

Welcome to the Psychiatry Residency Program

TABLE OF CONTENTS

Mission Statement	3
Program Background	3
Program Description.....	4
Contacts.....	5
HCMC, Minneapolis	5
Regions Hospital, St Paul	5
Location	5
Rotations	5
supervisor Lines of Responsibility	5
International Rotations	6
Rotation Intervals (G1-G4)	6
Clinical Rotations	8
PGY-1.....	8
HCMC-Inpatient	8
Regions-Inpatient.....	9
Emergency Medicine.....	9
Medicine Direct Clinic.....	9
Internal Medicine-HCMC.....	10
Internal Medicine –Regions	10
General Medicine Ward Structure: R1, R2, R3, R4, R5-Night Float	10
Neurology-HCMC	11
Regions Neurology	11
Pediatrics – HCMC.....	11

PGY2.....	12
G2 ACT (Assertive Community Teams)	12
G2 Outpatient Adult Clinics	13
Regions Adult clinics:.....	13
Adult Discharge Clinic (Regions).....	13
West Clinic (HealthPartners).....	13
Maplewood Behavioral Health (HealthPartners).....	13
Riverside Clinic (HealthPartners).....	14
HCMC Adult Clinics.....	14
Hennepin County Mental Health	15
Child Outpatient Clinics.....	15
Regions Child Clinic	15
Hennepin County Medical Center –Child Clinic	16
G2 Therapy clinics	16
Regions Therapy Clinic.....	16
HCMC S1 Therapy Clinic.....	17
HAMM Clinic.....	17
PGY3.....	18
G3 Acute Psychiatric Services Rotation	18
ADAP	18
G3 Inpatient Child Rotation	19
PGY-3 Inpatient Geriatric Psychiatry	20
PGY-3 Inpatient Psychiatry Rotations.....	20
PGY4 Rotations	22
Scheduling	22
Call Schedules.....	22
Scholarly activity, teaching responsibilities and conference	23

Scholarly Activity.....	23
Didactic Teaching Responsibilities	24
Conferences and Lectures	24
Evaluations	25
Overall Evaluations	25
PRITE	25
Time off and vacation requests	26
PGY-1.....	26
PGY-2, 3, 4:.....	26
Major Holidays.....	26
Staff Time off During Outpatient Rotations.....	27
Coverage During Absences.....	27

MISSION STATEMENT

We are committed:

To provide the best possible mental health care to every patient we serve today;

To search for new ways to improve the mental health care we will provide tomorrow;

To educate mental health care providers for the future; and

To ensure access to mental health care for all.

PROGRAM BACKGROUND

Established in 1996, our program is a partnership between Hennepin County Medical Center and Regions Hospital, both of which are large teaching hospitals and Level I Trauma Centers. Located in a dynamic Midwestern urban center, the hospitals provide a diverse patient population as well as multiple learning environments.

During our four-year program, residents participate in the required clinical rotations and comprehensive didactic training necessary to practice general psychiatry. Residents are also encouraged to develop specialized areas of interest during elective rotations.

Since our inception in 1996, the Hennepin-Regions Psychiatry Training Program has grown in size to 26 residents. We focus on providing outstanding clinical training and didactics in psychiatry.

Together Hennepin County Medical Center and Regions Hospital specialize in a variety of areas including geriatrics, sleep disorders, forensics, women's health, tricho-tillomania, international mental health, psycho-somatic medicine, psycho-pharmacology, addictions, emergency psychiatry, child and adolescent psychiatry, administrative psychiatry and other areas

Our residents have obtained fellowships across the United States at varied locations including Northwestern, Stanford, University of California-San Diego, Harvard, Long Island Jewish Hospital, Yale, Georgetown, Mayo Clinic-Rochester and the University of Minnesota. Graduates have taken staff positions at teaching hospitals both in this community and elsewhere, joined community mental health organizations, or pursued private practice.

The Hennepin-Regions Program is committed to providing you with an exceptional educational experience in an environment conducive to your individual growth. We sincerely hope you will consider joining our program.

PROGRAM DESCRIPTION

The primary objective of the residency program is to teach the requisite clinical skills needed to practice general psychiatry. The traditional biopsychosocial approach is applied to the clinical program and coordinated with a comprehensive didactic program. Active supervision in every rotation enables residents to develop the knowledge base and skills necessary to provide care to a diverse patient population in a variety of clinical settings. These include both public and private settings and prepare the resident with both multidisciplinary and multidimensional approaches. Residents are encouraged to develop special areas of interest which can be emphasized in the elective rotations.

Clinical rotations are completed at Hennepin County Medical Center (HCMC), Regions Hospital, their affiliated sites and community hospitals and clinics. Protected didactic time is built into each year of residency – attendance is expected, and residents are not expected to be on service during this time. Teleconference rooms are available at both HCMC and Regions Hospital to allow residents to attend classes at either location. Lectures are given by faculty from both hospitals as well as guest lecturers from the community.

In addition, we have several seminars throughout the year for psychiatry residents on topics ranging from spirituality, cross-cultural issues and end-of-life care, amongst others. Day-long retreats for all psychiatry residents occur twice a year and include areas of interest such as corporate communications, community outreach, and personal goal setting.

Monthly conferences for all psychiatry staff include Special Topics, Grand Rounds, and Journal Club. PGY-3 and PGY-4 residents obtain experience by presenting at these events.

Both hospitals are teaching sites for medical students, physician assistant students and PA/NP fellows. As a resident you have ample opportunity to teach, both informally on rotations and formally by giving lectures.

