Warren Alpert School of Medicine

Brown University

Department of Psychiatry & Human Behavior

Consultation-Liaison Psychiatry Fellowship Training Program Manual

BROWN

Alpert Medical School

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I. INTRODUCTION

A. WELCOME

We are very excited to welcome you to the Consultation-Liaison Psychiatry Fellowship Training Program at Brown University and believe you have made a great decision in pursuing further training which will undoubtedly serve you well in your career.

We have designed this fellowship with the expectation that it be a comprehensive educational and clinical experience first and foremost.

This manual is intended to be a 'live document' to be updated and improved upon throughout the year as needs are identified. You should feel free to contribute to this process and discuss ideas with the program directors.

B. GOALS AND OBJECTIVES

The program must integrate the following ACGME competencies into the curriculum:

I. Patient Care and Procedural Skills

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows:

- Must demonstrate proficiency in establishing rapport with all medical patients;
- Must demonstrate proficiency in diagnosing and treating psychiatric disturbances that occur among the physically ill;
- Must demonstrate proficiency in conducting psychiatric evaluations of individuals involving:
  - Psychiatric complications of medical illnesses;
  - Psychiatric complications of medical treatments, including medications, traditional and new surgical or medical procedures, transplantation, and experimental therapies; and,
  - Typical and atypical presentations of psychiatric disorders due to medical, neurological, and surgical illnesses.
- Must demonstrate proficiency in evaluating and managing individuals with:
  - Acute and chronic pain;
  - Delirium, dementia, and psychiatric disorders due to medical illness;
  - Somatoform disorders;
  - Palliative care and end-of-life issues; and,
  - Issues in adjusting to the emotional stresses of medical illness.
- Must demonstrate proficiency in assessing the capacity of individuals to give informed consent for medical and surgical procedures in the presence of cognitive impairment;
- Must demonstrate proficiency in providing psychosocial interventions, including psychotherapeutic interventions appropriate for the medically ill;
- Must demonstrate proficiency in the appropriate use of psychoactive medication in medical, neurological, obstetrical, and surgical conditions; and,
- Must demonstrate competency in assessing and managing suicidality and other high risk behavior in the medical setting.

II. Medical Knowledge

Fellows must be able to competently perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and socio-behavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate competence in their knowledge of:

- Abnormal behavior and psychiatric illnesses that occur among medical, neurological, obstetrics and gynecological, and surgical patients;
- Biological, psychological, and social factors that influence the development, course, and outcome of medical and surgical diseases;
- Substance use and its impact on the assessment and treatment of patients in the medical setting;
- Pharmacology, including the psychopharmacology of the medically ill, with emphasis on medication side effects and drug-to-drug interactions that affect the central nervous system;
- Nature and extent of psychiatric morbidity in medical illness and its treatments;
- Impact of co-morbid psychiatric disorders on the course of medical illness;
- Patients' responses to medical illness;
- Appropriate treatment interventions for co-existing psychiatric disorders in the medically ill;
- Psychological and psychiatric effects of medical or surgical therapies;
- Epidemiology of psychiatric illness and its treatment in medical disease;
- Nature and factors that influence the physician-patient relationship in the medical setting;
- Organizational and administrative skills needed to finance, staff, and manage a Consultation-Liaison Psychiatry service; and,
- American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power.

III. Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; and,
- Demonstrate administrative and teaching skills in the subspecialty.

IV. Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- Fellows must demonstrate competence in collaborating with physicians, and members of the multidisciplinary team.
- Fellows must demonstrate competence in leading an integrated psychosocial health care team in the medical setting.
- Fellows must demonstrate the ability to provide consultation in medical and surgical settings.

- Fellows must demonstrate the ability to effectively supervise medical students, fellows, and other health professionals performing consultations.
- Fellows must demonstrate competence in effectively communicating patients' psychiatric issues and treatments to the patients, their family members, and the medical team.
- Fellows must demonstrate competence in interviewing socioculturally-diverse patients and family in an effective manner which may include those with limited English proficiency, health literacy, vision/sight, and hearing.

V. Professionalism

Fellows must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- Fellows must demonstrate sensitivity and responsiveness to diverse patients, including but not limited to sex, age, culture, race, religion, disabilities, and sexual orientation.
- Fellows must demonstrate competence in recognizing and appropriately addressing biases in themselves, others, and the health care delivery system.

VI. Systems-based Practice

Fellows must 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.

- Fellows must demonstrate facilitative skills necessary to enhance the care of psychiatric disturbances among the physically ill through cooperative interaction with other physicians and allied health professionals.
- Fellows must demonstrate competence in effectively working with discharge planning personnel and personnel in aftercare facilities.

C. CONTACTS

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II. FELLOWSHIP STRUCUTRE

A. SCHEDULES

BLOCK SCHEDULE
Consultation-Liaison Psychiatry Fellowship

Monthly Block

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	RIH	RIH	RIH	TMH	TMH	RIH	RIH	RIH	TMH	TMH	RIH	RIH
%Ambulatory	10	10	10	10	10	10	20	20	20	20	20	20

Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8AM-12PM	Wards	Oncology	Wards	Didactics/ 2nd Ambulatory Site	Wards
12PM-1PM					
1PM-5PM	Wards	Wards	Wards	Wards	Wards

•2nd Half Ambulatory Site

B. ROTATIONS SITES

Rhode Island Hospital

The Miriam Hospital

Lifespan Ambulatory Clinics

C. CLINICAL EXPERIENCES

Inpatient consultation:
RIH, TMH.

Ambulatory consultation:
Comprehensive Cancer Center (Oncology)

Selectives, Electives:

- Neurocognitive Disorders
- HIV
- Transplant, Renal
- Women's Mental Health
- Neurology
    - Movement Disorders
    - Epilepsy
    - MS

III. ADMINISTRATION

A. GENERAL MEDICAL EDUCATION COMMITTEE (GMEC)

The Consultation-Liaison Psychiatry Fellowship Training Program is governed by the General Psychiatry departmental graduate medical education committee (GMEC). The GMEC:

- Plans, develops and implements all significant features of the residency program;
- Determines curriculum goals and objectives; and
- Evaluates the curriculum, the teaching staff and the fellows.

The GMEC also serves in an advisory capacity to the Program Director and Chairman of the Department regarding other educational issues. Membership is comprised of stakeholders representing the faculty, fellows and institutions which contribute to the residency and fellowship programs.

The GMEC of the Department of Psychiatry also reviews at least annually the Consultation-Liaison Psychiatry Fellowship Training Program.

B. CLINICAL COMPETENCY COMMITTEE (CCC)

The program director must appoint the Clinical Competency Committee. At a minimum the Clinical Competency Committee must be composed of three members of the program faculty. The program director may appoint additional members of the Clinical Competency Committee. These additional members must be physician faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's fellows in patient care and other health care settings.

