UCSF FRESNO
PSYCHOSOMATIC
MEDICINE FELLOWSHIP
PROGRAM POLICIES AND
PROCEDURES

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ROTATION GOALS AND OBJECTIVES

Inpatient Consultation-Liaison Psychiatry :
Community Regional Medical Center

Site Coordinator : Hoyle Leigh, M.D., Professor of Psychiatry

Attending Faculty : Beena Nair, M.D., Scott Ahles, M.D., Craig Campbell, M.D., Karen Kraus, M.D.

Fellowship placement for whole year, approximately half time.

Overview
It is through contact with consultation-liaison psychiatrists that most patients and physicians learn and form impressions about psychiatry. Indeed, one might call it the face of psychiatry.

Consultation-liaison work is fun albeit sometimes stressful. It is fun because it is never boring, and often full of surprises. Most patients present with both psychiatric and medical/surgical problems, both have to be taken into account in developing diagnoses and formulating a management plans. Very often, interactions among the patient's personality, family, the ward milieu, and the treatment team must be taken into account. Consultation-liaison psychiatry is truly the practice of bio-psycho-social approach.

Consultation-liaison psychiatry is an academic endeavor. Psychosomatic medicine, or the study of the interface between psychiatry and medicine, is an important component of this. Studying the role of hospital milieu on course of illness, the role of health care systems, e.g., managed care, and the role of political/legal systems in health care (e.g., emergency certificates) is another important component. In the liaison function, the residents have an opportunity to educate non-psychiatric professionals (referring doctors, nurses, social workers, etc.) and medical students. The consultation-liaison service is an important site for the fellow to teach the general psychiatry residents rotating to the service. Within the consultation-liaison setting, the fellow teaches and demonstrates to the general psychiatry residents how to integrate their psychiatric and medical skills, how to teach and learn, and, often, how to provide the human dimension in the care of medical patients. An understanding of the hospital system that the fellow learns in the consultation-liaison setting may play an important role in any future administrative roles he/she may assume.

I. Psychosomatic Medicine Patient Care Core Competencies
The application of knowledge in the clinical setting
A. The scope of practice of Psychosomatic Medicine psychiatrists includes caring for patients with psychopathology encountered in general medical/surgical settings.

B. Psychosomatic Medicine psychiatrists shall gather essential information through review of pertinent records and interviews of their patients, family members, caregivers, and other healthcare professionals with particular attention to:

1. The chief complaint and relevant history

2. Adjustment to illness, treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care

3. The course of medical illness, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities

4. The mental status (including the use of relevant neurobehavioral and structured cognitive tools)

5. The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication

6. Medical and surgical conditions (which include performance of a neurological examination when appropriate)

7. Decision-making capacity (e.g., decisions regarding treatment, personal care, placement)

8. Potential abuse and or neglect of the patient.

9. The emotional state of family and caregivers and the capacity to function as stable social support

C. Psychosomatic Medicine psychiatrists shall develop a diagnostic evaluation plan that may include selection of ancillary investigations, corroborative history or information, and pertinent testing (e.g., serum and urine chemistries, blood)
counts, cultures, neuroimaging, electroencephalograms, and neuropsychologic evaluation).

D. Psychosomatic Medicine psychiatrists shall develop and implement comprehensive medical psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:

1. The provision of direct or consultative care to medically and surgically ill patients with co-morbid psychiatric conditions

2. The utilization of input and recommendations from members of the mental healthcare team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines

3. The use of information technology to support patient care decisions and patient education

E. Psychosomatic Medicine psychiatrists shall:

1. Be cognizant of the stressors experienced by patients undergoing medical treatment

2. Provide expertise regarding the use of restraints and 1:1 sitters

3. Identify and utilize appropriate somatic interventions including pharmacotherapies for medical-surgical patients, when indicated.

4. Identify and utilize appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive-behavioral, supportive], relaxation therapy, and hypnosis) for medical-surgical patients

F. Psychosomatic Medicine psychiatrists shall:

1. Facilitate referrals to appropriate social support resources (e.g., chaplaincy, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)

2. Provide appropriate guidance to caregivers of medical-surgical patients with psychiatric problems who are discharged to home
G. Psychosomatic medicine psychiatrists shall provide capacity determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, duty to warn, and the withholding of medical treatments.

II. Psychosomatic Medicine Medical Knowledge Core Competencies
Fund of knowledge, including conceptual theory & scientific literature

A. Psychosomatic Medicine psychiatrists shall demonstrate knowledge of:

1. Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for application to the care of medically ill psychiatric patients and their families.

2. The nature and extent of psychiatric morbidity in medical populations.

3. The impact of psychological factors and co-morbid psychiatric disorders on the course of medical illnesses.

4. Appropriate treatment interventions for co-existing psychiatric disorders in the medically ill, including pharmacotherapy and psychotherapy (especially evidence based psychotherapies).

5. Psychological and psychiatric effects of medical and surgical treatments, medications, and toxins.


7. Indications for, and use of psychiatric medications in medically ill patients, including drug-drug interactions.

8. Forensic psychiatric issues (e.g. capacity and guardianship) as they apply to Psychosomatic Medicine.

B. Psychosomatic Medicine psychiatrists shall demonstrate the knowledge competencies delineated in A. (above) for a multitude of psychiatric problems presenting in a wide range of medical-surgical patients including:

1. Mood disorders
2. Anxiety disorders
3. Adjustment disorders/bereavement/acute stress disorders
4. Delirium
5. Dementia
6. Psychotic disorders
7. Catatonia
8. Substance-related disorders
9. Psychiatric disorders due to a general medical condition or a toxic substance
10. Somatoform disorders, factitious disorders and malingering
11. Sleep disorders
12. Sexual disorders
13. Psychological factors affecting physical illness
14. Personality disorders in the medical setting
15. Developmental disorders
16. Eating disorders

III. Psychosomatic Medicine Interpersonal & Communication Skills Competencies
A. Psychosomatic Medicine psychiatrists shall:

1. Establish rapport with a culturally diverse population of medically ill patients and their families.

2. Communicate effectively with the consultee.

3. Skillfully manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in general medical settings.

4. Demonstrate verbal and written communication skills that effectively convey their impressions and recommendations of the consultation to the health care team.

5. Serve as an educational resource for patients and their families, for the multidisciplinary staff, and their related disciplines about the interaction of psychiatric and general medical disorders and their treatments.

6. Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for medically ill patients with co-morbid psychiatric disorders.

7. Abide by HIPAA regulations and state laws that respect patient privacy and confidentiality in both written and verbal communications.
IV. Psychosomatic Medicine Practice-Based Learning & Improvement Competencies

The ability to apply daily clinical practice to one’s own learning

A. Psychosomatic Medicine psychiatrists shall demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in medically ill patients.

B. Psychosomatic Medicine psychiatrists shall demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:

1. Locate, critically appraise and assimilate evidence from the medical literature applicable to patient care.

2. Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies.

3. Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases.

4. Facilitate the learning of other health care professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication.

5. Maintain currency in the literature specific to Psychosomatic Medicine (e.g., Psychosomatic Medicine journals, textbooks, and other media).

V. Psychosomatic Medicine Professionalism Skills Competencies

A. Psychosomatic Medicine psychiatrists shall demonstrate responsibility for their patients’ care, including:

1. Responding to communication from patients and health professionals in a timely manner.
2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
3. Using medical records for appropriate documentation of the course of illness and its treatment
4. Providing coverage if unavailable
5. Coordinating care with other members of the medical and/or multidisciplinary team
6. Providing for continuity of care, including appropriate consultation, transfer or referral if necessary.

B. Psychosomatic Medicine psychiatrists shall adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.

C. Psychosomatic Medicine psychiatrists shall demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and to issues regarding provision of compassionate care.

VI. Psychosomatic Medicine Systems-Based Practice Skills Competencies

A. Understand principles of practice management in the unique setting of providing psychiatric consultation and care to medically ill patients, including:

1. System resources

2. Healthcare economics and financing

3. Cost-benefit considerations

4. Insurance benefits and limits

5. Medical-legal issues

6. Federal and state laws regarding health care and hospital policy

B. Demonstrate sensitivity to how a consultant’s recommendations may affect other healthcare professionals, the healthcare organization, payers, case managers, and other agencies and professionals to ensure coordinated patient care.

C. Call effectively on system resources that may include:

1. Skilled nursing facilities

2. Rehabilitation settings

3. Hospice care

4. Assisted living facilities

5. Home care
6. Community mental health centers
7. Addiction treatment facilities

**Burn Unit Liaison at Community Regional Medical Center**

**Site Coordinator:** William Dominic, MD, Hoyle Leigh, MD. (Dr. Dominic will provide full-time on-site supervision on the medical and surgical aspects of the burn patients, while Dr. Leigh will provide regular and ad hoc supervision in the psychosomatic aspects of the burn patient and their recovery)

**Attending Faculty:** Beena Nair, M.D., Scott Ahles, M.D., Craig Campbell, M.D., Karen Kraus, M.D.

Fellowship placement for the whole year, approximately 15% of time. The fellow will regularly meet with the staff at least twice weekly. The educational activities take place in hands-on consultations, participation in weekly multidisciplinary conferences, and clinical supervision with faculty.