CONTACTS

HCMC, MINNEAPOLIS

Sandy Robinson

Manager, Hennepin-Regions Psychiatry Training Program

Hennepin County Medical Center, 701 Park Avenue #B5.118, Minneapolis, MN. 55415

Office 612-873-7571/FAX 612-630-8293

sandy.robinson@hcmcd.org

REGIONS HOSPITAL, ST PAUL

Mary Barraclough

Manager, Hennepin-Regions Psychiatry Training Program

Regions Hospital, 640 Jackson Street, #11302C, St. Paul, MN 55101

Office 651-254-3103/FAX 651-254-2915

mary.m.barraclough@healthpartners.com

LOCATION

Hennepin County Medical Center,

701 Park Avenue #B5.118, Minneapolis, MN. 55415

Regions Hospital,

Regions Hospital, 640 Jackson Street, #11302C, St. Paul, MN 55101

ROTATIONS

SUPERVISOR LINES OF RESPONSIBILITY

All residents have an assigned supervisor for each of their inpatient and outpatient clinical rotations. Patients may be seen with or without the direct involvement of the supervisory staff, depending on the procedure of the clinic and the level of independence of the resident. In all clinical situations the Resident must introduce himself or herself as the resident physician and make the patient aware of the relationship between the resident physician and the attending staff.

G1 residents are expected to need a significant degree of supervision and should discuss all patients seen with their attending staff, who should also see the patient. G2 residents may have sufficient experience to see patients independently and consult with staff on an “as needed” basis. All clinics and inpatient units have staff present and available for consultation and have different expectations regarding residents seeing patients. It is the residents’ responsibility to speak with their staff to ensure they understand the workflow.

Senior residents at the G3 and G4 levels are expected to have a greater level of independence than junior residents. If G1 and G2 residents are present in the clinic or on the inpatient unit with senior residents, the senior resident is to provide appropriate teaching and supervision of the junior resident. The senior resident does not eliminate the need for an identified staff physician.

INTERNATIONAL ROTATIONS

All G4 residents have the opportunity to apply for elective time at an international site. Only Residents who are up-to-date with all program requirements (for example, paperwork, RMS requirements, logs, duty hours, exams, rotations) will be eligible to apply for this rotation. There are two months of time available for each G4 year. A specific procedure for determining which Residents may go will be outlined and available in the procedure portion of the Policy and Procedure Manual.

In January of the G3 year, the application process for the international rotation will begin. Interested Residents must submit a proposal of their rotation to the Program Director. The proposal must be substantive enough to determine whether or not the rotation is feasible. It must include at least the following elements: location of rotation, contact person, description of rotation including patient population you will be working with and type of facility, goals and objectives, and supervision. Residents are responsible for working with administration to obtain all necessary contracts between hospitals prior to leaving on the rotation. In the event that more than two Residents apply for the rotation and submit appropriate proposals, final approval will be the decision of the Program Director, in conjunction with hospital GME Administration.

ROTATION INTERVALS (G1-G4)

PGY-1 Clinical Program

- 4 Months Medicine
 - 2 months of Internal Medicine
 - Pediatrics
 - Emergency Medicine or Ambulatory Care Clinic
- 2 Months
 - Neurology
- 6 Months
 - Adult Inpatient Psychiatry

During the Internal Medicine and Pediatrics rotations attending physicians complete daily rounds with a team of medical students and residents, providing clinical education in addition to didactic seminars.

The Neurology rotation includes a combination of inpatient, outpatient, and consultation experiences, one

month at HCMC and Regions.

Inpatient Psychiatry rotations are on psychiatry units at both Hennepin County Medical Center and Regions Hospital. Each resident is assigned to a specific team for patient care.

We adhere to the ACGME duty hour guidelines. Hours vary between Medicine, Pediatrics, Neurology , Direct Care Clinic and Emergency Medicine rotations and residents work within the schedules of these services

PGY-2 Clinical Program

- Outpatient Psychiatry
- Child & Adolescent
- Adult
- County Mental Health Centers
- ACT Teams
- Private clinic
- Scholarly activity – half day a week for research / quality improvement projects.

The PGY-2 year emphasizes ambulatory psychiatry in various settings. The resident's time is spent in adult and child outpatient clinics and community Psychiatry ACT teams learning psychiatric interviewing and practicing both psychotherapy and medication management.

*Call varies and includes some evenings, overnights and weekends.

PGY-3 Clinical Program

- 4 months Consultation-Liaison Psychiatry
- 4 months Inpatient Psychiatry
- 1 month Geriatric Psychiatry
- 1 month Addiction Psychiatry
- 1 month Inpatient Child and Adolescent Psychiatry
- 1 month Emergency Psychiatry
- One-half day/week Outpatient Psychiatry Continuity Clinic

The third year introduces the resident to consultation-liaison psychiatry, as well as the experience of being senior resident on an inpatient team with primary patient responsibilities as well as additional supervisory roles. Addictions, geriatrics, emergency psychiatry, and inpatient child/adolescent psychiatry are also included in the PGY-3 year.

*Call is less than during the PGY-2 year and adheres to all ACGME duty hour guidelines.

PGY-4 Clinical Program

Elective Opportunities

- Addiction disorders

- Child & Adolescent Psychiatry
- Consultation-Liaison Psychiatry
- Psychotherapy
- Sleep disorders
- International rotation (one month - limited availability)
- One-half day/week Outpatient Psychiatry Continuity Clinic
- Clinical research opportunities
- Minnesota Psychoanalytic Institute Psychotherapy course
- Neuropsychological testing
- Emergency Psychiatry
- Chaplaincy
- Partial hospital
- Many other opportunities and a chance to spread your wings!

The 4th year gives senior residents an opportunity to explore the subspecialties of psychiatry, especially those areas of psychiatry in which they have a specific interest. Additionally, the residents are able to gain more experience in areas in which they will be practicing psychiatry. 4th year residents focus more autonomously, preparing themselves for the transition into practice.