The Clinical Competency Committee should:

- Review all fellow evaluations semi-annually.
- Prepare and ensure the reporting of Milestones evaluations of each fellow semi-annually to ACGME.
- Advise the program director regarding fellow progress, including promotion, remediation, and dismissal.

C. PROGRAM EVALUATION COMMITTEE (PEC)

The program director must appoint the Program Evaluation Committee. The Program Evaluation Committee:

- Must be composed of at least two program faculty members and should include at least one fellow;
- Must have a written description of its responsibilities; and,
- Should participate actively in:

- Planning, developing, implementing, and evaluating educational activities of the program;
- Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
- Addressing areas of non-compliance with ACGME standards; and,
- Reviewing the program annually using evaluations of faculty, fellows, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:

- Fellow performance;
- Faculty development;
- Progress on the previous year's action plan(s); and,
- Program goals and objectives as well as program effectiveness in achieving them.
    - At least one fellow representative and all faculty members should participate in these reviews.

The PEC must prepare a written plan of action to document initiatives to improve performance, as well as delineate how they will be measured and monitored.

- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

At least 80% of the program's eligible graduates from the preceding six years should have taken the ABPN certifying examination in Consultation-Liaison Psychiatry.

At least 80% of the program's graduates from the preceding six years who have taken the ABPN certifying examination for Consultation-Liaison Psychiatry for the first time must pass.

IV. EDUCATION

A. EDUCATIONAL PROGRAM: SKILLS AND COMPETENCIES

Consultation-Liaison Psychiatry is the discipline encompassing the study and practice of psychiatric disorders in patients with medical, surgical, obstetrical, and neurological conditions, particularly for patients with complex and/or chronic conditions. Physicians specializing in Consultation-Liaison Psychiatry have expertise in the diagnosis and treatment of psychiatric disorders in complex medically ill patients. The practice of Consultation-Liaison Psychiatry requires comprehensive knowledge of patients with acute or chronic medical, neurological, or surgical illness in which psychiatric morbidity affects their medical care and/or quality of life, patients with somatoform disorder or with psychological factors in which psychiatric morbidity affects a physical condition, and patients with a psychiatric disorder that is the direct consequence of a primary medical condition. At the completion of the 12-month training program, fellows will be able to demonstrate the following competencies:

1. **Patient Care (PC)**
2. **Medical Knowledge (MK)**
3. **Practice Based Learning and Improvement (PBLI)**
4. **Interpersonal and Communication Skills (ICS**
5. **Professionalism (PROF)**
6. **Systems Based Practice (SBP)**

1. Patient Care (PC)

General Expectations:

The fellow will:

a. Complete comprehensive psychiatry consultations for patients who are hospitalized on medical/surgical and obstetrical/gynecological units, in addition to individuals seen for transplantation, HIV/AIDS, and cancer related care.
b. Provide diagnostic formulation and treatment planning with a focus on biological and psychosocial contributors and management principles.
c. Serve in the psychiatry liaison role alongside multidisciplinary services, including transplantation and palliative care medicine teams.

Detailed Skills and Competencies:

PC1 – Psychiatric Evaluation:

a. Interviewing Skills or Psychotherapeutic Interventions: The fellow will integrate interpersonal skills and knowledge base to sensitively and efficiently gather comprehensive and relevant data; verbally intervene to increase patients' comfort, collaboration, or insight; approach sensitive topics (e.g., lethality, trauma, substance use) with respect and poise.
b. Assessment and Diagnosis: The fellow will assimilate data from interviews and examinations to accurately recognize relevant problems and likely diagnoses, including consideration of general

medical conditions that impact affective, behavioral, and cognitive presentations. Fellows must demonstrate proficiency in conducting psychiatric evaluations and management involving:

- Psychiatric complications of medical illnesses;
- Psychiatric complications of medical treatments, including medications, traditional and new surgical or medical procedures, transplantation, and experimental therapies;
- Typical and atypical presentations of psychiatric disorders due to medical, neurological, and surgical illnesses;
- Acute and chronic pain;
- Delirium, dementia, and psychiatric disorders due to medical illness;
- Somatoform disorders;
- Palliative care and end-of-life issues;
- Issues in adjusting to the emotional stresses of medical illness;
- The assessment of acute decision making capacity issues;
- Suicidality and other high risk behaviors in the medical setting.

PC2 – Psychiatric Formulation and Differential Diagnosis:

The fellow will address most relevant biological and psychosocial contributions to patients' acute and chronic conditions; weigh risks and benefits of all likely interventions; justify levels of care based on patients' safety and levels of functioning.

PC3 – Treatment Planning and Management:

The fellow will formulate comprehensive treatment plans that address the consultation questions posed by primary teams and any additional psychiatric needs of patients seen; maintain flexibility in treatment planning to match the needs of patients and other treatment providers; gain specific comfort with guiding treatment planning for agitation, trauma-based syndromes, and substance withdrawal states.

PC4 – Psychotherapy:

The fellow will provide customized bedside therapies (e.g., supportive psychotherapy, relaxation and mindfulness) for patients with chronic medical illness and/or prolonged medical hospitalizations, whenever appropriate; develop therapeutic alliances with patients while maintaining professional boundaries.

PC5 – Somatic Therapies:

The fellow will effectively implement somatic treatments for psychiatric conditions in the general medical setting, keeping in mind psychopharmacological principles, drug-drug interactions, and associated approaches to drug monitoring; choose and titrate medications safely; formulate plans for treatment resistance; explore alternate treatment options, including augmentation and ECT; identify and manage adverse reactions appropriately.

2. Medical Knowledge (MK)

General Expectations:

The fellow will:

a. Demonstrate knowledge of diagnostic schema, pathophysiology, and differential diagnosis for psychiatric syndromes that are seen commonly in the general medical setting.
b. Develop an appreciation for the relevance of neural anatomy and physiology to psychiatric presentations (e.g., agitation associated with dementia, traumatic brain injury, movement disorders).
c. Demonstrate a comprehensive knowledge of somatic and psychotherapeutic treatments.

Detailed Skills and Competencies:

MK1 – Development through the Life Cycle:

The fellow will appreciate the biological and psychosocial impacts of mental and general medical illnesses during the process of aging; demonstrate knowledge of age-specific clinical presentations.

MK2 – Psychopathology:

The fellow will demonstrate knowledge of subjective symptoms and observable signs that guide clinical diagnosis; identify psychiatric conditions that impact patients with medical illness and medical conditions that impact patients with psychiatric conditions; demonstrate an understanding of predisposing, precipitating, and protective factors associated with psychiatric disease, particularly as they relate to patients with concomitant or contributing medical conditions; demonstrate an advanced knowledge of special topics in consultation-liaison psychiatry, including transplantation, palliative care/oncology, HIV and Hepatitis C, traumatic brain injury, neurologic disease, and women's mental health.