**Overview:**
The clinical population of Community Regional Medical Center is very diverse in every aspect - medical diagnoses, psychiatric diagnoses, demographics including ethnicity, age, gender, socioeconomic class, degree of severity, and payer mix. The hospital has a state of the art 20 bed Burn Unit and serves the entire central valley. The ethnic/cultural mix include Latino, Hmong, Vietnamese, Laotian, Cambodian, Guamese, Chinese, Korean, Japanese, Indian, Pakistani, Afghanistani, Egyptian, Iranian, Armenian, as well as Native American, among others. The psychiatric diagnoses in the burn unit include Delirium, Acute Stress Disorder, Posttraumatic Stress Disorder, Mood Disorders, Acute Grief, as well as adjustment disorders, psychosis, chronic pain, and other primary and secondary psychiatric conditions. Types of treatment provided include use of psychotropic medications, adjustment of drugs used to treat the primary condition (e.g. substituting morphine that caused hallucinations with another analgesic), supportive psychotherapy, counseling, hypnosis, lorazepam interview, as well as education of nursing staff.

I. Psychosomatic Medicine Patient Care Core Competencies
**The application of knowledge in the clinical setting**
A. The scope of practice of Psychosomatic Medicine psychiatrists includes caring for patients with psychopathology encountered in the burn setting:

B. Psychosomatic Medicine psychiatrists shall gather essential information through review of pertinent records and interviews of their patients, family members, caregivers, and other healthcare professionals with particular attention to:

1. The chief complaint and relevant history

2. Adjustment to illness, treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care

3. The course of medical illness, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities

4. The mental status (including the use of relevant neurobehavioral and structured cognitive tools)

5. The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication

6. Medical and surgical conditions (which include performance of a neurological examination when appropriate)

7. Decision-making capacity (e.g., decisions regarding treatment, personal care, placement)

8. Potential abuse and or neglect of the patient.

9. The emotional state of family and caregivers and the capacity to function as stable social support

C. Psychosomatic Medicine psychiatrists shall develop a diagnostic evaluation plan that may include selection of ancillary investigations, corroborative history or information, and pertinent testing (e.g., serum and urine chemistries, blood counts, cultures, neuroimaging, electroencephalograms, and neuropsychologic evaluation).

D. Psychosomatic Medicine psychiatrists shall develop and implement comprehensive medical psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:
1. The provision of direct or consultative care to burn patients with co-morbid psychiatric conditions

2. The utilization of input and recommendations from members of the mental healthcare team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines

3. The use of information technology to support patient care decisions and patient education

E. Psychosomatic Medicine psychiatrists shall:

1. Be cognizant of the stressors experienced by patients undergoing burn treatment

2. Provide expertise regarding the use of restraints and 1:1 sitters

3. Identify and utilize appropriate somatic interventions including pharmacotherapies for burn patients, when indicated.

4. Identify and utilize appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive-behavioral, supportive], relaxation therapy, and hypnosis) for burn patients

F. Psychosomatic Medicine psychiatrists shall:

1. Facilitate referrals to appropriate social support resources (e.g., chaplaincy, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)

2. Provide appropriate guidance to caregivers of burn patients with psychiatric problems who are discharged to home
G. Psychosomatic medicine psychiatrists shall provide capacity determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, duty to warn, and the withholding of medical treatments.

II. Psychosomatic Medicine Medical Knowledge Core Competencies

Fund of knowledge, including conceptual theory & scientific literature

A. Psychosomatic Medicine psychiatrists shall demonstrate knowledge of:

1. Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for application to the care of burn patients and their families.

2. The nature and extent of psychiatric morbidity in medical populations.

3. The impact of psychological factors and co-morbid psychiatric disorders on the course of burn injury.

4. Appropriate treatment interventions for co-existing psychiatric disorders in the burn victims, including pharmacotherapy and psychotherapy (especially evidence based psychotherapies).

5. Psychological and psychiatric effects of medical and surgical treatments, medications, and toxins.


7. Indications for, and use of psychiatric medications in burn patients, including drug-drug interactions.

8. Forensic psychiatric issues (e.g. capacity and guardianship) as they apply to Psychosomatic Medicine.

B. Psychosomatic Medicine psychiatrists shall demonstrate the knowledge competencies delineated in A. (above) for a multitude of psychiatric problems presenting in a wide range of burn patients including:

1. Mood disorders
2. Anxiety disorders
3. Adjustment disorders/bereavement/acute stress disorders
4. Delirium
5. Dementia
6. Psychotic disorders
7. Catatonia
8. Substance-related disorders
9. Psychiatric disorders due to a general medical condition or a toxic substance
10. Somatoform disorders, factitious disorders and malingering
11. Sleep disorders
12. Sexual disorders
13. Psychological factors affecting physical illness
14. Personality disorders in the medical setting
15. Developmental disorders
16. Eating disorders

III. Psychosomatic Medicine Interpersonal & Communication Skills Competencies

A. Psychosomatic Medicine psychiatrists shall:

1. Establish rapport with a culturally diverse population of burn patients and their families.

2. Communicate effectively with the consultee.

3. Skillfully manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in burn settings.

4. Demonstrate verbal and written communication skills that effectively convey their impressions and recommendations of the consultation to the health care team.

5. Serve as an educational resource for patients and their families, for the multidisciplinary staff, and their related disciplines about the interaction of psychiatric and general medical disorders and their treatments.

6. Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for burn patients with co-morbid psychiatric disorders.

7. Abide by HIPAA regulations and state laws that respect patient privacy and confidentiality in both written and verbal communications.
IV. Psychosomatic Medicine Practice-Based Learning & Improvement Competencies

The ability to apply daily clinical practice to one’s own learning

A. Psychosomatic Medicine psychiatrists shall demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in burn patients.

B. Psychosomatic Medicine psychiatrists shall demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:

1. Locate, critically appraise and assimilate evidence from the medical literature applicable to patient care.

2. Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies.

3. Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases.

4. Facilitate the learning of other health care professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication.

5. Maintain currency in the literature specific to Psychosomatic Medicine (e.g., Psychosomatic Medicine journals, textbooks, and other media).

V. Psychosomatic Medicine Professionalism Skills Competencies

A. Psychosomatic Medicine psychiatrists shall demonstrate responsibility for their patients’ care, including:

1. Responding to communication from patients and health professionals in a timely manner.
2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
3. Using medical records for appropriate documentation of the course of illness and its treatment
4. Providing coverage if unavailable
5. Coordinating care with other members of the medical and/or multidisciplinary team
6. Providing for continuity of care, including appropriate consultation, transfer or referral if necessary.
B. Psychosomatic Medicine psychiatrists shall adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.

C. Psychosomatic Medicine psychiatrists shall demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and to issues regarding provision of compassionate care.

VI. Psychosomatic Medicine Systems-Based Practice Skills Competencies

A. Understand principles of practice management in the unique setting of providing psychiatric consultation and care to burn patients, including:

1. System resources
2. Healthcare economics and financing
3. Cost-benefit considerations
4. Insurance benefits and limits
5. Medical-legal issues
6. Federal and state laws regarding health care and hospital policy

B. Demonstrate sensitivity to how a consultant’s recommendations may affect other healthcare professionals, the healthcare organization, payers, case managers, and other agencies and professionals to ensure coordinated patient care.

C. Call effectively on system resources that may include:

1. Skilled nursing facilities
2. Rehabilitation settings
3. Hospice care
4. Assisted living facilities
5. Home care
6. Community mental health centers
7. Addiction treatment facilities
OB-Gyn Liaison at Community Regional Medical Center

Site Coordinator: Conrad Chao MD, Beena Nair, M.D. (Dr. Chao will provide full-time on-site supervision on the Ob-Gyn patients, while Dr. Nair will provide regular and ad hoc supervision in the psychosomatic aspects pregnancy and postpartum)

Attending Faculty: Hoyle Leigh, M.D., Scott Ahles, M.D., Craig Campbell, M.D., Karen Kraus, M.D.

Fellowship placement for the whole year, approximately 15% of time. The fellow will meet with the staff regularly, at least twice weekly. The educational activities take place in hands-on consultations, participation in multidisciplinary conferences, clinical supervision with faculty, and ad hoc meetings with staff.

Overview
The clinical population of Community Regional Medical Center is very diverse in every aspect - medical diagnoses, psychiatric diagnoses, demographics including ethnicity, age, gender, socioeconomic class, degree of severity, and payer mix. The OB & GYN Department that includes a High Risk Pregnancy Service serves the entire population of the Central valley. The ethnic/cultural mix include Latino, Hmong, Vietnamese, Laotian, Cambodian, Guamanian, Chinese, Korean, Japanese, Indian, Pakistani, Afghanistani, Egyptian, Iranian, Armenian, as well as Native American, among others. The psychiatric diagnoses in the Ob & GYN patients include pregnancy and post-partum mood disorders and psychosis, and major depression, bipolar disorder, etc, all both primary and secondary to medical condition and/or substances, Delirium (with or without psychotic features), Anxiety Disorders (including Acute Stress Disorder, Post Traumatic Stress Disorder, and secondary to medical condition/substances), Psychotic Disorders (including schizophrenia, delusional disorder, and secondary to medical condition/substances), Somatoform Disorders (including factitious disorders, chronic pain and other somatic symptoms that are attributable to both physical and psychological factors), Adjustment Disorders, Substance Use Disorders, Grief, Personality Disorders (including Borderline and Antisocial Personality Disorders as well as exaggeration of personality traits in the face of serious medical illness), among others. Types of treatment provided include use of psychotropic medications, especially requiring thoughtful consideration to risk and benefits during pregnancy and lactation, supportive psychotherapy, counseling, and hypnosis, as well as education of nursing staff.