CLINICAL ROTATIONS

***Please note that all rotations throughout residency training adhere to the ACGME duty hour guidelines. Hours vary between Medicine, Pediatrics, Neurology, Direct Care Clinic and Emergency Medicine rotations (v.s. psychiatry rotations) and residents work within the schedules of these services.**

PGY-1

HCMC-INPATIENT

Contacts: Ian Heath, M.D., Inpatient Director (Gray Team) ian.heath@hcmcd.org

Amitabh Tipnis, M.D., (Blue Team), amitabh.tipnis@hcmcd.org

Location: B2 (Blue Building, 2nd floor)

Hours: Monday-Friday, 8:00a.m-5:00p.m., rotation includes variable call responsibilities

General Description: The days usually start at 8am with morning report in which an educational topic will be covered. Following morning report, you will meet with your assigned team for nursing report. After nursing report, the structure will vary dependent on the team you are assigned to. Dr. Heath rounds as a team with each resident seeing every patient and the resident assigned to the patient will conduct the interview. Dr. Tipnis is flexible, but he may allow interns to see patient's independently and staff them later in the day. Each team will reconvene in the early afternoon (~2pm) to discuss the patient list. Throughout the day you will be assigned a brief admission by the senior resident. These require a BRIEF ADMISSION, unless they are assigned to a teaching team (Heath or Tipnis) at which time a full H&P must be performed. New admissions are taken until 4pm.

REGIONS-INPATIENT

Contacts: John Kuzma, M.D., Inpatient Medical Director, john.m.kuzma@healthpartners.com

Location: Regions Hospital, NE4, NE5, NE6, NE7, NE8

Hours: Monday-Friday, 8:00a.m-5:00p.m., rotation includes variable call responsibilities

General Description:

The days will start around 8a.m., dependent on which team you are assigned to. The day starts with a team meeting to discuss the events of the prior evening and to discuss the plans for the patient. Following the team meeting, you will see your patients, either with the attending or independently. Didactics will be held on an informal basis and will reinforce issues or topics that are encountered through daily patient care. The expectation is that you will write a progress note on each patient that is assigned to you, each day. Interns are also responsible for H&P's on the day of admission and a discharge summary on the day of discharge. New admissions are taken until 4p.m.

EMERGENCY MEDICINE

Contacts: Nancy Newkumet, nancy.newkumet@hcmcd.org, 612-873-4908

Location: EM Parking Ramp – Level 1, 6th and Chicago Entrance

Hours: Variable shifts 612-873-6963 (Clinic #)

General Description:

Psychiatry residents may rotate through the HCMC Emergency Department for a month. As part of the rotation, you will be assigned about 20 shifts for the month. The shifts vary between, day, evening and night shifts. The ED is separated into areas A, B, C, and Specials. A is the most acute. B is less acuity than A and is where most of the pelvic exams are done for abdominal pain/vaginal bleeding. C is a step above urgent care and also receives the pediatric patients. A and B are open 24 hours. C is open 10a.m. to midnight. The Specials area is the area set aside for intoxicated patients to sober.

MEDICINE DIRECT CLINIC

Contacts: Julie Topping, MD., Julie.topping@hcmcd.org, 612-873-6963 (Clinic #)

Location: HCMC – P5 (Purple Building, 5th Floor)

Hours: Monday-Friday, 8:00a.m.-4:00p.m.

The Medicine Direct Clinic is offered as an alternative to the Emergency Medicine rotation during the intern year... If the decision is made to rotate on in this clinic, you will be placed in the psychiatry call pool for that month. If EM is selected, you will not be expected to take call that month. The Medicine Direct Clinic is a primary care clinic that is staffed with multiple residents from other services with supervision provided by an Internal Medicine attending. The training residents who are present each day share the work for the scheduled patients. After seeing the patients, as you would in any clinic, you staff

with the attending physician. Teaching is provided on a case by case basis, dependant on the topics that come up as part of the patient visits.

INTERNAL MEDICINE-HCMC

Contacts: Jessica Norles, Jessica.norles@hcmcd.org, 612-873-8722

Location: G5 – Medicine Residency Program Suite

Hours: 7:30a.m.-5:00p.m.- varies

General Description:

The General Medicine Ward team (A,B,C,D) is generally composed of two medical students, one non-medicine intern (you), one medicine intern, and one G2 or G3 medicine resident. An attending physician is assigned to each team.

Weekly / Daily Rotation Schedule:

7:30-8:15	Patient Care Activities
8:15-9:00	Morning report (as patient care activities allow)
9:00-11:00	Attending rounds
11:00-12:00	Patient care activities
12:00-1:00	Scheduled teaching conferences
1:00-5:00	Patient care activities

Residents are expected to be in the hospital starting at 7:30am and will be dismissed when their daily work is done and the senior resident dismisses them. On a regular working day this is usually between 3-5pm, but can have more variability depending on the number of patients and the acuity of the team. On call days (every 4th day) you will work from 7:30am-7:30pm and will be expected to be back the next day at 7:30am to prepare for the post-call day. You will work 6 out of 7 days a week. You are guaranteed one day off a week that will be determined by your senior resident based on the call schedule for that week. Potential days off are only the post-post call day and the pre-call days. You must be there for both the call and post-call days.

INTERNAL MEDICINE –REGIONS

Internal Medicine

Contacts: Karen Lee, karen.o.lee@healthpartners.com , 651-254-1886

Location: Regions Hospital, 8th Floor Central Tower

Hours: 7:00a.m.-3:30p.m.