MK3 – Clinical Neuroscience:

The fellow will demonstrate an appreciation for neural anatomy and physiology, as assessed by physical examination and neurodiagnostic studies, in relation to psychiatric care in the general medical setting; identify affective, behavioral, and cognitive disturbances associated with neurologic conditions (e.g., frontotemporal dementia, Parkinson's disease).

MK4 – Psychotherapy:

The fellow will demonstrate knowledge of various psychotherapeutic interventions associated with Consultation-Liaison Psychiatry (e.g., motivational interviewing, cognitive behavioral therapy), including limits and appropriate use; understand how to tailor psychotherapeutic interventions to patients' diagnoses, psychosocial strengths and stressors, levels of functioning, readiness for change, personal preferences, and access to resources.

MK5 – Somatic Therapies:

The fellow will demonstrate knowledge of somatic treatments, including psychopharmacology, electroconvulsive therapy, and emerging therapies (e.g., transcranial magnetic stimulation); apply understanding of mechanisms of action, dosing strategies, pharmacokinetics, side effects, drug interactions, and necessary laboratory monitoring for medications relevant to patients with significant medical comorbidity.

MK6 – Practice of Psychiatry:

The fellow will appreciate the nuances of patient care as provided in various settings, both geographically and between psychiatric or medical levels of care (e.g., hospital vs. clinic); apply knowledge of variations to disposition planning in order to ensure optimal deliver of care; understand policies associated with involuntary commitment and medical transfers to and from psychiatric facilities.

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and sociobehavioral sciences, as well as the application of this knowledge to patient care. Fellows must demonstrate competence in their knowledge of:

- Abnormal behavior and psychiatric illnesses that occur among medical, neurological, obstetrics and gynecological, and surgical patients;
- Biological, psychological, and social factors that influence the development, course, and outcome of medical and surgical diseases;
- Substance use and its impact on the assessment and treatment of patients in the medical setting;
- Pharmacology, including the psychopharmacology of the medically ill, with emphasis on medication side effects and drug-to-drug interactions that affect the central nervous system;
- Nature and extent of psychiatric morbidity in medical illness and its treatments;
- Impact of co-morbid psychiatric disorders on the course of medical illness;
- Patients' responses to medical illness;
- Appropriate treatment interventions for co-existing psychiatric disorders in the medically ill;
- Psychological and psychiatric effects of medical or surgical therapies;
- Epidemiology of psychiatric illness and its treatment in medical disease;
- nature and factors that influence the physician-patient relationship in the medical setting;
- Organizational and administrative skills needed to finance, staff, and manage a Consultation-Liaison Psychiatry service; and,
- American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the fellow and the patient including the dynamics of differences in cultural identity, values and preferences, and power.

3. Practice-Based Learning and Improvement (PBLI)

General Expectations:

The fellow will:

a. Assimilate scientific literature to improve knowledge and patient care.
b. Integrate experiential knowledge, clinical feedback, and mentorship for self-development.
c. Refine teaching and supervisory skills.

Detailed Skills and Competencies:

PBLI1 – Development and Execution of Life-Long Learning through Constant Self-Evaluation, including Critical Evaluation of Research and Clinical Evidence:

The fellow will recognize mistakes and learn quickly from them; remain open to constructive criticism and integrate supervision well; outline and target educational goals; demonstrate an

understanding of various modalities of research; seek studies that improve general knowledge and facilitate provision of evidence-based clinical practice.

PBLI2 – Formal Practice-Based Quality Improvement Based on Established and Accepted Methodologies:

The fellow may opt to participate in quality improvement study as a scholarly project, under the guidance of a mentor within the department.

PBLI3 – Teaching:

The fellow will supervise students and fellows using a combination of bedside supervision, formal instruction, and modeling behaviors; provide education to general medical and surgical teams and ancillary staff regarding neuropsychiatric phenomena associated with patient care in the general hospital setting.

4. Interpersonal and Communication Skills (ICS)

General Expectations:

The fellow will:

a. Represent a psychiatry consultation service in interactions with primary medical and surgical teams and ancillary staff.
b. Coordinate psychiatric care with other providers and family members in an empathic and collaborative manner.
c. Provide comprehensive communication and documentation of clinical interactions and impressions.

Detailed Skills and Competencies:

ICS1 – Relationship Development and Conflict Management with Patients, Families, Colleagues, and Members of the Healthcare Team:

a. Patient Relationships: The fellow will establish therapeutic alliances based on empathy and collaboration; support and set limits with patients appropriately; educate patients and families about diagnosis and treatment options; handle conflict gracefully.
b. Work Relationships: The fellow will integrate perspectives from various disciplines to develop a multidimensional view of patients; contribute to a team with flexibility and lead with poise; inspire mutual respect and collaboration with other health care providers and ancillary staff; coordinate care between various providers and function within multidisciplinary medical teams to provide psychiatric expertise.

ICS2 – Information Sharing and Record Keeping:

The fellow will maintain comprehensive, accurate, and timely consultation reports and progress notes; compose nuanced assessments with a level of detail and sophistication appropriate to postgraduate year.

5. Professionalism (PROF)

General Expectations:

The fellow will:

a. Display ethical and respectful behaviors during interactions with patients, families, and coworkers.
b. Maintain accountability and commitment to patient care.
c. Contribute to a clinical team as guided by work ethic, reliability, and responsibility.

Detailed Skills and Competencies:

PROF1 – Compassion, Integrity, Respect for Others, Sensitivity to Diverse Patient Populations, Adherence to Ethical Principles:

a. Respect and Compassion: The fellow will value patients' and staff members' dignity and individuality, including respect for age, gender, ethnicity, culture, religion, disabilities, individual value systems, and sexual orientation.
b. Ethics: The fellow will behave in a manner that conforms to AMA and APA codes of ethics; maintain appropriate boundaries; respect patient confidentiality; avoid acting out negative counter-transference towards patients; provide honest communications with patients, coworkers, and the health care system.

PROF2 – Accountability to Self, Patients, Colleagues, and the Profession:

The fellow will carry out duties reliably; maintain work ethic with commitment to clinical excellence; assure continuity of care by adequate notification of absences, arrangements for coverage, and coordination of care between caregivers.

6. System-Based Practices (SBP)

General Expectations:

The fellow will:

a. Identify and manage challenges to patient safety when treating acute psychiatric conditions in the general medical setting.
b. Make use of local, regional, and national resources available to patients in order to guide thoughtful treatment planning for harm prevention. c. Identify barriers to care and approaches to overcoming them.

Detailed Skills and Competencies:

SBP1 – Patient Safety and the Healthcare Team:

The fellow will understand institutional operations designed to maintain patient and provider safety; collaborate with other providers to review treatment planning in an effort to reduce errors; provide medical staff with education on maintaining safety of acutely suicidal or homicidal patients.