I. Psychosomatic Medicine Patient Care Core Competencies
The application of knowledge in the clinical setting
A. The scope of practice of Psychosomatic Medicine psychiatrists includes caring for patients with psychopathology encountered in Ob-Gyn inpatient setting:

B. Psychosomatic Medicine psychiatrists shall gather essential information through review of pertinent records and interviews of their patients, family members, caregivers, and other healthcare professionals with particular attention to:

1. The chief complaint and relevant history

2. Adjustment to illness, treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care

3. The course of pregnancy and postpartum, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities

4. The mental status (including the use of relevant neurobehavioral and structured cognitive tools)

5. The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication

6. Medical and surgical conditions (which include performance of a neurological examination when appropriate)

7. Decision-making capacity (e.g., decisions regarding treatment, personal care, newborn care, placement)

8. Potential abuse and or neglect of the patient.

9. The emotional state of family and caregivers and the capacity to function as stable social support

C. Psychosomatic Medicine psychiatrists shall develop a diagnostic evaluation plan that may include selection of ancillary investigations, corroborative history or information, and pertinent testing (e.g., serum and urine chemistries, blood counts, cultures, neuroimaging, electroencephalograms, and neuropsychologic evaluation).
D. Psychosomatic Medicine psychiatrists shall develop and implement comprehensive medical psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:

1. The provision of direct or consultative care to pregnant and postpartum patients with co-morbid psychiatric conditions

2. The utilization of input and recommendations from members of the mental healthcare team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines

3. The use of information technology to support patient care decisions and patient education

E. Psychosomatic Medicine psychiatrists shall:

1. Be cognizant of the physical and emotional stressors experienced by patients undergoing pregnancy and during postpartum state.

2. Provide expertise regarding the use of restraints and 1:1 sitters

3. Identify and utilize appropriate somatic interventions including pharmacotherapy for Ob-Gyn patients when indicated and identify the risk and benefit of pharmacotherapy during pregnancy and lactation.

4. Identify and utilize appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive-behavioral, supportive], relaxation therapy, and hypnosis) for Ob-Gyn patients.

F. Psychosomatic Medicine psychiatrists shall:

1. Facilitate referrals to appropriate social support resources (e.g., chaplaincy, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)

2. Provide appropriate guidance to caregivers of Ob-Gyn patients with psychiatric problems who are discharged to home
G. Psychosomatic medicine psychiatrists shall provide capacity determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, duty to warn, and the withholding of medical treatments.

II. Psychosomatic Medicine Medical Knowledge Core Competencies

Fund of knowledge, including conceptual theory & scientific literature

A. Psychosomatic Medicine psychiatrists shall demonstrate knowledge of:

1. Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for application to the care of Ob-Gyn patients and their families.

2. The nature and extent of psychiatric morbidity in Ob-Gyn populations.

3. The impact of psychological factors and co-morbid psychiatric disorders on the course of pregnancy and postpartum.

4. Appropriate treatment interventions for co-existing psychiatric disorders including pharmacotherapy and psychotherapy (especially evidence based psychotherapies).

5. Psychological and psychiatric effects of medical and surgical treatments, medications, and toxins.


7. Indications for, and use of psychiatric medications in Ob-Gyn patients, including risk/benefit analysis, drug-drug interactions.

8. Forensic psychiatric issues (e.g. capacity and guardianship) as they apply to Psychosomatic Medicine.

B. Psychosomatic Medicine psychiatrists shall demonstrate the knowledge competencies delineated in A. (above) for a multitude of psychiatric problems presenting in a wide range of Ob-Gyn patients including:

1. Mood disorders
2. Anxiety disorders
3. Adjustment disorders/bereavement/acute stress disorders
4. Delirium
5. Dementia
6. Psychotic disorders
7. Catatonia
8. Substance-related disorders
9. Psychiatric disorders due to a general medical condition or a toxic substance
10. Somatoform disorders, factitious disorders and malingering
11. Sleep disorders
12. Sexual disorders
13. Psychological factors affecting physical illness
14. Personality disorders in the medical setting
15. Developmental disorders
16. Eating disorders

III. Psychosomatic Medicine Interpersonal & Communication Skills Competencies
A. Psychosomatic Medicine psychiatrists shall:

1. Establish rapport with a culturally diverse population of Ob-Gyn patients and their families.

2. Communicate effectively with the consultee.

3. Skillfully manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in Ob-Gyn settings.

4. Demonstrate verbal and written communication skills that effectively convey their impressions and recommendations of the consultation to the health care team.

5. Serve as an educational resource for patients and their families, for the multidisciplinary staff, and their related disciplines about the interaction of psychiatric and general medical disorders and their treatments.

6. Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for Ob-Gyn patients with co-morbid psychiatric disorders.

7. Abide by HIPAA regulations and state laws that respect patient privacy and confidentiality in both written and verbal communications.
IV. Psychosomatic Medicine Practice-Based Learning & Improvement Competencies
The ability to apply daily clinical practice to one’s own learning

A. Psychosomatic Medicine psychiatrists shall demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in Ob-Gyn patients.

B. Psychosomatic Medicine psychiatrists shall demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:

1. Locate, critically appraise and assimilate evidence from the medical literature applicable to patient care.

2. Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies.

3. Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases.

4. Facilitate the learning of other health care professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication.

5. Maintain currency in the literature specific to Psychosomatic Medicine (e.g., Psychosomatic Medicine journals, textbooks, and other media).

V. Psychosomatic Medicine Professionalism Skills Competencies

A. Psychosomatic Medicine psychiatrists shall demonstrate responsibility for their patients’ care, including:

1. Responding to communication from patients and health professionals in a timely manner.
2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
3. Using medical records for appropriate documentation of the course of illness and its treatment
4. Providing coverage if unavailable
5. Coordinating care with other members of the OB-Gyn and/or multidisciplinary team
6. Providing for continuity of care, including appropriate consultation, transfer or referral if necessary.

B. Psychosomatic Medicine psychiatrists shall adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.

C. Psychosomatic Medicine psychiatrists shall demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and to issues regarding provision of compassionate care.

VI. Psychosomatic Medicine Systems-Based Practice Skills Competencies

A. Understand principles of practice management in the unique setting of providing psychiatric consultation and care to Ob-Gyn patients, including:

1. System resources
2. Healthcare economics and financing
3. Cost-benefit considerations
4. Insurance benefits and limits
5. Medical-legal issues
6. Federal and state laws regarding health care and hospital policy

B. Demonstrate sensitivity to how a consultant’s recommendations may affect other healthcare professionals, the healthcare organization, payers, case managers, and other agencies and professionals to ensure coordinated patient care.

C. Call effectively on system resources that may include:

1. Skilled nursing facilities
2. Rehabilitation settings
3. Hospice care
4. Assisted living facilities
5. Home care
6. Community mental health centers
7. Addiction treatment facilities
Outpatient Experience at University Psychiatric Associates Clinic

Fellows will have the opportunity to follow a limited number of patients after discharge from the hospital, in the University Psychiatry Associates clinic. The duration of treatment is variable but will emphasize relatively brief therapies and any psychiatric diagnostic categories will be accepted.

Site Coordinator: Craig Campbell, M.D., Associate Clinical Professor

Attending Faculty: Hoyle Leigh, MD, Professor of Psychiatry
Beena Nair, MD, Assistant Clinical Professor of Psychiatry
Karen Kraus, MD, Assistant Clinical Professor of Psychiatry,
    Director, Child and Adolescent Psychiatry Program

Rotation Length: 12 months, part-time, half a day/week

Patient Care
Psychosomatic Medicine psychiatrists shall provide patient care, which is compassionate, appropriate and effective for the outpatient psychiatric treatment. Fellow completing rotations through the University Psychiatry Clinic will:

- Develop effective and empathetic therapeutic alliances with patients in individual and group setting.
- Demonstrate the ability to perform a complete outpatient psychiatric evaluation, including history of present illness, past medical history, past psychiatric history, substance abuse history, family history, social history, developmental history, mental status exam, differential diagnosis, a detailed case formulation and an outpatient treatment plan.
- Obtain appropriate testing and/or laboratory evaluations when appropriate.
- Facilitate a collaborative model of care, encouraging the patient to participate in their treatment plan.
- Document the effect of clinical interventions.
- Demonstrate their understanding of informed consent by documentation of risk/benefit discussions on treatment options.
- Assess for and manage suicidal and homicidal risk factors.
- Recognize and manage side effects of psychotropic medications.
- Recognize, manage, and utilize transference and countertransference in treatment.
- Assess patient readiness for termination from treatment and be prepared to manage termination therapeutically.
Communicate effectively with health care providers, including primary therapists in cases of split treatment, in order to provide patient focused care.

**Medical Knowledge**
Fellows will demonstrate knowledge of biomedical, clinical, epidemiological and social-behavioral sciences and apply this knowledge to patient care. Fellow completing rotations through the University Psychiatry Clinic will:
- Demonstrate the ability to make a comprehensive differential diagnosis, and understand the phenomenology of the various diagnostic categories using the DSM-IV criteria to include all 5 axes.
- Demonstrate familiarity with psychological testing and appropriate medical evaluations in the assessment of adult patients.
- Know when and how to make use of brief therapy, interpersonal therapy, cognitive behavioral therapy, supportive therapy, group therapy and combination psychopharmacotherapy/psychotherapy. (see specific competencies addendum)
- Display comprehensive knowledge of psychiatric medication indications, dosing, follow-up monitoring, major contraindications and side effects.
- Demonstrate knowledge of psychopharmacologic combination and augmentation strategies.