General Description:

GENERAL MEDICINE WARD STRUCTURE: R1, R2, R3, R4, R5-NIGHT FLOAT

- R1-R4 teams will consist of a senior resident, intern (may have off service interns as well) and 1-2 students.
- R5 night float team consists of a senior resident and intern.

NEUROLOGY-HCMC

Contacts: Katie Dolan, Katie.dolan@hcmcd.org, 612-873-6288

Location: HCMC-P5.312

Hours: Variable shifts

General Description:

The “general” (or “consult”) team is led by a neurology senior resident, a G3 or G4. This resident is responsible for the overall supervision of the neurology consults as well as some responsibilities in the clinic. He or she will also have other responsibilities such as outpatient phone calls/arrangements; overnight back-up on Thursdays and Sunday and the Sunday daytime shift involving both stroke and consult services.

Psychiatry residents on the general team should come in at 8:30am, except for Wednesdays when there is Chief's clinic, which typically begins at 8am. Residents generally finish by 6PM.

REGIONS NEUROLOGY

Contact : Jo Ann Niemi 651-254-3075 joann.m.niemi@healthpartners.com

Location: Regions Hospital, 2nd floor North Building

Hours: 8:00a.m.-4:30p.m.

General Description:

Neurology at Regions is a consult service. The resident will be working on weekdays. The attending on the service changes each week, so the experience will differ somewhat. The team will likely consist of the psychiatry resident and the attending, but sometimes a neurology resident will be on. Days usually run from 8am-5pm. However, it can range from a consult in the morning and a consult in the afternoon to seeing several patients throughout the day as consults are requested. In general, the attending will send you to see a consult. You will see the patient independently before presenting to the attending. Then a full consult note is written and co-signed by the attending neurologist. Educational opportunities are achieved on an information basis and focus on topics addressed with specific patients.

Call: No call on Neurology at Regions. Weekends are off.

PEDIATRICS – HCMC

Contacts: Lisa Loehr, lisa.loehr@hcmcd.org, 612-873-2679

Location: HCMC- O7 (Orange Building-7th Floor)

Hours: Variable shifts

General Description:

The Pediatric rotation is broken into 1-week blocks consisting of General Ward, PICU/burn, Nursery and Night Float. You will be assigned to a team usually consisting of a medical student, non-peds intern (you), a peds intern, and a peds senior resident. That entire team will rotate through the week-long blocks together. Depending on the time of year (not RSV season) this can be a lighter rotation due to having a larger team and the number of admissions being light. There are daily morning reports Tues-Fri and noon conferences Tues-Thurs with lunch provided.

Call: Call has been eliminated from this rotation and replaced with a week of night float (4 shifts) + 2-3 overnight shifts during the course of the rest of the rotation.

Rotation schedules will be e-mailed one week prior to the start of the rotation.

PGY2

G2 ACT (ASSERTIVE COMMUNITY TEAMS)

Contact: Steve Harker, M.D., Supervisor, sharker@bitstream.net
Ramsey County, Steve Harker, M.D. , sharker@bitstream.net
South Metro Purple Team, Julie Peterson, M.D., jepetersmd@yahoo.com
South Metro Hennepin Co., John Darling, M.D., David Mair, M.D., darli013@umn.edu
Monticello, Walter Rush, M.D. , walterrushiv@gmail.com

Location: Varies with individual ACT Team.

Hours: Varies with individual ACT Team

General Description:

The daily schedule will vary widely dependent on which ACT team the resident is assigned to and what days they are working with them. Activities generally include team meetings to discuss the entire list of ACT clients, treatment planning to determine how to proceed over the next 6 months and client visits. The ACT experience is a chance to work with clients in their own environment. Most client visits occur in the clients' homes, but can occur in other community settings, such as a library. Residents will be accompanied by either the team psychiatrist or another team member in the initial visits. When the resident is comfortable, they will see clients independently. Thereafter, the attending psychiatrist will accompany the resident at least every two months to client visits to provide supervision. The resident will meet with clients either weekly or every other week, depend on the stability and need of the client. The goal will be to have a case load of about 8 clients over the year. The resident will be working with clients not only on psychiatric issues, but also working on daily living skills in a comprehensive plan to help them work toward functioning more independently and avoiding hospitalizations. The ACT team consists of a multidisciplinary team of nurses, social workers, case managers and vocational rehabilitation specialists who see each client up to 6 times per week. The resident will work in conjunction with this team to develop comprehensive treatment plans.

G2 OUTPATIENT ADULT CLINICS

REGIONS ADULT CLINICS:

Contacts: Front Desk - Front Desk: Catherine.E.Rogosheske@healthpartners.com
651-254-4786, 651-254-4265 (last # is staff call-in line for sick, etc.)

Location: Regions Hospital, 2nd floor East Building

Hours: Varies with each clinic, see specific structure below.

ADULT DISCHARGE CLINIC (REGIONS)

Contacts: James Black, M.D, james.e.black@healthpartners.com

Location: Regions Hospital, 2nd floor East Building, Rm. E2900

Hours: Tuesday mornings, 8-noon

Discharge Clinic is held Tuesday mornings in the Behavioral Health Clinic, 2nd floor of East building. The purpose of the clinic is to provide short-term outpatient follow-up for patients whose next appointment is too far in the future. Discharge clinic patients are scheduled either after a stay on inpatient BH or after being seen by the psychiatry consultation service. Clinic begins at 8 AM, although residents should try to arrive at least 15 minutes early to review the patient roster for the day. The schedule presently consists of eighteen double-booked slots of 20 minutes each, ending at 11 AM, although in the future this will be changed to sixteen double-booked slots of 30 minutes each, ending at noon. Residents should perform a brief chart review on each patient, then call the patient in from the lobby and obtain a focused history (i.e., events since hospital discharge). Mood / suicidal ideation, anxiety, sleep, psychosis / homicidal ideation, mania, and chemical use should all be assessed briefly. Other key points include whether medications are working, whether refills of medications are needed, and what follow-up plans have been made. While most patients are voluntary, every patient's legal status should also be documented, as some are committed, under stay of commitment, revoked provisional discharge, etc. In addition, any routine monitoring labs for patients taking antipsychotics or mood stabilizers should be ordered if not already up to date. These can be completed at Regions once the appointment is complete, or at any HealthPartners clinic that has a lab. After being interviewed by the resident, the patient is staffed with the attending physician, usually Dr James Black.