SBP2 – Resource Management:

The fellow will recognize and manage variability in provision of patient care based on organization of a clinic, unit, hospital, or healthcare delivery system; predict and manage logistical barriers, including financial limitations, to provision of longitudinal psychiatric care.

SBP3 – Community Based Care:

The fellow will identify and refer to appropriate psychosocial supports (e.g., grief counseling groups, case management services), self-help groups, and recovery programs in the general medical setting and in the community.

SBP4 – Consultation to Non-Psychiatric Medical Providers and Non-Medical Systems:
The fellow will provide effective and efficient psychiatric consultation within an interdisciplinary medical system, including medical and surgical providers, nursing staff, aides, social workers, and case managers; understand the structure of various medical teams, including interfacing between fellow services, hospitalist services, physician extenders, and other interdisciplinary teams.

B. SUPERVISION

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.

Each fellow must have a minimum of two hours of faculty preceptorship weekly, one of which must be one-to-one preceptorship and one of which hour may be group preceptorship. Please see more details in the policies section below under supervision.

C. DIDACTICS

Educational sessions should include journal club, critical incident conferences, weekly didactic seminars, and teaching patient rounds. Fellows must attend at least 90% of all required didactic components of the programs. Attendance by fellows and faculty members should be documented.

Formal didactics will take place weekly on Thursday from 7:30 –9:00 AM, at Rhode Island Hospital, Potter Building (Potter 3 Conference Room), and we will follow the APA Textbook of Psychosomatic Medicine edited by Levenson, 2rd edition.

I. GENERAL PRINCIPLES EVALUATION AND MANAGEMENT

1. Psychiatric assessment and consultation
2. Legal issues
3. Ethical issues
4. Psychological response to illness

II. SYMPTOMS AND DISORDERS

5. Delirium
6. Dementia
7. Aggression and violence

8. Depression
9. Suicidality
10. Psychosis, mania, catatonia
11. Anxiety disorders
12. Somatization and somatoform disorders
13. Deceptive disorders: factitious and malingering
14. Eating disorders
15. Sleep disorders
16. Sexual disorders
17. Substance use disorders

III. SPECIALTIES AND SUBSPECIALTIES

18. Heart disease
19. Lung disease
20. GI disorders
21. Renal disease
22. Endocrine and metabolic disorders
23. Oncology
24. Hematology
25. Rheumatologist
26. Chronic fatigue and fibromyalgia
27. ID
28. HIV /AIDS
29. Dermatology
30. Surgery
31. Organ transplant
32. Neurology and neurosurgery
33. OBGYN
34. Pediatrics
35. PM&R
36. Pain
37. Medical toxicology

IV. TREATMENT

38. Psychopharmacology
39. Psychotherapy
40. ECT
41. Palliative care

D. OTHER SEMINARS, CONFERENCES AND MEETINGS

a. Journal Club (J. article collection)
Every month an article will be selected for discussion. The fellow will be expected to have read the article and be prepared to present it.

b. Psychiatry: Department of Psychiatry & Human Behavior Academic Grand Rounds
Monthly (Wednesday)
Ray Hall Conference Center, Butler Hospital
11:00 AM – 12:30 PM

c. Medicine Grand Rounds (Tuesday)
To include grand rounds and other selected talks of interest that may be available throughout the year.
George Auditorium, Rhode Island Hospital
8:00 – 9:00 AM

d. Medicine Noon Conference
Jane Brown
12:00 – 1:00 PM

e. Neurology Grand Rounds (Wednesday)
To include grand rounds and other selected talks of interest that may be available throughout the year.
George Auditorium, Rhode Island Hospital
8:00 – 9:30 AM

f. Neurology Noon Conference
APC 5, Neurology Conference Room
12:00 – 1:00 PM

g. PM Quarterly Case Conference (Friday)
Interesting cases to be presented every quarter for discussion.
The fellow will be expected to present twice throughout the year.
Rhode Island Hospital, PDR123
12:00 – 1:00 PM

h. Ethics Meetings
When applicable in complex cases.

i. Root Cause Analysis, Critical Incident Meetings
When applicable in relevant cases.

j. Geriatric Medicine (Thursdays)
For selected topics
Rhode Island Hospital, (Physicians Office Building) POB 438
8:00 – 10:00 AM

k. Geriatric Psychiatry Didactics (Thursdays)
For selected topics
Rhode Island Hospital, (Physicians Office Building) POB 438
10:00 – 11:00 AM

l. Forensic Psychiatry Didactics (Tuesday/Wednesday)
For selected topics
Selected locations
Selected times

m. Addiction Medicine (Selected Day of Week)
For selected topics.
Selected locations
Selected times

E. TEACHING

Fellows will have the opportunity to obtain teaching experience through direct clinical care at the bedside (always supported by an attending physician, clinically and pedagogically), case presentations, and didactics among others.

Our department, and the consultation service specifically, provides training and supervision at various times for a variety of learners including medical students, PA students, psychiatry fellows , neurology fellows , geriatric psychiatry fellows, geriatric medicine fellows, graduate psychology interns, and clinical social work interns.

F. SCHOLARLY ACTIVITY/ ACADEMIC PROJECT

Fellows must participate in developing new knowledge or evaluating research findings. This can be done by participating in a research project, preparing a poster to present at the APM, or writing a review article among others. Appropriate guidance, support and mentorship will be provided as needed.

G. QUALITY IMPROVEMENT AND PATIENT SAFETY

Fellows are expected to participate in a quality improvement process or a patient safety initiative. The goal is to demonstrate an understanding of the process and to be able to learn how to identify and address issues on their own.

V. EVALUATION

A. FELLOW PERFORMANCE EVALUATIONS

Formative Evaluation
The faculty must evaluate fellow performance in a timely manner. The program must:

- Provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones;
- Use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); and,
- Provide each fellow with documented semiannual evaluation of performance with feedback.

The evaluation must include review and discussion with each fellow of his or her completion of all required components at the time of the evaluation of the program, evaluations of clinical and didactic work by supervisors and teachers, and patient log documenting all clinical experiences.

Summative Evaluation
The specialty-specific Milestones must be used as one of the tools to ensure fellows are able to practice core professional activities without supervision upon completion of the program.

The program director must provide a summative evaluation for each fellow upon completion of the program. This evaluation must:

- Become part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow in accordance with institutional policy;
- Document the fellow's performance during their education; and,
- Verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision.

The final evaluation of each fellow must document proficiency in all required competency-based outcomes that include: Patient Care (PC), Medical Knowledge (MK), Practice Based Learning and Improvement (PBLI), Interpersonal and Communication Skills (ICS), Professionalism (PROF), and Systems Based Practice (SBP), and overall pertinent comments.

