adequate educational experience within a reasonable amount of time following the disaster, permanent transfers will be arranged.

e. **Disaster affecting other Sponsoring Institutions:**

In the event of a disaster affecting other sponsoring institutions of graduate medical education programs, the Program Director will work collaboratively with SEH leadership to determine the ability of the Residency Program to accept transfer Residents from other institutions. When such determination is made, the Program Director will start the process with ACGME, and complete appropriate paperwork in order to accept additional Residents for training. Programs currently under a proposed or actual adverse accreditation decision by the ACGME will not be eligible to participate in accepting transfer Residents.

24. RESIDENCY CLOSURE/REDUCTION:

If the Hospital intends to reduce the size of the Residency Program or close the Residency Program, the Hospital will inform the Residents as early as possible.

In the event of such reduction or closure, the Hospital will either allow Residents already in the program to complete their education or assist the Residents in enrolling in a program in which they can continue their education.

The Hospital will give the earliest possible notice to Residents upon receipt from ACGME of any notification regarding non-accreditation or probation or similar change in the professional status of the Residency Program.

25. GME PHARMACEUTICAL VENDOR INTERACTION POLICY:

a. Purpose of Policy:

- i. Unstructured product promotion in the Graduate Medical Education (GME) setting may lead to unbalanced information and biases, which have long standing implications on Residents' future practice. Residents must acquire clinical skills and judgment in objective and evidence-based clinical and teaching environments. Residents should be made aware of medical Industry's current methods of promotions and the potential conflicts of interests that can result from the gifting and supporting process. "Industry" includes all proprietary health-related entities representing a potential source of influence on physician's practice. The pharmaceutical Industry is decidedly one of the largest and most influential.
- ii. DBH Medical Leaders established The Pharmaceutical Vendors Guidelines dated January 1, 2009. These guidelines provide guidance governing business relationships between DBH personnel and the Industry. These guidelines incorporate Saint Elizabeths' Policy 311-05, December 16, 2005 and many of the DC Veterans Hospital Guidelines dated June 2004. The purpose of the following policy is to incorporate The Pharmaceuticals Vendors Guidelines for suitable interactions/contacts between health care vendors and Residents of Saint Elizabeths Psychiatry Residency Training. As such, this policy specifies the amount and type of direct interactions that health care vendors may have with Residents and occasions in which involvement of health care vendors or promotion of health care products are prohibited.
- iii. Background: The business relationship between DBH personnel and health care vendors include review of product information, sponsorship of medical education, coordination of studies for new and existing drugs and products, and responses to request for procurement, or recall, of specific products.

b. Guidelines:

- i. Health care vendors may visit a DBH facility—the DC Mental Health Services Division ("MHSD"), CPEP, or any non-clinical unit of Saint Elizabeths Hospital, only after scheduling a visit with the responsible medical leader, or designee, of the facility. Appointments arranged with individual psychiatrists, or the psychiatrists as a group, are to be documented by an email sent by the vendor to the medical leader, or designee. These Appointments are not to occur unless the vendor email sent is confirmed by email, by the medical leader or designee, prior to the meeting. Access to DBH facilities is not permitted under any circumstances without a previously scheduled appointment. The health care vendor may not provide food items of any kind during these visits.

- ii. Health care vendors are prohibited from promoting their products as a part of the regularly scheduled staff meetings of the psychiatrists, the psychiatrists and general medical officers, the medical staff or Residents. Speakers promoting products are also prohibited from these meetings. Health care vendors are also prohibited from providing any food items at these meetings.
- iii. Health care vendors are prohibited from marketing to medical, pharmacy, nursing and other students.
- iv. Vendors are not allowed to attend conferences where patient specific material is discussed or presented.
- v. Gifts and Compensation: Residents may not accept gifts or compensation for prescribing or changing a patient's prescription. They may not accept medication samples on the grounds of The Hospital, MHSD, Mental Health Authority, or any other DBH facilities. They should strive to divorce clinical care decisions from any perceived or actual benefits expected from any company. It is unacceptable for patient care decisions to be influenced by the possibility of personal financial gain.

c. The following activities are permitted:

