****

**National Institute for Health Specialties**

**Psychiatry Program Information Form**

|  |  |  |
| --- | --- | --- |
| **Application Information** | | |
| Date: | Click or tap here to enter text. | |
| Application Type: | New (Initial Accreditation Application)  Renewal (Continued Accreditation Application) | |
| Program Name: | Click or tap here to enter text. | |
| Institution Name: | Click or tap here to enter text. | |
| **Table of Contents** | | |
| When you have the completed forms, **number each page sequentially in the bottom**. Report this pagination in the Table of Contents and submit this cover page with the completed Program Information Form. | | |
| **Advanced Specialty PIF** | | **Page(s)** |
| 1. Introduction | | # |
| A. Duration of Education | | # |
| 2. Institutions | | # |
| A. Participating Sites | | # |
| 3. Program Personnel and Resources | | # |
| 1. Program Director | | # |
| 1. Associate Program Director(s) | | # |
| 1. Faculty | | # |
| 1. Other Program Personnel | | # |
| 1. Resources | | # |
| 4. Resident Appointment | | # |
| 1. Residents Appointment and Eligibility Criteria | | # |
| 5. Educational Program | | # |
| 1. Regularly Scheduled Didactic Sessions | | # |
| 1. Clinical Experience | | # |
| 1. Residents’ Scholarly Activities | | # |
| 1. Duty Hour and Work Limitations | | # |
| 6. Core Competencies | | # |
| 1. Patient Care | | # |
| 1. Medical Knowledge | | # |
| 1. Practice-based Learning and Improvement | | # |
| 1. Interpersonal and Communication Skills | | # |
| 1. Professionalism | | # |
| 1. System-based Practice | | # |
| 7. Appendix | | # |
| 1. Formal Didactic Sessions by Academic Year | | # |
| 1. Residency Program Block Diagram/Schedule | | # |

|  |  |  |
| --- | --- | --- |
| **1. INTRODUCTION** | | |
| **A. Duration of Education** | | |
| 1. What will be the length, in months, of the educational program? | Click or tap here to enter text. | |
| **2. INSTITUTIONS** | | |
| **A. Participating Sites** | | |
| 1. Is the program based at the primary clinical site? | Yes | No |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | |
| 1. Is there a program letter of agreement (PLA) between the program and all participating sites? | Yes | No |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | |
| 1. Describe how the program ensures that each participating site offers significant educational opportunities to residents. (Limit 300 words).   Click or tap here to enter text. | | |
| 1. Are any of the planned participating sites at such a distance from the primary clinical site that residents’ attendance at rounds and lectures is impractical? | Yes | No |
| If ‘YES’, explain how the program ensures that residents can access or attend rounds and lectures when assigned to these sites. (Limit 300 words).  Click or tap here to enter text. | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3. PROGRAM PERSONNEL AND RESOURCES** | | | | | | | | | | | |
| **A. Program Director** | | | | | | | | | | | |
| 1. If multiple sites are used, describe how the program director ensures that a unified educational experience occurs to each resident. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | |
| **B. Associate Program Director(s)** | | | | | | | | | | | |
| * + - 1. Will the program have associate program director(s)? | | | | | Yes | | | | No | | |
| Explain if ‘NO’. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. If ‘YES’, describe the criteria for appointment as an associate program director. (Limit 300 words)   Click or tap here to enter text. | | | | | | | | | | | |
| 1. Will the associate program director(s): | | | | | | | | | | | |
| 1. Dedicate at least 0.3 Full-Time Equivalent per week to the administration and educational aspects of the program. | | | | | Yes | | | | No | | |
| 1. Report directly to the program director. | | | | | Yes | | | | No | | |
| 1. Participate in educational programs to enhance their educational professional development. | | | | | Yes | | | | No | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| **C. Faculty** | | | | | | | | | | | |
| * + - 1. Do all faculty members hold appropriate qualifications in their field? | | | | | Yes | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| * + - 1. Will the faculty: | | | | | | | | | | | |
| 1. Dedicate time for administration and education as per the requirements of the NIHS? | | | | | Yes | | | | No | | |
| 1. Participate in faculty development activities? | | | | | Yes | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| * + - 1. Will the program director identify Subspecialty Education Coordinators (SECs) for each of the required subspecialties? | | | | | Yes | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES’, indicate the SECs by completing the table below. Add rows as needed. Site #1 is the primary clinical site. | | | | | | | | | | | |
| **Subspecialty Education Coordinator’s Name** | | **Based Primarily at Site #** | | **Specialty/Field** | | | | | **Currently Board Certified** | | |
|  | |  | |  | | | | | Yes | | No |
|  | |  | |  | | | | | Yes | | No |
|  | |  | |  | | | | | Yes | | No |
|  | |  | |  | | | | | Yes | | No |