WEST CLINIC (HEALTHPARTNERS)

Contacts: Onaiza Ansar, M.D, Onaiza.X.Ansar@HealthPartners.Com

Location: Behavioral Health @ Medical Clinic, 5100 Gamble Drive, St. Louis Park, MN.

Hours: 8:00a.m-4:30p.m.

General Description: The Clinic provide assessment and treatment of mental health and chemical dependency problems

MAPLEWOOD BEHAVIORAL HEALTH (HEALTHPARTNERS)

Contacts: Diane Dahl, M.D., diane.m.dahl@healthpartners.com

Location: 2345 Ariel Street N, Maplewood, MN.

Hours: 8:00a.m. – 4:30p.m.

General Description: The Clinic provide assessment and treatment of mental health and chemical dependency problems

RIVERSIDE CLINIC (HEALTHPARTNERS)

Riverside Clinic

Contacts: Sue Hary, 952-595-6479, susan.e.hary@healthpartners.com

Jeff Richards, M.D., Jeff.h.richards@healthpartners.com

Location: 2220 Riverside Avenue South, Minneapolis, MN

Hours: 8:00a.m.-4:30p.m.

General Description:

The work in clinic includes new evaluations and follow-up visits for patients with a variety of psychiatric concerns, including mood disorders, anxiety disorders, ADD/ADHD, and psychotic disorders. Typically, one hour is scheduled for a new evaluation, with half an hour allotted for a follow-up patient. Breaks are included in the schedule to allow for staffing, but patients can also be staffed during their visit time, depending on Dr. Richards' schedule.

Residents working in HealthPartners outpatient clinics should monitor their Epic inboxes regularly, at least every couple of days. Dr. Richards is available for assistance, but patients' calls to the clinic with questions or concerns will be routed to the resident. Remote access can be very helpful for this.

HCMC ADULT CLINICS

HCMC - S1 Clinic

Contact: Amy Mensch, amy.mensch@hcmmed.org, 612-373-1855

Location: HCMC – Shapiro Building, 1st Floor, # S110

Hours: 8:00a.m.-5:00p.m.

The D1 Clinic rotation is held in S110 at HCMC. The resident will be assigned an office on their first day that will be consistent throughout the year. The resident will have their own schedule with visits lasting 30 minutes for follow-ups and 1 hour for new patients. New patients will be scheduled to the clinic for a 2-hour appointment, one hour of which is a linked appointment with the resident's supervisor after the resident's appointment. The second hour will be used to staff the patient with the attending psychiatrist and time for the staff to see the patient. After the intake appointment, the follow-ups do not need to be seen by the attending psychiatrist. However, the resident will meet with the staff on a weekly basis to

discuss the follow-up patients and any pending issues. When a patient arrives for their appointment, the resident will receive a page from the front desk indicating the time of the patient's appointment that has arrived. Any urgent issues that arise through the course of the clinic can be handled by clinic staff. In addition, it is expected that the resident check their mailbox on a weekly basis which is where mailed or faxed correspondence will be placed. Outpatient resources that are available locally will be provided in a handbook during orientation. For each visit, the resident is responsible for entering the necessary documentation corresponding with the level of visit, as well as entering any necessary orders. Each encounter will be closed in EPIC by the resident. The LOS codes will be provided during orientation.

For this rotation, it is important that the resident check their EPIC inbox on a regular basis (not just on the day of clinic). Patient phone calls and important messages are relayed in this manner. Emergency/urgent issues will either be paged to the resident or routed to their supervisor.

HENNEPIN COUNTY MENTAL HEALTH

Contacts: Sally Kratz, MSW, LICSW, Clinic Supervisor, Sally.Kratz@co.hennepin.mn.us, 612.596.0804

Nogzi Wamuo, M.D., drngozi@hotmail.com

Location: 1801 Nicollet Ave , 2nd and 3rd Floors, Minneapolis

Hours: Monday, Tuesday, Thursday, Friday: 8 a.m. to 5 p.m., Wednesday: 8 a.m. to 6 p.m.

General Description:

Residents should report to the reception on the second floor, as the offices are secured, and require a badge for entry. Sally Kratz is the coordinator and will walk the resident through the required paper work as well as a tour of the clinic and assigned offices. The badges need to be obtained from the Government Center, a few blocks from HCMC. Residents will have their own schedule, including one initial evaluation which needs to be staffed with the supervisor, and half hour follow-ups. The clinic also has a drop-in clinic, on Wednesdays, which also a potential learning experience.

CHILD OUTPATIENT CLINICS

REGIONS CHILD CLINIC

Contact: Elizabeth Reeve, M.D., Elizabeth.a.reeve@healthpartners.com, 651-254-4786

Hours: 8:00a.m. – 4:30p.m.

Location: Regions Hospital, 2nd floor East Building, Rm. E2900

Regions child and adolescent clinic is one half a day for a full year. For the first month residents observe and learn how to document using the EMR. There is four hours of orientation to the clinic the first week of July before the start of the rotation. Orientation covers aspects of the child MSE, intake process, EMR, documentation, and legal aspects of child psychiatry such as custody and guardianship.