B. MILESTONES

The Milestones are designed only for use in evaluation of fellows in the context of their participation in ACGME- accredited residency or fellowship programs. The Milestones provide a framework for the assessment of the development of the fellow in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

The Consultation-Liaison Psychiatry Milestones will be used by attending faculty members to evaluate fellows on a regular basis at the completion of each inpatient rotation, as well as for the ambulatory/ longitudinal component of the fellowship program. They also constitute the core of how fellows are evaluated in the semiannual and summative evaluations.

PC1 — Consultative Patient Care: clarifying the question, gathering data and collateral information, interviewing the patient, and suggesting appropriate diagnostic and treatment options and communicating them effectively to the primary service

PC2 — Integrated Patient Care: performing, coordinating, and supervising care in multidisciplinary settings, inpatient or outpatient, and including liaison and educational roles

MK1 — Knowledge regarding Psychiatric Illnesses in the Medically Ill: assessment and management of major psychiatric disorders, substance use disorders, somatic symptom disorders, adjustment disorders, and psychological factors affecting medical conditions

MK2 — Knowledge regarding Psychiatric Manifestations of Medical Illnesses: assessment and management of physical and psychological reactions to medical illness and its treatment

MK3 — Practice of Psychosomatic Medicine

A. Ethics and legal issues
B. Models of consultation and collaborative care
C. Issues in diverse populations (e.g., cultural, ethnic, developmental, gender, sexual orientation)

SBP1 — Patient Safety and the Health Care Team

A. Medical errors and quality improvement activities
B. Communication and patient safety
C. Regulatory and educational activities related to patient safety

SBP2 — Resource Management: costs of care and resource selection

SBP3 — Community-based Care: community-based programs; self-help groups, including 12-step approaches; medical, psychiatric, and substance abuse recovery/rehabilitation programs

SBP4 — Consultation to Health Care Systems

PBLI1 — Lifelong Learning

A. Self-assessment and self-improvement
B. Use of evidence-based medical knowledge

PBLI2 — Teaching

A. Development as a teacher
B. Observable teaching skills

PROF1 — Compassion, Integrity, and Respect

A. Compassion for others, self-reflection, sensitivity to diverse patient populations
B. Adherence to ethical principles

PROF2 — Accountability to Self, Patients, Colleagues, and Profession

A. Work balance and fatigue management
B. Professional behavior and participation in professional community

ICS1 — Relationship Development and Conflict Management

A. Relationship with patients
B. Conflict management with patients, families, colleagues, and members of the health care team

ICS2 — Information Sharing and Record Keeping

A. Accurate documentation and effective communication with health care team and patients
B. Maintaining professional boundaries

C. ATTENDING PHYSICIAN EVALUATIONS BY FELLOW

At least annually, the program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities.

Fellows will be required to submit evaluations providing feedback on their supervising attending physicians at the conclusion of each block. This includes evaluation on medical knowledge, patient care, practice based learning and improvement, professionalism, systems based practice, availability, and teaching skills.

D. PROGRAM EVALUATION BY FELLOW

The program, through the PEC (see above under administration), must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.

The PEC must prepare a written plan of action to document initiatives to improve performance, as well as delineate how they will be measured and monitored.

E. DIDACTICS

Fellows will be required to submit brief evaluations on the core didactics provided for continuous review and improvement purposes. This will include evaluation of the presentation and the speaker.

F. CASE LOGS

Each fellow must maintain a patient log documenting all clinical experiences. The program director will review these regularly to ensure that the fellow has exposure to an appropriate breadth of clinical problems

VI. POLICIES

A. BENEFITS

Health Insurance:
Blue Cross Healthmate Coast to Coast PPO
BlueChip HMO
No Coverage Option – Employees covered under another health plan may opt out and receive money back on a bi-weekly basis.

Dental Insurance:
Blue Cross Dental - High Plan or Standard Plan (Fellows & Post Doc Fellows only)
Note: All health and dental deductions are pre-tax. For employees' share of premium see rate chart.
No Coverage Option – Employees covered under another dental plan may opt out and receive money back on a biweekly basis. Effective 07-01-05, Psychology Interns are not eligible for dental coverage.

Employee Life and AD&D Insurance:
This is a core benefit, but with the CNE Flex Plan, you can choose the level of protection you and your family need.

Dependent Life Insurance:
You may purchase Dependent Life Insurance for your spouse and/or children by payroll deductions.

Long Term Disability Insurance:
This is a core benefit, but with the CNE Flex Plan, you can choose the level of protection that is right you.

Dependent Care Assistance:
This program allows employees to use pre-tax dollars to pay for dependent care expenses.

Health Care Reimbursement:
This program allows employees to use pre-tax dollars to pay for medical expenses not covered by insurance.

Pharmacy Mail Order Service:
Employees enrolled in the Medical Insurance Plans can take advantage of a mail order prescription service. A maximum of up to a 3 month supply of drugs for 1 co-payment of most medications can be ordered and sent directly to your home generally within 48 hours of receiving the order.

Health and Wellness:
All benefit eligible employees, their spouses and dependents are encouraged to take advantage of the free Flex for Life programs and resources available through the Care New England Wellness Centers and other locations. Whether you're at home, at work or visiting one of the Wellness Centers, our comprehensive Employee Wellness Benefit is a resource to help you address many health related concerns such as weight loss, exercise and nutrition, smoking cessation, and risk reduction for disease. Continued program expansion will include an offering of new health services and improved access through a wider network of host locations and vendors.

Fitness Benefit:
All benefit eligible employees can save money when they join Healthtrax, the fitness facility located at each of the Wellness Centers. Membership fees can be conveniently deducted from employee's paychecks.

Voluntary Benefits

MetLife Auto and Home Insurance: Special group rates and discounts help you save up to 10% on your auto insurance alone. Plus, you can count on convenient payment options, including payroll / checking account deduction, outstanding customer service, a Guaranteed Repair Program, and valuable coverages for all of your personal property and liability insurance needs.

Veterinary Pet Insurance: With veterinary pet insurance, you can stop worrying about the ever-increasing costs of caring for your pets, because your pets will be covered for more than 6,400 medical problems and conditions, subject to policy terms and conditions.

MetLaw: Provides you, your spouse and eligible dependents with fully covered legal services from experienced attorneys at a low monthly group rate. Coverage includes preparation of wills, living trusts and powers of attorney, court appearances, mortgage document review, real estate matters and much more.

Aflac through Aflac Insurance Company,

Personal Cancer Protector Plan: When a covered individual is diagnosed with cancer, this plan provides benefits directly to you for hospital confinement, radiation and chemotherapy, surgery, among others, over and above what your health plan pays. Aflac also pays benefits for outpatient treatment.

Personal Recovery Plus Plan: Aflac's Personal Recovery Plus plan pays a benefit when a covered individual is first diagnosed as having a covered life-threatening health event such as heart attack, bypass surgery or stroke. Coverage includes benefits for hospital confinement, continuing care, and continuation of coverage. For more information concerning the Aflac benefits, call our rep. Steve Phillips at 401-487-8447.