| * + - 1. Will the SECs be accountable to the program director for coordination of the residents’ subspecialty educational experiences to accomplish the goals and objectives in the subspecialty? | | | | Yes | | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| **D. Other Program Personnel** | | | | | | | | | | | |
| Is there a dedicated coordinator who has sufficient time to fulfil the responsibilities essential in meeting the educational goals and administrative requirements of the program? | | | | Yes | | | | | No | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| **E. Resources** | | | | | | | | | | | |
| * + - 1. Indicate resources provided at the planned clinical sites by completing the table below. Site #1 is the primary clinical site. | | | | | | | | | | | |
| **Does the Institution provide:** | **Institution #1** | | **Institution #2** | **Institution #3** | | | **Institution #4** | | | **Remarks** | |
| Internal Medicine | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| General Surgery | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Family Medicine | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Paediatrics | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Neurology | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Emergency Medicine | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Intensive Care Unit | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Inpatient Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Outpatient Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Child and Adolescent Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Consultation/  Liaison | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Emergency Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Community Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Geriatric Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Addiction Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Forensic Psychiatry | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Psychology Service | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Laboratory and Imaging studies (i.e. ultrasound, computerized tomography, and magnetic resonance imaging) | Yes  No | | Yes  No | Yes  No | | | Yes  No | | |  | |
| Describe any additional resources not indicated above. (Limit 300 words)  Click or tap here to enter text. | | | | | | | | | | | |
| **4. RESIDENTS APPOINTMENT** | | | | | | | | | | | |
| **A. Resident Appointment and Eligibility Criteria** | | | | | | | | | | | |
| Describe how the program will ensure that there will be a minimum of 12 residents enrolled and participating in the educational program at all times. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| * + - 1. Describe the eligibility criteria for residents and resident selection criteria. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | |
| **5. EDUCATIONAL PROGRAM** | | | | | | | | | | | |
| **A. Regularly Scheduled Didactic Sessions** | | | | | | | | | | | |
| 1. Using the format provided, please complete Appendix A., Formal Didactic Sessions by Academic Year, and attach to submission. | | | | | | | | | | | |
| 2. Describe how the program will ensure that the didactic curriculum will be based on the core content knowledge areas of psychiatry. (Limit 400 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 3. Will the didactic curriculum include the major theoretical approaches to understanding the patient-doctor relationship? | | | | | | YES | | | NO | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 4. Will the didactic curriculum include the factors that significantly influence physical and psychological development throughout the life cycle, including the following factors: | | | | | | | | | | | |
| 1. biological | | | | Yes | | | No | | | | |
| 1. genetic | | | | Yes | | | No | | | | |
| 1. psychological | | | | Yes | | | No | | | | |
| 1. socio-cultural | | | | Yes | | | No | | | | |
| 1. economic | | | | Yes | | | No | | | | |
| 1. ethnic | | | | Yes | | | No | | | | |
| 1. gender | | | | Yes | | | No | | | | |
| 1. religious/spiritual | | | | Yes | | | No | | | | |
| 1. sexual orientation | | | | Yes | | | No | | | | |
| 1. family | | | | Yes | | | No | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| 5. Describe how the didactic curriculum will include the fundamental principles of the epidemiology, etiology, diagnosis, treatment, and prevention of all major psychiatric disorders in the current Diagnostic Statistical Manual (DSM), including the biological, psychological, socio-cultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions. (Limit 400 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 6. Will the didactic curriculum include comprehensive discussions of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as the following: | | | | | | | | | | | |
| 1. Neoplasm. | | | | Yes | | | No | | | | |
| 1. Dementia. | | | | Yes | | | No | | | | |
| 1. Headaches. | | | | Yes | | | No | | | | |
| 1. Traumatic brain injury. | | | | Yes | | | No | | | | |
| 1. Infectious disease. | | | | Yes | | | No | | | | |
| 1. Movement disorders. | | | | Yes | | | No | | | | |
| 1. Multiple sclerosis. | | | | Yes | | | No | | | | |
| 1. Seizure disorders. | | | | Yes | | | No | | | | |