- i. Health care vendor grant sponsored grand rounds. The Industry sponsorship must be included in the opening remarks and in announcement brochures for the grand rounds. Vendors are prohibited from conducting marketing activities during grant sponsored grand rounds.
- ii. Non-branded educational presentations by a guest speaker, funded by a health care vendor, are permitted if coordinated by the responsible medical leader and in accord with Saint Elizabeths Hospital policy governing Activities Involving Pharmaceutical Companies or Representatives. Non-branded educational presentations must be open to all clinicians and may not be held at any facility more than once a month. Vendors are prohibited from conducting marketing activities during educational presentations. The responsible medical leader must assure that all vendors have equal access to do presentations.
- iii. At Saint Elizabeths Hospital the Director of Medical Affairs shall chair a committee that includes the Chief Pharmacist, the Director of the Residency Program, the Director of Nursing and the President of the Medical Staff. This committee will both approve and schedule the non-branded educational programs. All vendors must have equal opportunity to provide these programs and no vendor may present a second or third program if other approved programs are available.
 - 1. The MHSD and CPEP are encouraged to establish similar committees and processes to both provide for the best programs and equal access to all vendors.
 - 2. Educational grants may be received from Industry to permit residents' attendance to carefully selected educational conferences. The AMA defines carefully selected educational conferences as "the major educational,

scientific or policy-making meeting of national, regional or specifically medical association.” The content of the conferences should not be controlled by Industry. The educational grants must be unrestricted and must be approved through the Responsible Medical Leaders.

3. Educational textbooks that are compliant with ACGME standards (http://www.acgme.org/acWebsite/downloads/RRC_progReq/400_psychiatry_07012007_u04122008.pdf) may be received from Industry but must be administered through Responsible Medical Leaders.
- iv. Drug Fairs are permitted monthly at each facility. The responsible medical leader will arrange for necessary space and resources for the Drug Fair. The Drug Fair will be limited to a 2-hour period. All health care vendors will be invited to provide promotional materials and discuss their products in a central location with easy access to all facility clinicians.
- v. Vendors may only promote products that are on the formulary of the DBH facility and in accord with the Food and Drug Administration Guidelines.
- vi. All education materials or literature and/or discussions regarding any drug that is not on the facility formulary or has not yet been reviewed by the facility Pharmacy and Therapeutics Committee must be clearly articulated and conspicuously identified as such by the health care vendor.

d. The Responsible Medical Leaders:

Saint Elizabeths Hospital

Bernard Arons, MD
Director of Medical Affairs
202-299-5310
Bernard.Arons@dc.gov

Mental Health Services Division (MHSD)

Steven Whitefield, MD
Medical Director
202-442-4141
Steven.whitefield@dc.gov

Comprehensive Psychiatric Emergency Program

Katherine R. Marshall, MD
Medical Director
202-673-9040
KatherineR.Marshall@dc.gov

Psychiatry Residency Training Program

Farooq Mohyuddin, MD
Program Director
202-299-5360
Farooq.mohyuddin@dcgov

e. Non-adherence with guidelines:

- i. Failure of health care vendors to comply with the provisions of these guidelines may result in the immediate suspension or revocation of all DBH visiting privileges.
- ii. Suspension of health care vendors consisting of either a 3-month, 6-month or 12-month suspension; limitation of visiting privileges; or the permanent removal of a vendor may be evoked if deemed appropriate to the DBH Chief Clinical Officer. If a vendor's visiting privileges are suspended, a determination must be made by the DBH Chief Clinical Officer, as to whether the vendor's employer will be permitted to replace its suspended vendor with a different vendor. Suspension and/or limitation of visiting privileges are significant sanction and will be used judiciously and only with good cause.
- iii. Training of Residents regarding potential conflict of interest in interactions with Industry. Because Residents will always encounter medical Industry personnel and literature, all Residents will receive formal instruction on the interplay between physicians and Industry, including potential conflicts of interest and the influence of marketing. "ACGME Principles to Guide the Relationship between Graduate Medical Education and Industry" set the following standards to guide the conduct of relationships between residency programs, their sponsoring institutions and Industry."
- iv. Instruction on the influence of physician-pharmaceutical or Industry representative interactions will be given to new Residents during Orientation week. This instruction will ensure that Residents are able to:
 1. Describe and discuss the following published guidelines regarding gift-giving to physicians:
 2. "Guidelines on Gifts to physician from Industry" included in the Code of Medical Ethics of the American Medical Association (Council on Ethics and Judicial Affairs, Ethical Opinion 8.061).
 3. "Principles to Guide the Relationship between GME and Industry" (ACGME Standards for Commercial Support).
 4. Recognize and describe how activities can influence judgment in prescribing decisions and research activities.
- v. Using the framework shaped by the general competency, Residents will be educated on appropriate prescribing practices at least annually. The curriculum will include training in the following competencies as applicable to the influence of Industry on prescribing practices:
 1. **Professionalism:** Is an expression of the norms that guide the relationships in which physicians are engaged. It is, therefore, the competency that stands at the core of how programs and institutions model behavior with regard to

relationships with Industry. Consequently, Ethics curricula must include instruction and discussion of published guidelines regarding gift-giving the physicians.