**Interpersonal and Communication Skills**
Fellows will exhibit interpersonal and communication skills which will enable good information exchange with patients, their families and professional colleagues. Residents completing rotations through the University Psychiatry Clinic will:
- Demonstrate empathy, respect, curiosity, openness, neutrality, collaboration and an ability to tolerate ambiguity and display confidence in the efficacy of treatment.
- Adapt to their patients style of interaction specific to age and cognitive capacity.
- Develop therapeutic alliances within the framework of privacy and confidentiality.
- Collaborate effectively and report findings to supervisors in coherent and orderly presentations, including discussions of the differential diagnosis, bio-psycho-social treatment plan, and the process of ongoing therapy.
- Collaborate effectively with peers and professional colleagues in other fields.

**Systems-Based Practice**
Fellows will demonstrate awareness of the larger context of health care systems and ability to call upon their resources to provide optimal patient care. Fellow completing rotations through the University Psychiatry Clinic will:
- Advocate for quality patient care and help patients in dealing with the complexities of health care systems.
- Effectively utilize practice guidelines when appropriate.
- Maintain adequate and timely medical records.
Demonstrate understanding of medical/legal issues (e.g., confidentiality, reporting to DMV, voluntary/involuntary holds, Tarasoff warning, elderly/child abuse, spousal abuse).

**Professionalism**
Fellows will demonstrate professional responsibilities, ethical principals and sensitivity to a diverse patient population. Fellow completing rotations through the University Psychiatry Clinic will:

- Exhibit personal and intellectual integrity, and demonstrate an understanding of the ethical values and codes of the medical profession.
- Demonstrate sensitivity to the sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.
- Arrange to provide clinical coverage when needed.
- Assist in and ask for assistance in crisis/emergency situations as needed.
- Exhibit respect towards physician and non-physician colleagues as well as support staff.
- Interact respectfully and ethically with patients and family members.
- Adhere to the principals of confidentiality and informed consent.
- Maintain professional boundaries.

**Practice-based Learning and Improvement**
Fellows will be able to review and evaluate their patient care practices, assimilate scientific evidence and improve patient care practices. Fellow completing rotations through the University Psychiatry Clinic will:

- Use information technology or other available methodologies to access and manage information, support patient care decisions and enhance both their patients’ and their own education.
- Identify areas of improvement to learn through clinical experience and implement strategies to continually improve the quality of their patient care.
- Participate in practice based quality improvement activities through individual supervision.
- Translate material discussed in supervision into clinical work.
- Demonstrate openness to reviewing videotapes and/or to direct observation of treatment sessions.

*Addendum: Competencies for Specific Therapies*

**Brief Therapy**
Knowledge
Fellows completing the Psychosomatic Medicine Fellowship will:

- Demonstrate understanding of the spectrum of theoretical models and clinical concepts of brief therapy.
- Demonstrate understanding of the use of a focus and time limit as therapeutic tools.
- Demonstrate understanding of the course of brief therapy, including phases of the treatment.
- Demonstrate understanding of the indications and contraindications for brief therapy.
- Demonstrate understanding of the use of brief therapy in the overall treatment needs of the patient.
- Demonstrate understanding that continued education in brief therapy is necessary for further skill development.

Skills
Fellows completing the Psychosomatic Medicine Fellowship will:

- Select suitable patients for the particular model chosen for brief therapy.
- Establish and maintain a therapeutic alliance.
- Establish and adhere to a time limit.
- Establish and adhere to a focus.
- Utilize at least one well-defined model of brief therapy.
- Educate their patients about the goals, objectives, and time frame of brief therapy.
- Recognize and identify affects in their patients and themselves.
- Develop formulations using the brief therapy model selected.
- Seek appropriate consultation and/or referral for specialized treatment.

Cognitive Behavioral Therapy

Knowledge
Fellows completing the Psychosomatic Medicine Fellowship will:

- Demonstrate understanding of the basic principles of the cognitive model, including the relationship of thoughts to emotion, behavior and physiology; the concepts of automatic negative thoughts and cognitive distortions; the common cognitive errors; the significance and origin of core beliefs and the relationship of schemas to dysfunctional thoughts and assumptions, behavioral strategies and psychopathology.
- Demonstrate understanding of the cognitive formulations for the psychiatric conditions for which cognitive therapy is indicated.
- Demonstrate understanding of the indications and contraindications for cognitive therapy.
- Demonstrate understanding of the basic rationale for structuring a cognitive therapy sessions and the focus on active collaboration and problem solving.
- Demonstrate understanding of the basic principles of psycho-education, skills training, and relapse prevention during therapy.
- Demonstrate understanding of the basic principles underlying the use of behavioral techniques including activity scheduling, exposure and response prevention, relaxation training, graded task assignment, exposure hierarchies and systematic desensitization.
- Demonstrate understanding of the basic principles underlying the use of cognitive techniques including identifying automatic thoughts, cognitive restructuring, problem solving, advantage/disadvantage analyses, examining the evidence, thought recording, and modification of core beliefs.
- Demonstrate understanding of the ways in which rating scales are an integral part of cognitive behavioral therapy.
- Demonstrate understanding that continued education in cognitive behavioral therapy is necessary for further skill development.

Skills
Fellows completing the Psychosomatic Medicine Fellowship will:
- Elicit data and conceptualize patients using the cognitive conceptualization framework.
- Establish and maintain a therapeutic alliance.
- Educate patients about the cognitive model, including the centrality of core beliefs/schemas and the responsibilities of the patient in actively engaging in treatment.
- Educate patients about the core beliefs/schemas most relevant to the presenting problem, and help them understand the basic origin of these beliefs.
- Structure and focus therapy sessions including collaboratively setting the agenda, bridging from the previous session, reviewing homework and assigning appropriate new homework, working on key problems, summarizing and closing the session, and eliciting and responding to feedback.
- Utilize activity scheduling and graded task assignment to teach the patient to monitor behavior and increase patient engagement in desirable mastery and pleasure behaviors.
- Utilize relaxation techniques, exposure and response prevention, and graded exposure to feared situations.
- Employ the dysfunctional thought record and measure the impact this has on mood and behavior.
- Recognize and identify affects in their patients and themselves.
- Effectively plan termination with patients, employing booster sessions as indicated, and teaching relapse prevention techniques.
- Write a cognitive behavioral formulation.
- Seek appropriate consultation and/or referral for specialized treatment.
Supportive Therapy

Knowledge
Fellows completing the Psychosomatic Medicine Fellowship will:

- Demonstrate the knowledge that the principle objectives of supportive therapy are to maintain or improve the patient’s self-esteem, minimize or prevent recurrence of symptoms, and to maximize the patient’s adaptive capacities.
- Demonstrate understanding that the practice of supportive therapy is commonly utilized in many therapeutic encounters.
- Demonstrate knowledge that the patient-therapist relationship is of paramount importance.
- Demonstrate knowledge of indications and contraindications for supportive therapy.
- Demonstrate understanding that continued education in supportive therapy is necessary for further skill development.

Skills
Fellows completing the Psychosomatic Medicine Fellowship will:

- Establish and maintain a therapeutic alliance.
- Establish treatment goals.
- Interact in a direct and non-threatening manner.
- Be responsive to their patients and give feedback and advice when appropriate.
- Demonstrate the ability to understand their patients as unique individuals within their family, socio-cultural and community structures.
- Determine which interventions are in the best interest of the patient and exercise caution about basing interventions on his/her own beliefs and values.
- Recognize and identify affects in their patients and themselves.
- Confront (in a collaborative manner) behaviors that are dangerous or damaging to the patient.
- Provide reassurance to reduce symptoms, improve morale and adaptation, and prevent relapse.
- Recognize, support, and promote their patients’ abilities to achieve goals that promote their well-being.
- Provide strategies to manage problems with affect regulation, thought disorders, and impaired reality testing.
- Provide education and advice about their patients’ psychiatric conditions, treatments, and adaptations while being sensitive to specific community systems of care and sociocultural issues.
- Demonstrate that, in the care of patients with chronic disorders, attention should be directed to adaptive skills, relationships, morale, and potential sources of anxiety or worry.
- Assist their patients in developing skills for self-assessment.
- Seek appropriate consultation and/or referral for specialized treatment.
Stress Management

This can be accomplished in individual or group sessions:

**Knowledge:**
Fellows completing the Psychosomatic Medicine Fellowship will:
Demonstrate understanding of the effects of stress on the neuro-anatomy and neurophysiology.
Demonstrate understanding of the effect of stress in triggering or contributing to psychiatric symptoms, syndromes and behavioral problems.
Demonstrate understanding of various stress management techniques including breathing exercise, progressive relaxation, self hypnosis, meditation etc. in both individual and group setting.

**Skills:**
Fellows completing the Psychosomatic Medicine Fellowship will:
- Establish and maintain a therapeutic alliance.
- Establish treatment goals.
- Be proficient in running a group and assuming a leadership role.
- Provide education concerning the effect of stress on mind and body.
- Provide education on the impact of stress in the manifestation and exacerbation of physical and psychiatric symptoms.
- Skillfully demonstrate the various stress management techniques to patients.
- Recognize, support, and promote their patients’ abilities to achieve goals that promote their well-being.
- Assist their patients in developing skills for self-assessment.
- Seek appropriate consultation and/or referral for specialized treatment.

Psychodynamic Psychotherapy

**Knowledge**
Fellows completing the Psychosomatic Medicine Fellowship will:
Demonstrate understanding of the spectrum of theoretical models of psychodynamic psychotherapy.
Demonstrate understanding of the clinical psychodynamic psychotherapy concepts of the unconscious, defense and resistance, transference, and countertransference.
Demonstrate understanding that symptoms, behaviors, and motivations often have multiple and complex meanings that may not be readily apparent.
Demonstrate understanding of the influence of development through the life cycle on thoughts, feelings, and behavior.
Demonstrate understanding of the indications and contraindications for the psychiatric disorders and problems treated by psychodynamic psychotherapy.
Demonstrate understanding that continued education in psychodynamic psychotherapy is necessary for further skill development.