In the second month of the rotation residents begin seeing patients. Each resident sees either 2-3 follow-ups or one new patient with 1-2 follow-ups for a half day clinic. Clinic starts at 12:45 and ends at 6 pm. Every day before clinic residents review the days schedule with the attending and patients are assigned to individual residents. All patients that are seen by a resident are also seen and staffed by Dr Reeve. At the end of the clinic day there is a one hour teaching session focused on aspects of patient care and child psychiatry that are evident in the patients seen that day. Dictation and documentation is expected to be completed within 24 hours of the clinic.

HENNEPIN COUNTY MEDICAL CENTER –CHILD CLINIC

Contact: Sandy Skow, [612-873-2617](tel:612-873-2617), sandy.skow@hcmcd.org
Dr. Caromyr Figueroa, 612-873-2617, Cfig1@comcast.net
Hours: 9:00a.m.-12:00p.m. (variable upon staff)
Location: Red Building, 7th floor, room 7.255

HCMC Child and Adolescent clinic is one half day for a full year. Clinic starts at 9 am and ends at 12 pm. Please arrive at 8:30 on your first day and introduce yourself to Sandy Skow who will show you your office and give you a tour. Each clinic day will begin with a review of the day's schedule with the attending and time to ask questions about the last day's patients or upcoming appointments. For the first several weeks, residents will observe both follow up and new patient appointments in order to familiarize themselves with the elements of the child and adolescent psychiatric history and mental status exam, presentation of common diagnoses, developmental milestones and the importance of attentiveness to family dynamics. After the second week, the clinic will begin scheduling both follow up and new patient appointments with the residents. Residents will initially see to 2 follow up patients and one new patient per half day of clinic and this will be increased over the course of the year as residents become acclimated to the work flow. All patients that are seen by a resident are also seen and staffed with the attending. At the end of the clinic day, there is time reserved to discuss aspects of patient care and child psychiatry that are evident in the patients seen that day. Documentation is expected to be completed within 24 hours of the clinic visit. Residents are responsible for contacting the clinic administrative staff and Dr. Figueroa if they are going to be absent.

G2 THERAPY CLINICS

REGIONS THERAPY CLINIC

Contact: Christine Stanson, M.D. christine.a.stanson@healthpartners.com
Hours: Fridays 8:00a.m. – 11:00a.m.
Location: Regions Hospital, 2nd floor East Building, Rm. E2900

The resident will have their own schedule with visits lasting 60 minutes for both new therapy patients as well as ongoing therapy. No direct supervision is conducted in therapy clinic. However, therapy notes are reviewed and co-signed by staff. In addition, the therapy lectures which are held on a weekly basis are a chance to discuss therapy cases. The resident will be responsible for monitoring his/her EPIC schedule, which will update the patient's status, indicating that they have arrived for their visit. Any urgent issues that arise through the course of the clinic can be handled by clinic staff. For each visit, the

resident is responsible for entering the necessary documentation corresponding with the level of visit, as well as entering any necessary orders. Each encounter will be closed in EPIC by the resident. The LOS codes will be provided during orientation. The therapy clinic is a chance for the resident to practice various modalities of individual therapy. The type of therapy used will be determined by the patient's needs and abilities.

HCMC S1 THERAPY CLINIC

Contact: Kathleen Heaney, MD., kathleen.heaney@hcmmed.org

612-373-1855

Hours: 8:00a.m-5:00p.m.

Location: HCMC, S110 (Shapiro Building, 1st Floor)

The resident will be assigned an office on their first day that will be consistent throughout the year. The resident will have their own schedule with visits lasting 60 minutes for both new therapy patients as well as ongoing therapy. No direct supervision is conducted in therapy clinic. However, therapy notes are reviewed and co-signed by Dr. Heaney. In addition, the therapy lectures which are held on a weekly basis are a chance to discuss therapy cases. When a patient arrives for their appointment, the resident will receive a page from the front desk indicating the time of the patient's appointment that has arrived. Any urgent issues that arise through the course of the clinic can be handled by clinic staff. In addition, it is expected that the resident check their mailbox on a weekly basis which is where mailed or faxed correspondence will be placed. Outpatient resources that are available locally will be provided in a handbook during orientation. For each visit, the resident is responsible for entering the necessary documentation corresponding with the level of visit, as well as entering any necessary orders. Each encounter will be closed in EPIC by the resident. The LOS codes will be provided during orientation. The therapy clinic is a chance for the resident to practice various modalities of individual therapy. The type of therapy used will be determined by the patient's needs and abilities.

For this rotation, it is important that the resident check their EPIC inbox on a regular basis (not just on the day of clinic). Patient phone calls and important messages are relayed in this manner. Emergency/urgent issues will either be paged to the resident or routed to their supervisor.

HAMM CLINIC

Contact: Su Sethna ssethna@hammclinic.org, 651-224-0624

Hours: Variable

Location: 408 St. Peter Street, St. Paul, MN. 55102

Hamm Memorial Psychiatric Clinic is a not-for-profit community mental health center that provides mental health care to adults who cannot afford the full cost. Hamm's tradition has a focus on psychotherapy, with on-site medication support from within our multidisciplinary team. To do this, psychiatrists, psychologists, social workers and nurses collaborate daily in care delivery – consultation, supervision, formal team discussion, benchmark psychological testing/assessment and thoughtful referrals are basic to the Hamm's model of outpatient care.