| 1. Stroke. | | | | Yes | | | No | | | | |
| 1. Intractable pain. | | | | Yes | | | No | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| 7. Will the didactic curriculum include the use, reliability, and validity of generally accepted diagnostic techniques, including the following: | | | | | | | | | | | |
| 1. Physical examination of the patient. | | | | Yes | | | No | | | | |
| 1. Laboratory testing. | | | | Yes | | | No | | | | |
| 1. Imaging. | | | | Yes | | | No | | | | |
| 1. Neurophysiologic and neuropsychological testing. | | | | Yes | | | No | | | | |
| 1. Psychological testing. | | | | Yes | | | No | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| 8. Will the didactic curriculum include the following: | | | | | | | | | | | |
| 1. Interpretation of psychological testing. | | | | Yes | | | No | | | | |
| 1. History of psychiatry and its relationship to the evolution of medicine. | | | | Yes | | | No | | | | |
| 1. Legal aspects of psychiatric practice, including when and how to refer. | | | | Yes | | | No | | | | |
| Explain any ‘NO’ responses. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| 9. Describe how the didactic curriculum will include an understanding of the culture and subcultures, particularly those found in the patient community associated with the educational program, with specific focus for residents with cultural backgrounds that are different from those of their patients.  (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 10. Describe how the didactic curriculum include the use of case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues in the diagnosis and management of cases (Limit 400 words)  Click or tap here to enter text. | | | | | | | | | | | |
| **B. Clinical Experiences** | | | | | | | | | | | |
| Will residents have structured clinical experiences?  Yes  No  Explain if ’NO’. (Limit 250 words)  Click or tap here to enter text.  If ‘YES,’ will the clinical experiences be organized to provide opportunities to: | | | | | | | | | | | |
| 1. Conduct initial evaluations? | | | | Yes | | | No | | | | |
| 1. Participate in the subsequent diagnostic process? | | | | Yes | | | No | | | | |
| 1. Follow patients during the treatment phase and/or evolution of their psychiatric condition or disorder? | | | | Yes | | | No | | | | |
| Explain any ‘NO’ responses. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| Will the first year in psychiatry include the following: | | | | | | | | | | | |
| 1. At least four months in a primary care setting that provides comprehensive care in specialties such as family medicine, general surgery, internal medicine or pediatrics? Note: Neurology rotations may not be used, and one month may include an emergency medicine or an intensive care rotation if the experience is predominately with medical evaluation and treatment. | | | | Yes | | | No | | | | |
| 1. No more than eight months in psychiatry. | | | | Yes | | | No | | | | |
| Explain if ‘NO’. (Limit 250 words):  Click or tap here to enter text. | | | | | | | | | | | |
| Will residents have at least two, but not more than three, full-time equivalent (FTE) months of supervised practice in neurology? | | | | Yes | | | No | | | | |
| Will residents have at least six months, but not more than 16 months, of inpatient psychiatry rotations that include significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients? | | | | Yes | | | No | | | | |
| Explain if ‘NO’ to 3 or 4 above. (limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 5. Will residents have an organized, continuous and supervised clinical experience in outpatient psychiatry? | | | | Yes | | | No | | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES’, will the experience include the following: | | | | | | | | | | | |
| 1. A wide variety of disorders. | | | | Yes | | | | No | | | |
| 1. A wide variety of treatment modalities. | | | | Yes | | | | No | | | |
| 1. Assessment of outpatients. | | | | Yes | | | | No | | | |
| 1. Diagnosis of outpatients. | | | | Yes | | | | No | | | |
| 1. Treatment of outpatients. | | | | Yes | | | | No | | | |
| 1. Experience in brief care of patients. | | | | Yes | | | | No | | | |
| 1. Experience in long-term care of patients. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 6. Will residents have the following organized clinical experiences: | | | | | | | | | | | |
| 1. At least two FTE months in child and adolescent psychiatry. | | | | Yes | | | | No | | | |
| 1. At least two FTE months as a consultant/liaison under supervision on other medical and surgical services. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 7. Will residents have experience in emergency psychiatry conducted in an organized 24-hour psychiatric emergency service? (Longitudinal on-call experiences can fulfill the requirement for resident experience in emergency psychiatry) | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES,’ will these experiences include the following: | | | | | | | | | | | |
| 1. Evaluation. | | | | Yes | | | | No | | | |
| 1. Crisis evaluation and management. | | | | Yes | | | | No | | | |