**Skills**
Fellows completing the Psychosomatic Medicine Fellowship will:
- Accurately evaluate the capacity of patients to engage in and utilize psychodynamic psychotherapy.
- Display effective interpersonal skills in building and maintaining a collaborative therapeutic alliance that promotes self-reflection and inquiry into the patient’s inner life.
- Establish treatment goals with their patients.
- Engage patients in exploring their history of experiences, sociocultural influences, relationships patterns, coping mechanisms, fears, traumas and losses, hopes and wishes in order to understand the presenting problems.
- Listen effectively to the patient to understand nuance, meanings, and indirect communications.
- Recognize and identify affects in their patients and themselves.
- Recognize, utilize, and manage aspects of transference, countertransference, defense, resistance in the course of treatment.
- Utilize self-reflection to learn about their own responses patients to further the goals of the treatment.
- Effectively utilize clarification and confrontation.
- Effectively utilize interpretation to manage transference and countertransference that impedes or disrupts the therapeutic process.
- Manage and understand the meanings of termination.
- Write meaningful psychodynamic formulations.
- Seek appropriate consultation and/or referral for specialized treatment.

**Psychotherapy Combined with Psychopharmacology**

**Knowledge**
Fellows completing the Psychosomatic Medicine Fellowship will:
Demonstrate knowledge of the diagnoses and clinical conditions which warrant consideration of psychopharmacologic treatment in addition to psychotherapy, and psychotherapy in addition to psychopharmacology.

Demonstrate knowledge of different methods of combining psychotherapy in addition to psychopharmacology.

Demonstrate knowledge of the specific indications for a recommendation of psychotherapy and psychopharmacology, and the rationale for the type of psychotherapy and medication recommended.

Demonstrate knowledge that taking of the potential synergies and/or antagonisms in combining psychotherapy and psychopharmacology.

Demonstrate knowledge that taking medication may have multiple psychological and socio-cultural meanings to a patient.

Demonstrate knowledge of the background, education, and training of other mental health professionals who may provide psychotherapy in a combined treatment.

Demonstrate understanding that continued education in combined psychotherapy and psychopharmacology is necessary for further skill development.

**Skills**

Fellows completing the Psychosomatic Medicine Fellowship will:

- Gather sufficient clinical information to assess the need for, recommend, and implement combined (sequential or simultaneous) psychotherapy and psychopharmacology.
- Form an active alliance with their patients which facilitates adherence to combined psychotherapy and psychopharmacology.
- Monitor their patients’ condition and modify the psychotherapeutic or psychopharmacologic approach when necessary.
- Appreciate and assess the importance of timing of psychotherapeutic and psychopharmacologic interventions.
- Understand the influences of other factors on combined psychotherapy and psychopharmacology such as conscious and unconscious aspects of the doctor-patient relationship, placebo effects, and concurrent medical conditions.
- Recognize and identify affects in the patient and himself/herself.
- Use psychotherapeutic techniques to diminish resistance to and facilitate use of medication when appropriate.
- Recognize the potential beneficial and/or detrimental effects of medication use in a psychotherapeutic treatment.
- Understand and explore the psychological and socio-cultural meaning to a patient of taking medication.
- Collaborate effectively with non-psychiatric psychotherapists and respond to conflicts and problems in the three-person treatment.
PROGRAM COMMITTEES

Psychosomatic Medicine Development & Executive Committee
(PSM Executive Committee)

Composition:
Director of PSM Program (Committee Chair)
Associate Director, PSM Program
Director, General Residency Training Program
Chief of Psychiatry, CRMC

Duties and Responsibilities:
1. The committee will meet on a quarterly and ad hoc basis.
2. As the steering body of the UCSF Fresno Psychosomatic Medicine Training Program, the committee will consider all matters related to departmental planning and program development.
3. The committee will coordinate faculty recruitment, retention and development efforts.
4. The committee will serve as the selection committee for PSM fellows.

Psychosomatic Medicine Education Committee

Composition:
PSM Program Director (Committee Chair)
PSM Associate Program Director
Chief of Psychiatry, CRMC
Director of General Residency Training Program
Faculty Site Coordinators
Fellow

Duties and Responsibilities:
1. The committee will meet on a quarterly basis.
2. As the educational policy-making body of the PSM Program, the committee will consider all matters related to training, actively participating in planning, developing, implementing, and evaluating all significant features of the PSM program.

3. The committee will determine curriculum goals and objectives.

4. The committee will review and must approve in advance any changes in contractual arrangements and/or clinical rotations of PSM fellow.

5. The committee will monitor and review trainee performance on a regular basis, and take action as necessary concerning matters of remediation and probation in accordance with program policies and procedures.

6. The committee will review and must approve in advance fellows’ research projects.

7. The committee will review and approve all fellows’ moonlighting requests.

8. The committee will monitor fellows’ duty hours and fellows’ fatigue/well being issues.

9. On an annual basis, the committee will undertake a comprehensive review of the program and create an action plan to address areas identified for improvement.
FELLOW EVALUATION

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<thead>
<tr>
<th>Training Site</th>
<th>Timing</th>
<th>Faculty</th>
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<tbody>
<tr>
<td>CRMC Med/Surg Inpt</td>
<td>Quarterly</td>
<td>Attending</td>
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<tr>
<td>Burn Unit</td>
<td>Quarterly</td>
<td>Attendings</td>
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<tr>
<td>OB &amp; Gyn</td>
<td>Quarterly</td>
<td>Attendings</td>
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<td>Chou/Nair</td>
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<tr>
<td>University Clinic</td>
<td>Quarterly</td>
<td>Campbell</td>
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<tr>
<td>Research</td>
<td>Quarterly</td>
<td>Leigh</td>
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Additionally, each fellow is assigned two individual supervisors who will provide feedback to the Program Director about the fellow’s progress in supervision on a quarterly basis. Evaluation forms and supervisor feedback letters will be sent out on a quarterly basis, in March, June, September and December.

All evaluations will be reviewed by the Program Director. Evaluations reflecting significant deficiencies will be reviewed on a quarterly basis by the PSM Education Committee. The Program Director will meet with the Fellow twice each year to review the progress in training.

The final Evaluation of Resident/Fellow Physician form will be completed by the Program Director upon the fellow’s completion of training.
PSM PROGRAM & FACULTY EVALUATION

Program & Faculty Evaluation Policies and Procedures

Purpose: To provide an anonymous method of regularly evaluating didactic courses, clinical rotations, and faculty supervisors in an effort to consistently upgrade the quality of educational experiences for the fellows in the UCSF Fresno Psychosomatic Medicine Fellowship (PSM) Program.

Policy: The UCSF Fresno PSM Program establishes the policy that each didactic course, clinical rotation, and faculty supervisor shall be formally evaluated by each participating resident either upon completion of the experience or at the end of the curricular year.

Procedure: Either upon completion of the course/rotation/supervision or at the conclusion of the curricular year, all fellows will formally and anonymously evaluate the faculty educational activities of the residency program using the on-line E*Value Medical Education Management System at www.e-value.net and the specific evaluation tools developed by the PSM Education Committee.

The feedback provided by fellows is collated anonymously every two years by the E*Value system and provided to the Program Director for review and incorporation into faculty evaluations and annual reviews of the educational effectiveness of the overall program.
Professional Associate Surveys

Procedures:

1. The program Associate Director will be responsible for obtaining a minimum of 10 completed surveys for each of the fellows.

2. Surveys will be completed by professional associates working with fellows in various inpatient, outpatient, and liaison settings.

3. Near the end of each quarter, the Associate Director will arrange to attend an appropriate team meeting for each service, during which time the surveys will be distributed, completed by professional associates, and then collected. Surveys may be completed by attending physicians, residents, medical students, nursing staff, social work staff, and recreation and occupational therapists, etc.

4. The surveys will be kept confidential and discussed with the fellow by the training director.
PROGRAM FACILITIES AND RESOURCES

Clinical Facilities and Resources
1. The UCSF Fresno PSM Program will insure adequate patient populations for each mode of required training and will include organized clinical services in inpatient, outpatient, and liaison sites.
2. The program will specify the facilities in which the goals and objectives are to be implemented.
3. All fellows will have available offices adequate in size and decor to allow them to interview patients and accomplish their duties in a professional manner. Program facilities will also provide adequate and specifically designated areas in which fellows can perform basic physical examination and other necessary diagnostic procedures and treatment interventions.