Hamm is also mandated to teach, and provides patient care/contact, supervision, consultation and extensive topical seminars for graduate interns and residents in psychiatry, psychology, and social work. Post-doctoral or post-degree Fellowships are offered. Hamm's education program is rigorous – thoughtful diagnostic assessment, generous staff supervision, treatment teams, weekly teaching seminars and additional conferences and in-services are routine. To inform its own practice and challenge students, Hamm has an internal research program evaluating and publishing therapy outcomes, and has done limited collaborative work in psychogenomics.

Hamm offers services to the uninsured on a sliding fee basis. Hamm intentionally targets its services to populations most likely to benefit, and thus has a vigorous triage and community referral service. Hamm seeks to increase its client capacity, broaden services, and strengthen its education and research programs.

PGY3

G3 ACUTE PSYCHIATRIC SERVICES ROTATION

Contact: Steven W Olson, Office Manager, 612-873-2592, steven.olson@hcmcd.org

Alex Anyake, MD, 612-873-3161, Chukwuemeka.Anyake@hcmcd.org

Hours: 8:00a.m.-5:00p.m.

Location: R1 (Red Building, 1st floor)

For the Emergency Psychiatry Rotation, the resident will be working at Acute Psychiatry Services (APS) at HCMC. The resident is expected to report at APS on his/her first day. Nurse Manager in APS during that shift will provide a brief orientation regarding the layout of the interview rooms, holding rooms and nursing station. Resident is expected to be in APS for normal working hours, starting at 8 am, Monday to Friday, minus the time spent in clinic or lectures. Resident will post the dates/times she/he will be present in APS on the bulletin board in the form of clear and legible document.

Resident will work with attending provider on a particular day to identify and sign up for patients ready to be seen by a provider. Resident will review the chart, documentation from nursing and social work staffs, interview the patient independently, formulate an assessment and treatment plan and discuss their findings with the attending. Resident will also gather collateral information if needed and not already done by support staff. Resident will be responsible for documentation on patients seen by him/her unless directed differently by attending. Resident will move to the next patient ready to be seen and so forth for the normal working hours. Resident will also work with attending providers in management of as needed orders and assessments of agitated, intoxicated, uncooperative, altered mental status etc. patients during their time in APS.

ADAP

Contact: Scott Oakman, M.D., scott.a.oakman@healthpartners.com, pgr. 612-580-0409

Angela April, angela.r.april@healthpartners.com, 651-254-9430

ADAP, 651-254-4804

Location: ADAP, located off site, east of Regions Hospital on I-94 at 455 Etna Street, #55, St. Paul, MN.

Hours: 9:00a.m.-5:00p.m., with the opportunity to engage in evening programs, if desired.

On your first day, the resident should present to the front desk and introduce them self. They will be given a tour and shown their office. The day is spent in multiple activities including maintaining a clinic schedule of ADAP patients needing either a psychiatric evaluation or follow-up care. Dr. Oakman is in the clinic half days during the week to staff patients. He will not see the patients if he is not in clinic at that part of the day. However, Dr. Oakman is reachable by phone for any questions or concerns. When not seeing patients, the resident is expected to participate in various activities in the treatment center, such as observe psychological evaluations, observe intake evaluations, attend treatment groups, etc. A list of opportunities and expectations will be provided. As part of the rotation a paper is assigned with the topic of motivational interviewing involving a case that the resident worked with.

G3 INPATIENT CHILD ROTATION

Abbott NW

Contact: Tim Gibbs, MD., 612-863-5327, tim.gibbs@allina.com

Anne Klinkhammer, 612-863-4649, anne.m.klinkhammer@allina.com

Hours: 8:00a.m.-5:00p.m.

Location: 800 E 28th St Minneapolis, MN 55407, (612) 863-4000

United

Contact: Frances Go, M.D., frances.go@allina.com

Deborah (Deb) Egger, Deborah.egger@allina.com, 651-241-8821

Hours: 8:00a.m.-5:00p.m.

Location: 333 Smith Ave St Paul, MN 55102, (651) 241-8000

For the Child/Adolescent Psychiatry rotation, the resident will be working at either Abbott Northwestern or United Hospital. Prior to either this rotation or Geriatrics (whichever rotation is assigned first), the resident will be contacted by the coordinators with information on parking and computer access. Residents must have Excelian (Allina's version of EPIC) training prior to getting electronic access for the rotation. The Child/Adolescent Unit at Abbott NW is Station SK3700 and at United is Unit 5940 where the resident will report on their first day. The resident will primarily work with Dr. Gibbs / Dr. Klinkhammer at Abbott NW or with Dr. Egger / Dr. Go at United Hospital. Duties include patient assessment and medication management (H&P, progress notes, and discharge summaries), presentation(s), as well as observation/participation group therapies, OT, etc. The day begins at 8am. Assignments for the day will be given through assigned attending physician. After seeing the assigned patients or participating in various groups, the resident will have a scheduled time to report back to the attending that will staff patients or discuss/process about groups. The resident will be responsible for the required documentation for each of the patient(s) he/she is assigned to. Didactics will be held individually based on assigned attending daily schedules and residents are also expected to attend regularly scheduled lectures at HCMC/Regions on Wednesday mornings, so let your attending know this schedule ahead of time.

PGY-3 INPATIENT GERIATRIC PSYCHIATRY

Contact: Ramesh Sairam, M.D., 651-241-8000, Ramesh.sairam@allina.com

Hours: 8:00a.m.-5:00p.m.