Long Term Care Insurance – Offered through UNUM. Long term care is defined as the type of care received either at home or in a facility (i.e. nursing homes, assisted living facilities) when someone needs assistance with activities of daily living, or suffers severe cognitive impairment, due to an accident, an illness or advancing age. Long term care insurance is an **optional** insurance available to employees, spouses and family members.

403b/Tax-Sheltered Annuity Account:
Allows you to save additional monies toward retirement with a Pre-Tax Retirement program provided by one of the following three companies: Transamerica, Tiaa/Cref, Voya (formerly ING) Fidelity.

College Bound 529 Plan:
Allows you to save money for higher education expenses through payroll deduction. Fund is administered by Alliance Capital.

Vacation, Sick & Holiday Time Off:
Please refer to your program office for details regarding Vacation, Sick, Holidays, Bereavement Leave, Jury Duty and Military Leave policies.

Parking: Free

B. VACATION, SICK TIME, LEAVE OF ABSENCE

VACATION TIME OFF

Vacation allocation for fellows employed through Butler Hospital is based on weekdays only. Vacation time is not accrued, but is based on the fellow's academic year beginning July 1st of each year. Fellows are urged to carefully plan out their vacations for the entire year at the start of the academic year so they can use all of the allowed vacation time.

Fellows are allowed up to 4 weeks off throughout the year, inclusive of time off for conference. Only one week can be taken at a time unless there are exigent circumstances and with approval of the program director. Vacation time off must be requested in advance and approved by the site director.

SICK TIME/BEREAVEMENT LEAVE

All extended sick time or leave must be requested in advance from the fellowship training director. The fellow must also file a written leave request as soon as possible. Sick leave in excess of five working days requires a physician note.

All fellows are eligible for up to 3 days of Bereavement Leave over and above all other leave allowances. Bereavement Leave is awarded upon the death of a close relative (parents, grandparents, grandchild, sister, brother, spouse/partner, children, mother/father in law, foster parent or child, or legal guardian) for the purposes of funeral responsibilities.

EXTENDED LEAVE OF ABSENCE

Fellows should discuss all requests for Leave of Absence, whether medical, family or personal, with the Program Director at the earliest possible opportunity. Such requests should be documented in the fellow's file along with final arrangements. The Program Director will notify the Butler Human Resource Office of the leave at the earliest opportunity. The Program Director, with support from the Human Resources office, will advise the Fellow of any impact of the leave time on satisfying the completion of the requirements for training and board eligibility, and any impact of the leave time on pay and employee benefits. The granting of a leave of absence or other time away from the training program does not relieve the Fellow of the obligation to complete all program-specific reappointment requirements.

Extended Leave Specifics

During the fellowship training, absence due to sickness, the birth of a child or family leave for greater than 20 consecutive work days (4 work weeks) is considered extended leave. When extended leave can be anticipated fellows are requested to consult with the training directors to coordinate the absence with their educational needs and requirements.

C. DUTY HOURS

Duty Hours are defined as time spent on all clinical academic activities related to the fellowship program, including patient care at all duty sites (inpatient, outpatient, and in the Emergency Department), administrative duties related to patient care, the provision for transfer of patient care, and include time spent in the hospital during on-call activities, as well as program scheduled activities such as conferences and on site meetings. Duty hours do not include reading and preparation time spent away from the duty site.

1. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting unless the ACGME and the GMEC have granted an exception to that policy.
2. Fellows must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.
3. Duty periods of PGY-2 house staff and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
4. Fellows must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty. It is essential, however, for patient safety and fellow education that effective transitions in care occur. PGY-2 and above trainees may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
5. In unusual circumstances, fellows, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the fellow must:
    a. Appropriately hand over the care of all other patients to the team responsible for their continuing care.
    b. Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.
    c. The program director must review each submission of additional service, and track both individual fellow and program-wide episodes of additional duty.
6. Consultation-Liaison Psychiatry fellows who are at a minimum at a PGY-5 level are defined by the Psychiatry RC to be in the final years of education and must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
    a. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. There are no circumstances under which trainees in the final years of education may stay on duty with fewer than eight hours off.
7. Fellows must not be scheduled for more than six consecutive nights of night float.
8. PGY-2 trainees and above must be scheduled for in-house call no more frequently than every-third-night when averaged over a four-week period.

9. Time spent in the hospital by fellows on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
    a. Fellows are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".
10. In addition to the GMEC process for monitoring duty hours, the fellowship program will include fellow monthly reporting of duty hours.
11. Moonlighting is permitted in accordance with the Institutional Policies on Moonlighting Activities**.**

D. SUPERVISION

PURPOSE:

To establish a formal supervision that fosters education and facilitates safe care of patients. The program policy must be consistent with the institutional supervision policy and requirements as outlined in the ACGME's Institutional Requirements and Common Program Requirements that apply to each program.

I. Introduction

The Fellowship Program is committed to:

1. Providing safe and effective medical care to our patients.
2. Providing care within a superior and safe training program which is compliant with ACGME requirements.
3. Providing appropriate levels of supervision to promote progressive autonomy of trainees that is consistent with institutional policies.
4. Providing mechanisms by which fellows can report inadequate supervision in a protected manner that is free from reprisal.

Definitions of Supervision

To ensure oversight of trainee supervision and progressive responsibility, the following classification of supervision levels must be used:

1. Direct Supervision – the supervising physician is physically present with the fellow and patient.
2. Indirect Supervision with direct supervision *immediately* available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision
3. Indirect supervision with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by telephone and/or electronic modalities, and is available to provide direct supervision.

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

II. Policy

1. Each patient must have an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care.
   a. This information should be available to all members of the health care team, as well as patients.
   b. Fellows and faculty members should inform patients of their respective roles in each patient's care.
2. The fellowship program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.
3. Progressive responsibility, conditional independence, and a supervisory role in patient care are delegated to each fellow by the program director and faculty members, based on an evaluation of each individual fellow's abilities.
4. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
5. Evaluation is guided by specific national standards-based criteria, where available, including (but not limited to) milestones designated for Consultation-Liaison Psychiatry.
6. Faculty members functioning as supervising physicians are expected to delegate portions of care to fellows, based on the needs of the patient and the skills of the trainees.
7. Fellows should serve in a supervisory role of junior trainees in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.
8. Each fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
9. Each fellow must notify an appropriate supervisor when he/she is unable to carry out clinical responsibility in a timely fashion for any reason (e.g., illness, fatigue, lack of experience or knowledge, clinical workload).
10. In the following circumstances, each fellow must notify a supervising attending:
    a. Death
    b. Transfer to ICU or higher level of care; other significant change in patient status
    c. Change of code status or withdrawal of care
    d. Medical error or near miss event
    e. Excessive clinical volume compromising ability to provide safe care

III. Procedures

The descriptions below outline specific supervision responsibilities and practices for each major component of the training program.