Other Educational Resources
1. UCSF Fresno PSM Program facilities will provide ample space and equipment for educational activities. There will be adequate space and equipment specifically designated for seminars, lectures, and other teaching exercises.
2. The program will have available audiovisual equipment and teaching material as well as the capability to record and play back educational media.
3. Fellows will have ready access to the major medical library of UCSF Fresno Medical Education Program. Library services will also include the electronic retrieval of information from the UC San Francisco medical databases.
4. Fellows will also have access to on-site libraries at the UCSF Fresno Center, and to an electronic collection of appropriate texts and journals through UC San Francisco. These on-site libraries and/or collections of texts and journals will be readily available during nights and weekends. These libraries provide:
   a. a substantial number of current basic textbooks in psychiatry, neurology and general medicine;
   b. a number of the major journals in psychiatry, neurology, and medicine sufficient for an excellent educational program;
   c. the capability to obtain textbooks and journals on loan from major medical libraries;
   d. capability to perform MEDLINE or other medical information searches (or ready access to a library that has this capacity); and
   e. access to the Internet.
4. Each clinical service will have a mechanism that ensures that charts are appropriately maintained and readily accessible for regular review for supervisory and educational purposes.
The PRITE will be administered annually to all residents and fellows in the UCSF Fresno Psychiatry program, under standardized conditions and in accordance with the policies of the American College of Psychiatrists. The UCSF Fresno Psychiatry Residency and Fellowship Program adopts the confidentiality and use policy of the PRITE and the American College of Psychiatrists:

*This examination is designed primarily to provide an educational experience for psychiatry residents. While it may be used by residency programs as one factor, among many, for assessing the competency of a resident, its use for certification or pass-fail purposes is forbidden. The training directors of participating residency programs have agreed that the test results will not be used for such purposes. Also, residency training directors from participating programs have agreed that, except as indicated herein, all residents’ test results will be kept confidential.*

The results of the PRITE will be utilized in the following manner by the program faculty:

1. The Program Director will review and collate results for presentation to the PSM Education Committee.
2. The PSM Education Committee will review the performance of individual fellows in order to track their progress in training.
3. The PSM Education Committee will also review the overall performance of the program as part of an ongoing effort to monitor the caliber of clinical and didactic training.
4. The Program Director will individually discuss the PRITE results with fellows during the subsequent Semi-Annual Review.
5. Individual PRITE results will be included in fellow’s confidential files.
PSM FELLOW DUTY HOURS POLICY

The UCSF Fresno PSM Program complies with the UCSF Fresno Comprehensive Duty Hours Policy which is available on the UCSF Fresno Intranet Site at: https://connections.fresno.ucsf.edu/ome. In addition, the UCSF Fresno PSM Program has its own program-specific policy as follows:

Duty Hours:

The UCSF Fresno PSM Program will not allow on-call schedules and activities outside the fellowship to interfere with education, clinical performance, or clinical patient care responsibilities. The program will ensure:

a. one day out of 7 free of program duties;
b. on average, on-call duty no more than one week per month
c. all psychiatry on-call is taken from home

Moonlighting:

The UCSF Fresno Psychiatry Residency Program will adhere to the following policies and procedures:

Policies

1. All fellow moonlighting must be approved in advance by the Program Director
2. Training issues take priority over moonlighting at all times, and moonlighting may not take place in any form during normal work hours (8:00 AM – 5:00 PM, Mondays – Fridays) or when on-call.
3. Moonlighting workloads may not interfere with the ability of the fellow to achieve the goals and objectives of the Training Program.
4. The moonlighting opportunity may not replace any part of the clinical experience that is integral to the training program.
5. Each fellow must agree that if fatigue secondary to outside employment interferes with his/her performance, he/she will voluntarily reduce or eliminate that outside employment until the situation is remedied.

6. In the event that individuals are found to be neglecting their duties in order to facilitate outside employment (e.g. leaving early, coming in late, exceeding work hour limits, etc.) they will be subject to the imposition of disciplinary measures (e.g. reprimand, imposition of probation, or dismissal for repeated offenses).

7. Moonlighting fellows must be licensed for unsupervised medical practice in California.

8. Malpractice coverage is not provided by UCSF for any moonlighting activities. Moonlighting fellows must make arrangements for appropriate malpractice coverage and provide the Program Director with verifying documentation.

9. The total hours in the combined educational program and the moonlighting commitment must conform to the 80 hour/week limit on duty hours and leave one day out of seven free from clinical duties.

10. Fellows who are on academic probation may not moonlight. Furthermore, the Program Director and the PSM Education Committee reserve the right to modify a fellow’s moonlighting commitment in light of concerns about performance in the educational program.

**Procedures**

1. Before accepting any moonlighting assignment, fellows must submit to the Program Director a formal written request to moonlight, evidence of malpractice coverage, and a letter from the prospective employer/supervisor delineating the following:
   - Moonlighting Site
   - Clinical/Administrative Responsibilities and Workload
   - Work Schedule
   - Available Supervision
   - Malpractice Coverage

2. All documentation will be formally reviewed by the PSM Executive Committee, which will then approve/disapprove the request for moonlighting privileges.

3. Once approved for a moonlighting assignment, fellows will document their moonlighting dates, site, and on-site hours in E*Value.
4. Duty hours must be kept current in E*Value. *Failure to keep duty hours current may result in suspension of moonlighting privileges.*

5. Duty hours will be reviewed by the Program Director, in consultation with the PSM Education Committee, for compliance with the program’s Duty Hours Policy.

**On-Call Duties:**

The UCSF Fresno PSM Fellowship Program will adhere to the following policies and procedures regarding fellow on-call duties:

1. Fellows will function as a junior attending during on-call hours.
2. Fellows may contact the Program Director or Associate Director, or any other senior faculty for supervision when indicated.

______________________________
Hoyle Leigh, M.D.
Program Director
PSM FELLOW LEAVE

**General Leave Information**

Fellows receive upon entering the program the following leave allotments annually: 15 days vacation, 5 days educational leave and 12 days sick leave. For further details on leave and the types of leave allowed, please refer to the Resident Time Off Policy located at the UCSF Fresno Intranet Site: [https://connections.fresno.ucsf.edu/ome/](https://connections.fresno.ucsf.edu/ome/) under GMEC Policies.

You are responsible for making sure the training office and your clinical supervisor are informed of all absences (vacation, sick, educational). Vacation, Educational Leave and Planned Sick Leave (for scheduled doctor’s appointments or surgery) requires pre-approval by your clinical supervisor(s) for each site affected by your absence and the Program Director. Unplanned sick leave must be reported the day it is taken. Please use the Leave Request Form (sample attached & available in training office and on the Psychiatry intranet site at: [https://connections.fresno.ucsf.edu/psych/](https://connections.fresno.ucsf.edu/psych/). The Training Office must turn in a time and attendance report to Human Resources by the end of each month.

**Scheduled Leave Policy**

The UCSF Fresno PSM Fellowship Program recognizes the need for fellows to take periodic leave from their clinical and educational duties. Fellows are encouraged to take full advantage of the vacation and educational leave granted each year by UCSF.
Furthermore, fellows are expected to demonstrate professionalism in the scheduling of and preparation for planned leave. Such professionalism should include demonstrating responsibility for their patients and courtesy to colleagues, faculty, and staff.

Fellows are expected to schedule leave well in advance, anticipating the re-scheduling of patients, the notification of supervisors, and the coverage of all clinical responsibilities. Written approval must be obtained from all relevant site coordinators and the Program Director, using the Leave Request Form. This completed and signed form must be turned in to the Fellowship Coordinator in advance of the planned leave.

Except in extraordinary circumstances, leave will not be granted unless these procedures are followed. Any fellow taking leave without complying with these policies and procedures will be subject to disciplinary action.
Leave Make-up Policy

From time to time it becomes necessary for fellows to take a leave of absence (e.g. illness, pregnancy). From a human resources perspective, it is necessary that these leaves be in accordance with the personnel guidelines of the UC System. From an academic point of view the RRC mandates that fellows satisfactorily complete 12 months of training in order to graduate.
UCSF Fresno Psychiatry Residency Program
Leave Request Form

Name of Fellow____________________________ Date________________

_____Request for Vacation  _____Planned Sick Leave (Dr. Appts, etc.)

_____Request for Educational Leave (Attach documentation)

Dates requested and reason: (Reason only necessary for Educational or Sick Leave)

________________________________________________________________________________________________
________________________________________________________________________________________________

__________________________________________

(1) You must obtain signatures from attendings (or clerical staff, in the case of the UPA Clinic) on ALL SERVICES affected by your absence:

___________________CRMC C-L Service
___________________Burn Unit
___________________Dept of OB & Gyn
___________________UPA Clinic

Other ______________________

(2) Completed and Signed form must be turned in to Fellowship Coordinator in advance of the beginning of requested leave to ensure leave is available or leave will not be approved.
**UCSF Fresno**  
**PSM Program**

**Fellow Participation in Research**  
**Policy and Procedures**

**Policy**  
The faculty and fellows of the UCSF Fresno PSM Program will establish and maintain an environment of inquiry and scholarship with an active research component. Specifically, program faculty will encourage and support fellows in scholarly activity.

The program will provide fellows with research opportunities and the opportunity for the development of research skills for those fellows interested in conducting research in psychosomatic medicine or related fields. The program faculty will provide research mentorship for those fellows involved in ongoing research.

**Procedure**

1) During the year, the fellow will participate in the PSM Research Course. Upon completion of this course, fellows will be expected to have developed competency in:
   - Hypothesis formulation
   - Study design
   - Statistical Analysis
   - IRB approval
   - Publication formatting

2) Each fellow will complete and formally present a scholarly project prior to completion of training. This fellow project is a planned learning endeavor of *original scholarship*, carried out under the supervision of a faculty advisor and formally
presented to peers and faculty during Psychiatry Grand Rounds. The project must also be submitted in written form, suitable for publication. Satisfactory completion and presentation of a project is a requirement for graduation from the program.