2. **Practice-based Learning and Improvement and Medical Knowledge:** Refers to how physicians apply Medical Knowledge by investigating and evaluating their own patient care, appraising and assimilating scientific evidence, and making subsequent improvements in the care of their patient. The following principles informed by Practice-Based Learning and improvement and Medical Knowledge, apply to the relationship between GME and Industry:

- A. Clinical skills and judgment must be learned in an objective and evidence-based learning environment.
- B. Residents must learn how promotional activities can influence judgment in prescribing decisions and research activities through specific instructional activities.
- C. Residents must understand the purpose, development, and application of drug formularies and clinical guidelines. Discussion should include such issues as branding, generic drugs, off-label use, and use of free samples.

3. **Systems-based Practice:** Includes behaviors that demonstrate an awareness of and responsiveness to the larger context of health care and the ability to engage system resources to provide care that is of optimal value. The following principles of Systems-based Practice apply to relationships with Industry:

- A. Residents' curricula will include how to apply appropriate considerations of cost-benefit analysis as a component of prescribing practice.
- B. Advocacy for patient rights within health care systems should include attention to pharmaceutical costs.

4. **Interpersonal and Communication Skills:** Provides the foundation upon which the satisfactory relationship between doctor and patient central to medicine is established. With regard to relationships with Industry, particular aspects of Interpersonal and Communication Skills will foster through application of the following principles:

- A. Discussion and reflection on managing encounters with Industry representatives.
- B. Illustrative cases of how to handle patient requests for medication, particularly with regard to direct-to-consumer advertising of drugs, should be included in communications.

GLOSSARY

Accreditation: A voluntary process of evaluation and review performed by a non-governmental agency of peers.

Applicant: An M.D. or D.O. invited to interview with a GME program.

At-Home Call (see also Pager Call): A call taken from outside the assigned institution.

Categorical Resident (also see “Graduate Year 1”): A resident who enters a program with the objective of completing the entire program.

Certification: A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in that specialty.

Chief Resident: Typically, a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

Clinical Supervision: A required faculty activity involving the oversight and direction of patient care activities that are provided by residents.

Collective Bargaining Agreement: This refers to The Collective Bargaining Agreement between the Department of Behavioral Health and the Committee of Interns and Residents (CIR).

Committee of Interns and Residents (CIR): The bargaining unit that represents all medical and dental interns, residents and fellows at the DBH.

Competencies: Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

DBH: DBH refers to Department of Behavioral Health. DBH is responsible for operating Saint Elizabeths Hospital, which provides inpatient mental health services to voluntary, civilly committed and forensic patients

DBH Personnel: DBH Personnel refers to all employees including Residents and trainees

Designated Institutional Official (DIO): The individual in a sponsoring institution who has the authority and responsibility for the oversight and administration of graduate medical education programs; and responsibility for assuring compliance with ACGME common, specialty/subspecialty-specific, and institutional requirements.

Didactic: A kind of systematic instruction by means of planned learning experiences, such as conferences, grand rounds, etc.

Drug Fair: An opportunity for any health care vendor to display posters, present materials and printed information and discuss their products with DBH clinicians. The Drug Fair is held in a large room, sufficient to accommodate the anticipated needs of vendors.

Duty Hours: All clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic assignments such as conferences.

ECFMG Number: The identification number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who receives a certification from ECFMG.

Elective: An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the program director.

Faculty: Any individuals who have received a formal assignment to teach resident physicians. In some institutions appointment to the medical staff of The Hospital constitutes appointment to the faculty.

Fifth Pathway: One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The fifth pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical education abroad, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate.

Graduate Medical Education: The period of didactic and clinical education in a medical specialty, which follows the completion of a recognized undergraduate, medical education and which prepares physicians for the independent practice of medicine, also referred to as residency education.

Graduate-Year Level: Refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics.)

In-House Call: Duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution. (See Common Program Requirements)

Institution: An organization having the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation).

Sponsoring Institution: The institution (or entity) that assumes the ultimate financial and academic responsibility for a program of GME.

Major Participating Institution: An RRC-approved participating institution to which the residents rotate for a required educational experience. Generally, to be designated as a major participating institution, in a 1-year program, residents must spend at least 2 months in a required rotation; in a 2-year program, the rotation must be 4 months; and in a program of 3 years or longer, the rotation must be at least 6 months. RRCs retain the right to grant exceptions to this formula. (See

individual Program Requirements)

Other Participating Institutions: Those institutions to which residents rotate for a specific educational experience for at least one month, but which do not require prior RRC approval. (See specific Program Requirements) Subsections of institutions, such as departments, clinics, or units in a hospital do not qualify as participating institutions.