| 1. Triage of patients. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 8. Will residents have experience in addiction psychiatry? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES,’ will these experiences include the following: | | | | | | | | | | | |
| 1. Evaluation of substance abuse/dependence problems. | | | | Yes | | | | No | | | |
| 1. Clinical management of patients with substance abuse/dependence problems, including dual diagnoses. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 9. Will residents have experience in community psychiatry? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES,’ will these experiences include the following: | | | | | | | | | | | |
| 1. Opportunity to consult with, learn about, and use community resources and services in planning patient care. | | | | Yes | | | | No | | | |
| 1. Opportunity to work collaboratively with case managers, crisis teams, and other mental health professionals. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 10. Will residents have experience in forensic psychiatry? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| If ‘YES,’ will these experiences include the following: | | | | | | | | | | | |
| 1. Exposure to patients facing criminal charges. | | | | Yes | | | | No | | | |
| 1. Establishing competency to stand trial. | | | | Yes | | | | No | | | |
| 1. Establishing criminal responsibility. | | | | Yes | | | | No | | | |
| 1. Establishing commitment. | | | | Yes | | | | No | | | |
| 1. Assessment of a patient’s potential to harm him/herself or others. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 11. Will residents have experience in geriatric psychiatry that is focused on the competencies in areas specific to the care of the elderly? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 12. Under the supervision and guidance of a clinical psychologist, will residents have experience with the interpretation of commonly used psychological tests, some of which are used on their own patients? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 13. Describe how the program will ensure that all residents will have a formal clinical skills examination at least three times during their educational program. (Limit 300 words)  Click or tap here to enter text. | | | | | | | | | | | |
| **C. Residents’ Scholarly Activities** | | | | | | | | | | | |
| 1. Do all residents engage in a scholarly activity under faculty supervision? | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words)  Click or tap here to enter text. | | | | | | | | | | | |
| 2. Describe how the program ensures that all resident research projects are published or presented at institutional, local, regional or national meetings. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 3. Describe how resident research projects are evaluated. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **D. Duty Hour and Work Limitations** | | | | | | | | | | | |
| 1. Are all residents working duties compliant with duty-hour regulations: | | | | | | | | | | | |
| 1. Duty hours are limited to 80-hours per week averaged over 4-weeks. | | | | Yes | | | | No | | | |
| 1. Residents have one day off in seven free from all clinical and educational duties, averaged over 4-weeks. | | | | Yes | | | | No | | | |
| 1. A minimum of 10-hours off in between all duty periods. | | | | Yes | | | | No | | | |
| Explain if ‘NO’. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. Describe how the program ensures compliance with duty-hour regulations. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. Describe how faculty provides appropriate supervision to residents in patient care activities. (Limit 400 words)   Click or tap here to enter text. | | | | | | | | | | | |
| **6. CORE COMPETENCIES** | | | | | | | | | | | |
| **A. Patient Care** | | | | | | | | | | | |
| 1. How will graduating residents demonstrate the ability to provide population (patient) care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health? Describe how this will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in establishing an appropriate doctor/patient relationship, psychiatric interviewing, performing the mental status examination, and presenting cases as observed and evaluated in a formal clinical skill evaluation? (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in formulating a clinical diagnosis by conducting patient interviews and the following: 2. eliciting a clear and accurate history 3. performing physical, neurological and mental status examinations 4. including appropriate diagnostic studies 5. completing a systematic recording of findings 6. relating history and clinical findings to relevant biological, psychological, behavioral, and socio-cultural issues associated with etiology and treatment   Describe how proficiency will be assessed in three of the five areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in developing a differential diagnosis and treatment plan for all psychiatric disorders in the current standard nomenclature, taking into consideration all relevant data? Describe how proficiency will be assessed. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in the following:   using pharmacological regimens  concurrent use of medications and psychotherapy  understanding the indications and uses of electroconvulsive therapy  Describe how proficiency will be evaluated in all areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in applying supportive, psychodynamic, and cognitive-behavioral psychotherapies to both brief and long-term individual practice, with exposure to family, couples, group, and other individual evidence-based psychotherapies?   Describe how proficiency will be assessed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate proficiency in the following: 2. providing a psychiatric consultation in a variety of medical and surgical settings 3. providing care and treatment to the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions 4. psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance, and performance improvement 5. providing psychiatric care to patients who are receiving treatment from non-medical therapists and coordinating such treatment 6. recognizing and responding to family violence and its effect on both victims and perpetrators   Describe how proficiency will be assessed in three of the five areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **B. Medical Knowledge** | | | | | | | | | | | |
| * + - 1. How will graduating residents demonstrate proficiency in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care? Describe how this will be evaluated. (Limit 400 words).   Click or tap here to enter text. | | | | | | | | | | | |
| * + - 1. How will graduating residents demonstrate proficiency in their knowledge of the following:   the broad spectrum of clinical disorders seen in the practice of general psychiatry  the Axis III conditions that can affect evaluation and care  the core content areas of general psychiatry, including subspecialties and relevant non-clinical topics at a level sufficient to practice psychiatry  Describe how proficiency will be assessed in each of the areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **C. Practice-Based Learning and Improvement** | | | | | | | | | | | |
| 1. How will graduating residents demonstrate their ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning? Describe how this will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate that they have developed the skills and habits to be able to meet the following goals: 2. identify strengths, deficiencies, and limits in one’s knowledge and expertise 3. set learning and improvement goals 4. identify and perform appropriate learning activities 5. systematically analyze clinical practice using quality improvement methods, and implement changes with the goal of practice improvement 6. incorporate formative evaluation feedback into daily practice 7. locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems 8. use information technology to optimize learning 9. participate in the education of patients, families, students, residents, and other health professionals   Provide an example of how skill will be evaluated in five of the eight areas listed. (Limit 500 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **D. Interpersonal and Communication Skills** | | | | | | | | | | | |
| 1. How will graduating residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals?   Describe how this will be evaluated. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 2. How will graduating residents demonstrate their ability to:  a. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds  b. communicate effectively with physicians, other health professionals, and health-related agencies  c. work effectively as a member or leader of a health care team or other professional group  d. act in a consultative role to other physicians and health professionals  e. maintain comprehensive, timely, and legible medical records  Provide an example of how skill will be evaluated in three of the five areas listed. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **E. Professionalism** | | | | | | | | | | | |
| 1. How will graduating residents demonstrate a commitment to fulfilling their professional responsibilities and adhering to ethical principles?   Describe how this will be evaluated. (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate the following:   a. compassion, integrity, and respect for others  b. responsiveness to patient needs that supersedes self-interest  c. respect for patient privacy and autonomy  d. accountability to patients, society, and the profession  e. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation  Provide an example of how these traits will be evaluated in three of the five areas listed.  (Limit 300 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **F. Systems-Based Practice** | | | | | | | | | | | |
| 1. How will graduating residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care? Describe how this will be evaluated. (Limit 300 words).   Click or tap here to enter text. | | | | | | | | | | | |