3) Fellow interest in conducting ongoing research and/or scholarship will be included in the program director’s semi-annual review with each fellow. Those fellows who express an interest in participating on ongoing research and/or scholarship, will be assigned an appropriate faculty mentor to provide support and guidance. When necessary and/or appropriate, mentorship by UCSF Psychiatry faculty based in San Francisco will be utilized.
PSM FELLOW SELECTION

Eligibility
Applicants with the following qualifications are eligible for consideration for PGY 5 PSM fellowship training:

- Graduates of any medical schools, inside or outside the United States and Canada who possess a full and unrestricted license to practice medicine in the State of California
- Graduates of American Medical Schools with application receipt from the Medical Board of California
- Graduates of Foreign Medical Schools with a current Postgraduate Training Authorization Letter (PTAL) and ECFMG Certification

Selection
PGY 5 PSM fellows are selected from eligible applicants based upon their academic credentials and their professional and personal characteristics. An application should include the following documents to be considered complete:

1. A completed Universal Application
2. Personal Statement
3. Dean’s Letter
4. Medical School Transcript
5. USMLE/COMLEX Transcript (Passing Scores on Steps 1, 2 and 3)
6. A letter from the residency training program from which the applicant is graduating (or has graduated).
7. Three letters of recommendation, including at least one from a consultation-liaison psychiatrist.
8. Curriculum Vitae
9. Copy of unrestricted California Medical License OR Application receipt from the Medical Board of California OR Current Postgraduate Training Authorization Letter (PTAL)
10. ECFMG Certificate (FMG’s only)

Selection Process
The Program Director, the PSM Fellowship Coordinator, the PSM Executive Committee, and the PSM Education Committee will work closely in this complex selection process.
- All inquiries shall be received by the PSM Fellowship Coordinator.
- The PSM Fellowship Coordinator shall respond to inquiries via email with a description of the Program, eligibility criteria and application instructions.
- All applications shall be screened by the PSM Fellowship Coordinator to ensure that candidate meets application criteria and eligibility, all required documents are received, and that application is complete.
- Complete applications of eligible candidates shall be forwarded by the PSM Fellowship Coordinator to the Program Director or Associate Program Director for review.
- Completed applications are then reviewed by the PSM Executive Committee.
- The PSM Fellowship Coordinator shall contact those candidates selected to invite for interview, develop interview schedule and make necessary hotel arrangements.
- PSM Executive Committee shall meet following the interview to discuss candidate and decide whether to offer a fellowship position to them.
- Following the recommendation of the PSM Executive Committee, the Program Director shall contact the selected candidate to offer them a PGY 5 fellowship position.

Name: ________________________________

Date Application Reviewed: ________________________________

Medical School: ________________________________

Date of Graduation: _________________

Application Materials: Received

Application: _____

Personal Statement: _____

Deans Letter: _____

Medical School Transcript: _____

3-digit score  2-digit score  # Attempts
COMLEX/USMLE I
COMLEX/USMLE II (CK)
COMLEX/USMLE II (CS)
COMLEX/USMLE III

Letters of Recommendation
  Recommendation 1
  Recommendation 2
  Recommendation 3

Comments:
IMG Fellowship Application Status

Name: ________________________________________________________________

Date Application Reviewed: ______________________________________________

Medical School: _________________________________________________________

Date of Graduation: ____________________________________________________

Application Materials:  

Received       Pending

Application

Personal Statement

Deans Letter

Medical School Transcript

3-digit score  2-digit score  # Attempts

USMLE I (proof of scores)  ________   ________   ________   ________

USMLE II (CK)  ________   ________   ________   ________

USMLE II (CS)  ________   ________   ________   ________

USMLE III  ________   ________   ________   ________

Letters of Recommendation

Recommendation 1  ________

Recommendation 2  ________

Recommendation 3  ________

PTAL Dated:  ________   ________   ________
ECFMG Certificate Dated: ____________________________

Citizenship: ____US _____ Permanent Residency

Comments:

_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
_________________________________________________________________________________________________________
PSM FELLOW SUPERVISION

UCSF Fresno PSM Fellow Supervision Policy

The PSM Program Policy on Fellow Supervision will be consistent with the overall guidelines stated in the UCSF Fresno Sponsoring Institution’s Resident Supervision Policy dated 10/9/01. We endorse the concept that our Fellowship Program will provide appropriate supervision for all fellows that is consistent with proper patient care, the educational needs of fellows, and the applicable program requirements of our RRC.

The PSM Program will provide faculty to supervise fellows in such a way that they may assume progressively increased responsibility for patient care according to their level of education, ability, and experience, as determined by their physician supervisors. The mechanisms for achieving this lie within the supervisor-supervisee relationship and are described as follows:

There will be increasing levels of a fellow’s clinical responsibilities as he/she moves through the year of training.

Fellows must demonstrate satisfactory performance in areas of Knowledge, Interviewing Skills, Assessment and Diagnostic Skills, and Treatment Formulation Skills. This program will provide the supervising faculty with a mechanism to use in order to provide an assessment of a fellows clinical judgment and skills, to identify one who is not achieving the necessary progression in skills necessary. This mechanism is:

- A member of the faculty of each participating institution/service will be designated Site Coordinator and will assume responsibility for the day to day activities of the program element within that setting, with overall coordination by the Program Director.
- Each attending/site supervisor provides written/electronic evaluations to the Program Director of each fellow on each clinical service on a quarterly basis. Additionally, each fellow is assigned two individual supervisors who will provide feedback to the Program Director about the fellows’ progress in supervision on a quarterly basis. All evaluations will be reviewed by the Program Director. Evaluations reflecting significant deficiencies will be reviewed on a quarterly basis by the PSM Education Committee. The Program Director will meet with each fellow individually twice each year to review the fellows’ progress in training. This allows appropriate adjustments in education and/or patient care responsibility to be made.
There will be decreasing levels of a faculty member’s direct supervision of a fellow that allows a logical progression in skill base with progressive independence. The amount and type of patient care responsibility a fellow assumes must be progressive and increased as the fellow advances in training. That is, under supervision, a fellow’s clinical experience in patient management should demonstrate graduated and progressive responsibility.

Supervisory lines of responsibility for the care of patients will be generally implemented through the use of Site Coordinators at each training site. The site coordinators will be overseen in their responsibilities by the Program Director. Site Coordinators and attending teaching faculty will be the main supervisors of fellows. Assignment of individual supervisors for each fellow will be the responsibility of the Program Director, in consultation with Site Coordinators.

The Psychiatry Residency Program will provide a quality of patient care services through their housestaff in conjunction with faculty supervision, that is at or above the community standard of care.

Supervising physicians may only supervise fellows in areas/procedures in which they themselves have privileges.

The PSM Fellowship Program ensures there will be sufficient and appropriate faculty-fellow communication to provide the very highest quality of patient care and enough supervision for an excellent educational experience. There will be a mutual supervisor–supervisee responsibility to recognize the need for increased communication and supervision under the following circumstances:

- A significant deterioration in clinical status.
- A significant uncertainty re: diagnosis or management of the patient.
- Inexperience of the trainee.
- Patient requiring procedures or interventions, which entail significant risk.
- Situations requiring legal expertise or risk management.

The minimum faculty supervisory communication would be phone consultation before or during the occurrence of any of the above-outlined circumstances.

Failure of a fellow to comply with these supervision guidelines will be considered in decision-making regarding academic standing and advancement in the training program.
Psychiatry Fellow Supervision

The following policy is developed to ensure appropriate fellow supervision.

Policy
1. There must be a sufficient number of UCSF teaching faculty to instruct and supervise adequately all fellows in the program at each site where training takes place.
2. A member of the above faculty of each participating institution will be designated Site Coordinator and will assume responsibility for the day to day activities of the program element within that institution, with overall coordination by the Program Director.
3. Clinical services will be organized to give fellows major responsibility for the care of all patients assigned to them under sufficient and high quality faculty supervision.
4. PGY V Fellows are able to fully integrate knowledge and skills, function independently, know when to ask for help, and are teachers of residents and medical students.

Procedure
1. Supervisory lines of responsibility for the care of patients will be generally implemented through the use of Site Coordinators at each training site.
2. The site coordinators will be overseen in their responsibilities by the Program Director. Site Coordinators and attending teaching faculty will be the main supervisors of fellows.
3. Assignment of individual supervisors for each fellow will be the responsibility of the Program Director.
4. Site Coordinators and explicit lines of supervision are outlined below.

Site Coordinators and Lines of Supervision

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Site Coordinators</th>
<th>Other Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Physicians</td>
<td></td>
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<tr>
<td>CRMC CL</td>
<td>Hoyle Leigh, M.D.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Beena Nair, M.D.</td>
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<tr>
<td>Burn Unit</td>
<td>Hoyle Leigh, M.D.</td>
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<td></td>
<td>William Dominic, M.D.</td>
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<tr>
<td>Ob &amp; Gyn</td>
<td>Beena Nair, M.D.</td>
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<tr>
<td></td>
<td>Conrad Chao, M.D.</td>
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<tr>
<td>UPA Clinic</td>
<td>Craig Campbell, M.D.</td>
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<td></td>
<td>Karen Kraus, M.D.</td>
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<td></td>
<td>Hoyle Leigh, M.D.</td>
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<tr>
<td></td>
<td>Beena Nair, M.D.</td>
<td></td>
</tr>
</tbody>
</table>
Individual Faculty Supervisors:

Scott Ahles, M.D.
B.J. Bonilla, M.D.
Craig Campbell, M.D.
Herb Cruz, M.D.
Michael DeLollis, M.D.
Alan Drucker, M.D.
David Fox, M.D.
Petros Ghermay, M.D.
Trevor Glenn, M.D.
Matt House, M.D.
Al Howsepian, M.D.
Robert Hierholzer, M.D.
Hani Khouzam, M.D.
Karen Kraus, M.D.
Hoyle Leigh, M.D.
Dennis Lewis, Ph.D.
Audrey Punnett, Ph.D.
Nestor Manzano, M.D.
Sarah Morgan, M.D.
Jan Munson, M.D.
Marta Obler, M.D.
Rick Reinfurt, M.D.
Fellow On-Call: Duties and Supervision

Every fellow, when “on call,” will be considered a junior attending and function as attending on call. However, the fellows are encouraged to contact any senior faculty for ad hoc supervision.
Psychosomatic Medicine by its very nature involves the close collaboration between the psychiatric consultant and the other providers caring for the patient. High quality clinical care in this setting depends on the ability to function as part of a multidisciplinary team and to effectively interact with other specialties. Thus, fellows training in the Psychosomatic Medicine program will function as integral members of a multispecialty team, under the supervision of their supervising attending psychiatrists as well as the attending of the nonpsychiatric service to which they are assigned. The fellows will be evaluated on their interactions with other team members as part of the core competencies of interpersonal skills, professionalism and systems-based practice as required by the program. The other disciplines will be nurses, social workers, physical therapists, occupational therapists, speech and language therapists, psychologists, counselors, case managers, nutritionists, pharmacists and other medical professional support staff, and each will participate in the team as according to his/her scope of professional practice. Each discipline will be invited to provide written evaluations as necessary to provide feedback to the fellows on core competencies. Further, fellows will interact with other medical specialties, including providers from all medical, surgical, obstetrics/gynecological, pediatric and neurological divisions. These other specialty providers will also be invited to provide written evaluation of the fellow as required to provide feedback on the core competencies.