Inpatient services:

Attending faculty physicians will provide indirect supervision, with direct supervision *immediately* available to fellows at all times.

Outpatient Services:
Attending faculty physicians will provide indirect supervision, with direct supervision *immediately* available to fellows at all times.

On-call and Weekends/After Hours:
N/A.

Emergency Room consults:
Attending faculty physicians will provide indirect supervision, with direct supervision *immediately* available to fellows at all times.

Research:
If applicable, supervision will be provided on an individual basis by an assigned advisor
Other sites:
Attending faculty physicians will provide indirect supervision, with direct supervision *immediately* available to fellows at all times.

Unique circumstances:
As they arise, but supervision will always be available.

E. MOONLIGHTING

1. Moonlighting must not interfere with the ability of the fellow to achieve the goals and objectives of the educational program.
2. Time spent by fellows in Paid on call, Internal and External Moonlighting (as defined above) must be counted towards the 80-hour Weekly Duty Hours requirement. 3. The Program Director is responsible for providing written permission for all paid on call and moonlighting activities and for monitoring the effect of these activities on performance. Monitoring must include the effect of Paid on Call, Internal Moonlighting and External Moonlighting on sleep and fatigue.
4. Fellows must not be required to engage in Paid on Call, Internal Moonlighting or External Moonlighting.
5. J1 visa holders are excluded from participating in Internal and External Moonlighting activities in accordance with the Federal Regulations Governing Exchange Visitor Physician: "Visa sponsorship authorizes a specific training activity and associated financial compensation. Federal Regulations do not permit activity and/or financial compensation outside of the defined parameters of the training program."
6. H1B visa holders may engage in Paid on Call, Internal and External Moonlighting activities, however, restrictions may apply. It is the individual visa holder's responsibility to ensure compliance with immigration laws.

In order to participate in Paid on Call, Internal Moonlighting and External Moonlighting, the following issues must be addressed:

1. **Licensure requirements**
    - Paid on Call is allowed under the Limited Medical Registration ("limited license") provided by CNE for trainees in GME programs, as the duties are consistent with the training program requirements.
    - Internal Moonlighting is not allowed under the Limited Medical Registration (limited license).
    - In order to participate in Internal Moonlighting, the fellow requires a full medical license from the State of Rhode Island.
    - External Moonlighting activities are not covered by the Limited Medical Registration provided by CNE for trainees.
    - In order to participate in External Moonlighting, the fellow must have a full medical license and must obtain an individual DEA number; the assigned DEA number(s) for the trainee designated by any of the CNE Operating Units cannot be used in moonlighting activities in non-CNE facilities.

2. **Malpractice:**
    - The Trainee Malpractice Program extends malpractice coverage to fellows for their program responsibilities.
    - The Trainee Malpractice Program extends malpractice coverage to fellows for Program Director approved Paid on Call.
    - The Trainee Malpractice Program extends malpractice coverage to fellows for Internal Moonlighting once the following conditions have been met:
    - Compensation for internal moonlighting activities is paid by a CNE affiliate's payroll. Note: if compensation is not through a CNE affiliate payroll, then the fellow should seek malpractice coverage from the employer hiring them for their moonlighting services.
    - The fellow applies for permission in writing from the Program Director and the Program Director approves the activity in writing.
    - Appropriate licensure is obtained.
    - The Trainee Malpractice Program does NOT cover any External Moonlighting activities. Fellows are responsible for obtaining independent malpractice insurance coverage for External Moonlighting activities.

3. **Approval/Monitoring:**

    The Program Director must:
    - Provide written approval for an individual fellow to participate in Paid on Call, Internal Moonlighting or External Moonlighting, prior to participation. The attached Moonlighting Request Form may be used as a model for the application and approval process. A written application must be completed and filed in the trainee's administrative file.
    - Monitor and document the impact of these activities on the individual fellow's performance to assure that factors such as sleep deprivation and fatigue are not contributing to diminished learning or performance, or detracting from patient safety.
    - If approval is withdrawn the Program Director must notify the DIO in writing.
    - Monitor and document the nature of the clinical activity and the number of hours worked by all fellows participating in Paid on Call, Internal Moonlighting or External

Moonlighting. All time spent in Paid on Call, Internal Moonlighting and/or External Moonlighting must be included in the 80-hour work week limit.

F. FATIGUE AWARENESS AND MITIGATION

The program must:

- Educate all faculty members and fellows to recognize the signs of fatigue and sleep deprivation;
- Educate all faculty members and fellows in alertness management and fatigue mitigation processes; and,
- Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, such as naps or back-up call schedules.

Each program must have a process to ensure continuity of patient care in the event that a fellow may be unable to perform his/her patient care duties.

The sponsoring institution must provide adequate sleep facilities and/or safe transportation options for fellows who may be too fatigued to safely return home.

G. PROFESSIONALISM AND APPEARANCE

Fellows and faculty members must demonstrate an understanding and acceptance of their personal role in the following:

- Assurance of the safety and welfare of patients entrusted to their care;
- Provision of patient- and family-centered care;
- Assurance of their fitness for duty;
- Management of their time before, during, and after clinical assignments;
- Recognition of impairment, including illness and fatigue, in themselves and in their peers;
- Attention to lifelong learning;
- The monitoring of their patient care performance improvement indicators; and,
- Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data.

A professional appearance is expected at all times. This includes professional attire, to include a regularly laundered white coat, as well as proper grooming and hygiene that excludes the use of excessive makeup and perfumes.

H. SOCIAL MEDIA

Purpose
The purpose of this policy is to provide consistent standards for the use of social media outlets, both those hosted by Care New England and its operating units, as well personal sites or other non-CNE outlets where the employee's affiliation is known, identified or presumed.

Definition
Social media is defined as the online technologies and practices used to share opinions, insights, experiences, and perspectives. Social media can take many different forms, including text, images, audio, and video. Social media typically uses technologies such as blogs, message boards and podcasts to allow users to interact.

Policy
This policy and these procedures apply to all staff of CNE and its member organizations. CNE and its member organizations expect that the use of social media by employees will meet certain basic standards and be subject to the restrictions set forth in this policy.

Privacy
Use of any social media (e.g. Twitter, Facebook) that includes any information that is related to any current or former patients or families (named or not named) is considered a violation of Care New England's confidentiality policy and the procedures governing such violations will be followed. Any employee who becomes aware of such uses of work related health information or other confidential organizational information is expected to inform his/her supervisor or the Privacy Officer.