Institutional Requirements: This refers to the ACGME Institutional Requirements, which are applicable to all institutions that sponsor ACGME accredited residency programs. Institutional Requirements can be found at the website address: <http://www.acgme.org>

International Medical Graduate (IMG): A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who were admitted to the United States by US Immigration authorities. All IMGs should undertake residency education in the United States before they can obtain a license to practice medicine in the United States even if they were fully educated, licensed, and practicing in another country.

In-Training Examination: Formative examinations developed to evaluate resident progress in meeting the educational objectives of a residency program. These examinations may be offered by certification boards or specialty societies.

LCME: Liaison Committee on Medical Education, an agency co-sponsored by the American Medical Association and Association of American Medical Colleges, with participation from the Canadian Medical Association for schools in Canada, that accredits educational programs in allopathic schools of medicine in the United States and Canada. Allopathic schools of medicine grant a doctor of medicine (M.D.) degree.

Must: A term used to identify a requirement, which is mandatory, or to be done without fail. This term indicates an absolute requirement.

National Resident Matching Program (NRMP): A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies.

New Patient: A new patient is defined as any patient for whom the resident has not previously provided care. An individual RRC may further define new patient. (See Program Requirements)

Non-branded educational presentation: a presentation during which no product specific information is presented. For example, classes of medications may be presented but no specific product is mentioned or marketed.

One Day Off: One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Pager Call: A call taken from outside the assigned institution

PGY: PGY stands for "post-graduate year" and refers to the year in the postgraduate training program.

PGY Supervising Coordinator: PGY Supervising Coordinator is the faculty member who is responsible for the compilation of Resident evaluations and finalization of the semi-annual and end year evaluation of the Resident. There is a dedicated Supervising Coordinator for each class of PGY Residents. The PGY Supervising Coordinator assures that written semi-annual and end-of-year evaluations are placed in the Resident File and discusses the evaluation with the Resident.

Program Director: The one physician designated to oversee and organize the activities for an educational program. The Program Director is responsible for the implementation of the Program Requirements for a specific specialty. (See specific Program Requirements for Program Director responsibilities and qualifications.)

Program Requirements: Program Requirements refer to the program specific set of requirements set forth by the ACGME Residency Review Committee for Psychiatry. The Program Requirements for Psychiatry can be found at the website: <http://www.acgme.org>

Program Year: Refers to the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level.

Required: Educational experiences within a residency program designated for completion by all residents.

Residency Program: A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification. In this manual, it refers to the Saint Elizabeths Hospital- DC Department of Behavioral Health Psychiatry Residency Training Program. The Residency Program provides graduate medical education in psychiatry to physicians who have graduated from accredited medical schools

Resident: A physician in an accredited graduate medical education program. In this manual it refers to a Resident in the Saint Elizabeths Hospital-DC Department of Behavioral Health Psychiatry Residency Training Program.

Responsible Medical Leaders: Responsible Medical Leaders refer to the chief clinical officer at the Mental Health Authority, the Director of Medical Affairs at The Hospital, the Medical Director at CPEP, the Medical Director or designee at various sites of the Mental Health Services Divisions (MHSD).

RRC: RRC refers to Residency Review Committee. RRC is responsible for reviewing specific residency training programs and making accreditation decisions. There is a specific RRC for each major specialty as well as one for transitional year programs.

Rotation: An educational experience of planned activities in selected settings developed to meet the goals and objectives of the program.

Scholarly Activity: An opportunity for residents and faculty to participate in research and the scholarship of discovery, dissemination, application and active participation in clinical discussions and conferences. (See Common Program Requirements)

Shall: (See must)

Should: A term used to designate requirements so important that their absence must be justified.

Suggested: A term along with its companion “strongly suggested,” used to indicate that something is distinctly urged rather than required. An institution or program will not be cited for failing to do something that is suggested or strongly suggested.

TJC: The Joint Commission is an organization focused on the accreditation of healthcare organizations and the improvement of the safety and quality of care provided to the public. It accomplishes this goal by accrediting healthcare organizations and offering healthcare improvement services.

Transitional-Year Program: A one-year educational experience in GME, which is structured to provide a program of multiple clinical disciplines; its design to facilitate the choice of and/or preparation for a specialty. The transitional year is not a complete graduate education program in preparation for the practice of medicine.

USMLE: United States Medical Licensing Examination assesses a physician's ability to apply knowledge, concepts, and principles, and to demonstrate fundamental patient-centered skills that are important in health and disease and that constitute the basis of safe and effective patient care. In the United States and its territories ("United States" or "US"), the individual medical licensing authorities ("state medical boards") of the various jurisdictions grant a license to practice medicine. Each medical licensing authority sets its own rules and regulations and requires passing an examination that demonstrates qualification for licensure. Results of the USMLE are reported to these authorities for use in granting the initial license to practice medicine. The USMLE provides them with a common evaluation system for applicants for medical licensure.