On the inpatient consultation service at CRMC, the fellow will interact effectively with referring physicians, medical students, nurses on the various units, occupational therapists, physical therapists, speech therapists, social workers, and discharge planners.

In the Burn Unit, the fellow will work as part of a multidisciplinary team consisting of surgical burn specialists, nurses, social workers, nutritionists, occupational therapists, and rehabilitation professionals. There will be a weekly multidisciplinary team meeting which the fellow will attend.

In the Obstetrics and Gynecology department, the fellow will work as part of a multidisciplinary team consisting of OB & Gyn physicians, nurses, social workers, and nutritionists.
<table>
<thead>
<tr>
<th>Related Discipline</th>
<th>Location</th>
<th>Discipline</th>
<th>Collaborate with other physicians</th>
<th>Collaborate with non physician members of a multidisciplinary treatment team</th>
<th>Teach members (physicians and non-physicians) how to recognize and respond to various psychiatric disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Hospital Medical/Surgical Inpatient Service</td>
<td>CRMC</td>
<td>Nursing Social Work OT/PT Nutrition Speech therapy Chaplaincy Physician staff</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Burn Unit</td>
<td>CRMC</td>
<td>Surgery Nursing Psychology Social Work OT/PT Nutrition Rehab</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>OB &amp; Gyn</td>
<td>CRMC</td>
<td>OB &amp; Gyn Nursing Nutrition Psychology Social Work Neonatology</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Community Resources</td>
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</table>
I. Psychosomatic Medicine Patient Care Core Competencies

The application of knowledge in the clinical setting

The scope of practice of Psychosomatic Medicine psychiatrists includes caring for patients with psychopathology encountered in general medical settings (e.g., inpatient and outpatient medical-surgical-obstetrical settings).

Psychosomatic Medicine psychiatrists shall gather essential information through review of pertinent records and interviews of their patients, family members, caregivers, and other healthcare professionals with particular attention to:

1. The chief complaint and relevant history

2. Adjustment to illness, treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care

3. The course of medical illness, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities

4. The mental status (including the use of relevant neurobehavioral and structured cognitive tools)
5. The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication

6. Medical and surgical conditions (which include performance of a neurological examination when appropriate)

7. Decision-making capacity (e.g., decisions regarding treatment, personal care, placement)

8. Potential abuse and or neglect of the patient.

9. The emotional state of family and caregivers and the capacity to function as stable social support

   Psychosomatic Medicine psychiatrists shall develop a diagnostic evaluation plan that may include selection of ancillary investigations, corroborative history or information, and pertinent testing (e.g., serum and urine chemistries, blood counts, cultures, neuroimaging, electroencephalograms, and neuropsychologic evaluation).

   Psychosomatic Medicine psychiatrists shall develop and implement comprehensive medical psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:

1. The provision of direct or consultative care to pregnant, medically and surgically ill patients with co-morbid psychiatric conditions

2. The utilization of input and recommendations from members of the mental healthcare team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines

3. The use of information technology to support patient care decisions and patient education
Psychosomatic Medicine psychiatrists shall:

1. Be cognizant of the stressors experienced by patients undergoing medical treatment

2. Provide expertise regarding the use of restraints and 1:1 sitters

3. Identify and utilize appropriate somatic interventions (including pharmacotherapies and ECT) for obstetrical-medical-surgical patients, when indicated

4. Identify and utilize appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive-behavioral, group, interpersonal, psychodynamic, supportive], relaxation therapy, and hypnosis) for obstetrical-medical-surgical patients

Psychosomatic Medicine psychiatrists shall:

1. Facilitate referrals to appropriate social support resources (e.g., chaplaincy, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)

2. Provide appropriate guidance to caregivers of obstetrical-medical-surgical patients with psychiatric problems who are discharged to home
Psychosomatic medicine psychiatrists shall provide capacity determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, duty to warn, and the withholding of medical treatments.

II. Psychosomatic Medicine Medical Knowledge Core Competencies
Fund of knowledge, including conceptual theory & scientific literature
Psychosomatic Medicine psychiatrists shall demonstrate knowledge of:

1. Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for application to the care of medically ill psychiatric patients and their families.

2. The nature and extent of psychiatric morbidity in medical populations.

3. The impact of psychological factors and co-morbid psychiatric disorders on the course of medical illnesses.

4. Appropriate treatment interventions for co-existing psychiatric disorders in the medically ill, including pharmacotherapy, other somatic therapies (e.g. ECT), and psychotherapy (especially evidence based psychotherapies).

5. Psychological and psychiatric effects of medical and surgical treatments, medications, and toxins.


7. Indications for, and use of psychiatric medications in medically ill patients, including drug-drug interactions.

8. Forensic psychiatric issues (e.g. capacity and guardianship) as they apply to Psychosomatic Medicine.
Psychosomatic Medicine psychiatrists shall demonstrate the knowledge competencies delineated in A. (above) for a multitude of psychiatric problems presenting in a wide range of obstetrical-medical-surgical patients including:

1. Mood disorders

2. Anxiety disorders

3. Adjustment disorders/bereavement/acute stress disorders

4. Delirium

5. Dementia

6. Psychotic disorders
7. Catatonia

8. Substance-related disorders

9. Psychiatric disorders due to a general medical condition or a toxic substance

10. Somatoform disorders, factitious disorders and malingering

11. Sleep disorders

12. Sexual disorders

13. Psychological factors affecting physical illness

14. Personality disorders in the medical setting

15. Developmental disorders

16. Eating disorders

**III. Psychosomatic Medicine Interpersonal & Communication Skills Competencies**

   Psychosomatic Medicine psychiatrists shall:
1. Establish rapport with a culturally diverse population of medically ill patients and their families.

2. Communicate effectively with the consultee.

3. Skillfully manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in general medical settings.

4. Demonstrate verbal and written communication skills that effectively convey their impressions and recommendations of the consultation to the health care team.

5. Serve as an educational resource for patients and their families, for the multidisciplinary staff, and their related disciplines about the interaction of psychiatric and general medical disorders and their treatments.

6. Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for medically ill patients with co-morbid psychiatric disorders.

7. Abide by HIPAA regulations and state laws that respect patient privacy and confidentiality in both written and verbal communications.
IV. Psychosomatic Medicine Practice-Based Learning & Improvement
Competencies

The ability to apply daily clinical practice to one’s own learning

Psychosomatic Medicine psychiatrists shall demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in medically ill patients.

Psychosomatic Medicine psychiatrists shall demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:

1. Locate, critically appraise and assimilate evidence from the medical literature applicable to patient care.

2. Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies.

3. Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases.

4. Facilitate the learning of other health care professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication.

5. Maintain currency in the literature specific to Psychosomatic Medicine (e.g., Psychosomatic Medicine journals, textbooks, and other media).

V. Psychosomatic Medicine Professionalism Skills Competencies

Psychosomatic Medicine psychiatrists shall demonstrate responsibility for their patients’ care, including:

1. Responding to communication from patients and health professionals in a timely manner.
2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary

3. Using medical records for appropriate documentation of the course of illness and its treatment

4. Providing coverage if unavailable

5. Coordinating care with other members of the medical and/or multidisciplinary team

6. Providing for continuity of care, including appropriate consultation, transor referral if nec

B. Psychosomatic Medicine psychiatrists shall adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.
Psychosomatic Medicine psychiatrists shall demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and to issues regarding provision of compassionate care.

**VI. Psychosomatic Medicine Systems-Based Practice Skills Competencies**

Understand principles of practice management in the unique setting of providing psychiatric consultation and care to medically ill patients, including:

1. System resources

2. Healthcare economics and financing

3. Cost-benefit considerations

4. Insurance benefits and limits

5. Medical-legal issues

6. Federal and state laws regarding health care and hospital policy

    Demonstrate sensitivity to how a consultant’s recommendations may affect other healthcare professionals, the healthcare organization, payers, case managers, and other agencies and professionals to ensure coordinated patient care.

    Call effectively on system resources that may include:

1. Skilled nursing facilities
2. Rehabilitation settings

3. Hospice care

4. Assisted living facilities

5. Home care

6. Community mental health centers

7. Addiction treatment facilities