Corporate Compliance
All information published on social media outlets supported by CNE or any member organization must comply with all local, state and federal laws. Users must agree not to infringe upon or otherwise impair, interfere with or violate any copyright or trademark laws, or other intellectual property rights of another. Any user who violates this commitment will be responsible for all liability and other claims resulting from such violation and shall indemnify and hold harmless CNE and its member organizations from any costs, expenses or liability that might be asserted or imposed upon it or any of its officers, agents, or affiliates as a result of this violation.

Advertising/Promotion
Social media outlets are for informational, educational or intellectual presentation without direct advertising or solicitation (for financial gain) other than for organizational purposes. CNE sponsored social media outlets may not be used to promote any non-CNE-affiliated products or services, except through approved links to other sites that are provided for informational purposes. The use of CNE sponsored social media outlets for the promotion of CNE-affiliated products and services must be approved by CNE Marketing. The use of CNE sponsored social media outlets for the purpose of generating and/or promoting academic research must be approved by the Institutional Review Board of the member organization.

Enforcement
Care New England and its member organizations consider any violation of this policy and procedures to be a serious offense that can be the basis for loss of network access and/or other disciplinary action including discharge from employment, removal of medical privileges and/or legal prosecution. Violators are subject to disciplinary action up to, and including, termination of employment.

Best Practices/Code of Ethics
While personal use of such new media is limited at work, our organization acknowledges that these vehicles are part of the communications mix which enables effective information exchange and conversation about our programs and services.

Below are suggested best practices for the use of social media:

- Use a personal email address and not your CNE address as your primary means of identification. Just as you would not use CNE affiliates' stationery for personal purposes, you should not use your CNE e-mail address or any of CNE's electronic resources to blog or to post personal views.
- Treat fellow employees, customers and competitors with respect and professionalism.
- Do not blog, post or make inappropriate comments. If your blog, Internet posting or social networking activities are clearly not appropriate as an employee or representative of a CNE affiliate (i.e., not consistent with the mission, vision and values of CNE, or would negatively impact our brand or reputation), you should not refer to CNE or its affiliated organizations in the posting. If you are about to publish something that makes you the slightest bit uncomfortable, review these guidelines. If you are still unsure, and it concerns CNE affiliates' business interests or health care operations, feel free to discuss with your manager or your Human Resources Representative.
- Be mindful that what you write will remain part of the public discussion for a long time. Care New England staff are personally responsible for opinions shared.
- Try to resolve work-related disputes at work. You are more likely to resolve complaints about work by speaking directly with your co-workers, supervisor or other management-level personnel than by posting complaints in a blog. If you, nonetheless, decide to post complaints or criticism, avoid doing so in a way that is defamatory or damaging to CNE or any of CNE's employees.
- Ensure accuracy and, when possible, link to credible sources that can validate information.
- Take responsibility for errors correct them quickly.
- Employees are advised to set a "privacy" setting such that third parties cannot view CNE's customers and vendors who are included on an employee's social network.
- Do not post on any social media site (whether hosted by CNE and its operating units or otherwise) any material or information that:
    - Violates the privacy rights of another CNE employee, or current or former patient of CNE;
    - Intentionally or inadvertently discloses any CNE trade secret or confidential business information of CNE or any affiliated business entity, or CNE's customers, suppliers or vendors;

- Comments on the future business performance, business plans or prospects of CNE or any affiliated business entity;
- Disparages the competitors, customers, suppliers, or employees or current or former patients of CNE or any affiliated business entity;
- Includes copyrighted materials or other intellectual property of someone other than the employee;
- Constitutes the unauthorized use of trademarks, logos and other branding symbols;
- Uses or displays the logo, graphics, or trademarks of the Company or any affiliated business entity
- Displays false or misleading information about the Company, any affiliated business entity, employee, supplier, or customer;
- Displays any information that violates any other CNE policy;
- Displays any content that purports to represent the position, viewpoint, statements, opinions, or conclusions of CNE of any affiliated business entity, employee, supplier or customer; or
- Violates any law, such as laws that prohibit defamation, harassment, discrimination and retaliation.

The intent of this policy is not to restrict the flow of useful and appropriate information or to prohibit protected concerted activities, but to minimize the risk to CNE, its employees, current and former patients and families, and CNE's affiliated entities, customers, suppliers and vendors.

I. LICENSURE

All fellows, at the time of matriculation into the fellowship program, are expected to have active, full and unrestricted:

- Rhode Island medical license,
- Rhode Island controlled substance license, and
- DEA license

The fellow is also expected to have successfully passed Step 3 of the USMLE.

J. GRIEVANCES

Policy statement
As the sponsoring institution for the general psychiatry and fellowship training programs in psychiatry, Butler hospital offer as this policy in an effort to strengthen communication and to develop a sound working relationship. There will be no reprisal in any way or at any time against a training for exercising his/her right to follow the grievance procedure.

Purpose statement
While every effort has been made to provide all trainees have equitable wages, benefits and working conditions, questions and concerns can arise. The procedure outlined below is designed to assure that questions at a trainee has about the job or policies are answered promptly and equitably. Questions about academic standing and promotion are covered not covered here.

Scope statement
All trainees are covered by this policy. This policy covers trainee grievances on all rotations and clinical assignments without regard to the location.

Procedure
When a trainee has questions about job or policies, he/she should first see supervising attending. He supervising attending will either answer the question directly or obtain additional information from the appropriate source. In either case, questions will be giving serious consideration and answered within two working days. If the answer received still believes question or if the trainee feels unable to discuss the problem with the supervising attending, the trainee shell contact the program director. If the trainee is not satisfied with the discussion with a training director he/she she'll write down the question or problem and send it or take it to the director of medical education/Designated Institutional Official (Dr. Pat Recupero) along with a request to see the DIO who will review the problem with the trainee within 3 working days. The DIO will be concern or question with appropriate hospital representatives as well as the program director. The trainee may be present during discussion with the program director. The trainee will receive a wouldn't reply with 5 additional working days. An information copy will be forwarded to the program director. If the trainee is still not satisfied with the outcome, he/she should request that DIO forward the written statement to the fellow of Butler Hospital; the DIO will arrange a meeting with the program director, the president, the DIO and the trainee. The trainee is encouraged to present additional information at this meeting if any. The president's decision will be given in writing within 7 days and will be final. When the problem has been resolved, it will be in one to three ways. It may be in the trainee's favor, not in favor, or any compromise. Whatever the decision, it is important that all concerned accept the decision in good grace. It is also important that anyone with a problem should follow this procedure. Never feel it is useless to have a request given fair consideration.

K. SEXUAL HARASSMENT

Brown is committed to promoting a safe, welcoming and inclusive campus culture. It is the responsibility of every member of the Brown University community to foster this type of environment. This requires our community to be able to identify and address prohibited conduct. Prohibited conduct under our Title IX policy includes gender and sexual harassment, sexual violence, relationship and interpersonal violence, and stalking. This type of conduct will not be tolerated.

(https://www.brown.edu/about/administration/title-ix/index.php?q=policy)