| 1. How will graduating residents demonstrate their ability to do the following:   a. work effectively in various health care delivery settings and systems relevant to their clinical specialty  b. coordinate patient care within the health care system relevant to their clinical specialty  c. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population based care as appropriate  d. advocate for quality patient care and optimal patient care systems  e. work in inter-professional teams to enhance patient safety and improve patient care quality  f. participate in identifying system errors and implementing potential systems solutions  Provide an example of how skill will be evaluated in four of the six areas listed. (Limit 400 words).  Click or tap here to enter text. | | | | | | | | | | | |
| **7. APPENDIX** | | | | | | | | | | | |
| A. Formal Didactic Sessions by Academic Year | | | | | | | | | | | |
| 1. For each year of residency, please attach a list of all scheduled didactic courses (including discussion groups, lectures, grand rounds, basic science, skills labs, and journal club) at all participating sites attended by residents, using the format below. If attended by residents from multiple years, list in each year but provide a full description **only the first time it is listed.**  Number sessions **consecutively** from the first year through the final year so that the scheduled didactic sessions can be easily referenced throughout the application. **Be brief and use the outline that follows.**  Year in the program:  Number: Title:  a) Type of Format (e.g., lecture, discussion groups, etc.)  b) Required or elective  c) Brief description (three or four sentences)  d) Frequency, length of session, and total number of sessions  **Example:**   |  | | --- | | Y-1  01. Introduction to Psychiatry  a) Seminar  b) Required Y-1  c) Survey of contemporary methods and styles of psychiatry, including approaches to clinical work with minority populations.  d) Weekly, for 8 sessions  02. Departmental Grand Rounds  a) Discussion groups  b) Required, Y-1, Y-2, Y-3; Elective Y-4  c) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.  d) Twice monthly, 24 sessions | | | | | | | | | | | | |
| 2. If attendance will be monitored, explain how this is accomplished and how feedback is given regarding non-attendance. (Limit 250 words).  Click or tap here to enter text. | | | | | | | | | | | |

|  |
| --- |
| B. Residency Program Block Diagram/Schedule |
| A block diagram is a representation of the rotation schedule for a resident in a given post- graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.   * Create and upload a PDF of your program’s block diagram using the information below as a guide. * Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a “Notes” section accompanying the block diagram. Examples of other less common models are also provided below. * In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document. * **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. * When “elective” time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site. * Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted. * Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should not be associated with a participating site. * If needed, additional information to aid in understanding your program’s block diagram may be entered in a “Notes” section at the end of the Block Diagram Data Collection Form.   **Sample Block Diagrams**  **Block Diagram 1(1)** *In this example, the year’s rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | ER | ICU | Clinic | Wards | Clinic | Elec/Vac | | **% Outpatient** | 20 | 20 | 100 | 0 | 0 | 40 | 100 | 0 | 100 | 20 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 2 (1)** *In this example, the year’s rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | | **Site** | Site 1 | Site 1 | Site 1 | Site 1 | Site 1 | Site 2 | Site 2 | Site 2 | Site 2 | Site 3 | Site 3 | Site 3 |  | | **Rotation Name** | Wards | Wards | ER | CCU | ICU | Wards | Wards | ICU | Clinic | Wards | Wards | Clinic | Elec/Vac | | **% Outpatient** | 30 | 30 | 100 | 0 | 0 | 20 | 20 | 0 | 100 | 0 | 0 | 100 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |  |   **Block Diagram 3 (1)** *In this example, the year’s rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | **5** | **6** | | **Site** | Site 1 | Site 1 | Site 2 | Site 2 | Site 3 |  | | **Rotation Name** | CCU | Med. Outpt. | Wards | ER | Wards | Elective/Vacation | | **% Outpatient** | 0 | 100 | 0 | 100 | 0 |  | | **% Research** | 0 | 0 | 0 | 0 | 0 |  |  |  |  |  |  | | --- | --- | --- | --- | | **Notes** | Possible electives: |  | | |  | Cardiology Inpatient Site 1  Cardiology Outpatient Site 2 | Pulmonary Disease Inpatient Site 2  Pulmonary Disease Outpatient Site 3 | Gastroenterology Inpatient Site 3  Gastroenterology Outpatient Site 1 |   **Block Diagram 4 (1)** *In this example for a subspecialty program, the year’s rotations are divided into four equal blocks. Structured research time comprises 40% of the resident’s time on the specialty outpatient month. There is one three-month block devoted entirely to research.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Block** | **1** | **2** | **3** | **4** | | **Site** | Site 1 | Site 2 | Site 2 |  | | **Rotation Name** | Specialty Outpatient | Specialty Outpatient | Wards | Research | | **% Outpatient** | 100 | 100 | 0 |  | | **% Research** | 0 | 40 | 0 | 100 |  1. In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a “Notes” section must indicate how vacation time is taken. |