Location: United Hospital, 333 North Smith Avenue, St. Paul, MN. 55102

For the Geriatric Psychiatry rotation, the resident will be working at United Hospital. Prior to either this rotation or Child (whichever rotation is assigned first), the resident will be contacted by the coordinators with information on parking and computer access. Residents must have Excelian (Allina's version of EPIC) training prior to getting electronic access for the rotation. The Geriatric Unit is Station 8900 where the resident will report on their first day. The resident will primarily work with Dr. Sairam, but also with Dr. Kottke. Duties are delegated between the inpatient geriatric psychiatry unit and working on inpatient geriatric consults (which are staffed by Drs. Kottke and Sairam). The day begins at 8am. Assignments for the day will be given through either physician. After seeing the assigned patients, the resident will have a scheduled time to report back to the attending that will staff each patient. The resident will be responsible for the required documentation for each of these patient contacts. Didactics will be held individually with Dr. Sairam on a daily basis, usually in the afternoon. Following the didactic session, there may be an additional consult or there will be time for reading. The resident will be assigned new admissions to the unit if they arrive during the day.

PGY-3 INPATIENT PSYCHIATRY ROTATIONS

Regions-Inpatient

Contacts: John Kuzma, M.D., Inpatient Medical Director , john.m.kuzma@healthpartners.com

Location: Regions Hospital, NE4, NE5, NE6, NE7, NE8

Hours: Monday-Friday, 8:00a.m-5:00p.m., rotation includes variable call responsibilities

Regions Hospital

Senior residents should be aware of all of the patients on their respective teams so that they can take part in the discussions and discharge planning. This is in addition to following your own set of patients on which you do the progress notes and discharge summaries.

They are also expected to be involved in teaching and being available as a resource to the interns and medical students on the service.

Senior residents are expected to take more responsibility with the patients on the team. The actual role on the team will be discussed with the attending psychiatrist at the beginning of the rotation.

Senior residents are expected to be available to the interns who are rotating on other units (E4, E5, E6...) and to the medical students who are on the inpatient service for any questions that they may arise.

HCMC

Contacts: Ian Heath, M.D., Inpatient Director (Gray Team) ian.heath@hcmcd.org

Amitabh Tipnis, M.D., (Blue Team), amitabh.tipnis@hcmcd.org

Location: B2 (Blue Building, 2nd floor)

Hours: Monday-Friday, 8:00a.m-5:00p.m., rotation includes variable call responsibilities

Senior residents should be aware of all of the patients on their respective teams so that they can take part in the discussions and discharge planning. This is in addition to following your own set of patients on which you do the progress notes and discharge summaries.

They are also expected to be involved in teaching and being available as a resource to the interns and medical students on the service.

Senior residents are expected to carry the Admission Pager at all times, including during their continuity clinic and lectures.

The Admission Pager will be active between 8am and 4pm. During this time, the triage nurse will page when there is a pending admission from APS. The senior resident will assign this admission to a rotating resident with a maximum of 2 admissions per resident, per day. The senior resident is being included in performing the new admissions.

Senior residents are expected to take more responsibility with the patients on the team. The actual role on the team will be discussed with the attending psychiatrist at the beginning of the rotation.

PGY-3 CONSULTATION LIAISON ROTATION(S)

HCMC-Consultation Liaison

Contacts: Eduardo Colon, M.D., 612-873-4052, Eduardo.colon@hcmcd.org

Sandy Skow, 612-873-4052, sandy.skow@hcmcd.org

Location: R7 (Red Building, 7th Floor)

Hours: Monday-Friday, 8:15a.m-5:00p.m.

The day starts at 8:15am with a meeting with Dr. Colon or the attending psychiatrist for the day. The team will discuss the consult list and assign any new consults for the morning. This time will also be used for informal didactics. On Tuesday mornings, you will meet at 7:30am for a journal club. Following the morning meeting, the residents will see the new consults for the day as well as follow-up on previous consults as indicated. After seeing the patients, you will staff with the attending psychiatrist on duty. A new consult note will be written by the resident for each patient seen, as well as a follow-up note when patients are seen on subsequent day. Consults are seen and staffed until 4pm.

- The consult team may consist of internal medicine interns and a medical student. As a senior resident, you are expected to educate and help provide guidance with these trainees.

Regions-Consultation Liaison

Contact: Christine Stanson, M.D. christine.a.stanson@healthpartners.com

Hours of operation 8:00a.m.– 4:30p.m.

Location Regions, 7th Floor Central Tower, Rms. C7150 and C7149

The day starts at 8:00am in which the team will discuss the list of consults needing follow-ups and to assign the new consult requests. Following the morning meeting, the residents will see the new consults for the day as well as follow-up on previous consults as indicated. After seeing the new patients, you will staff with the attending psychiatrist. Informal educational opportunities will be used and reinforced with what was learned on new consults. A new consult note will be written by the resident for each patient seen, as well as a follow-up note when patients are seen on subsequent day. Consults are seen and staffed until 4pm. Consultations from the Emergency Department are seen by staff. However, you may be asked at times to help with these consults, depending on the workload for the day.

- The consult team may consist of a Behavioral Health fellow, off service residents and medical students. As a senior resident, you are expected to educate and help provide guidance with these trainees.

PGY4 ROTATIONS

The 4th year gives senior residents an opportunity to explore the subspecialty psychiatry rotations, especially those areas of psychiatry in which they have a specific interest. Additionally, the residents are able to gain more experience in areas in which they will be practicing psychiatry. 4th year residents focus more autonomously, preparing themselves for the transition into practice. See some of the examples below. Contact program coordinators for contact or location details.

- Addiction disorders
- Child & Adolescent Psychiatry
- Consultation-Liaison Psychiatry
- Psychotherapy
- Sleep disorders
- International rotation (one month - limited availability)
- One-half day/week Outpatient Psychiatry Continuity Clinic
- Clinical research opportunities
- Minnesota Psychoanalytic Institute Psychotherapy course
- Neuropsychological testing
- Emergency Psychiatry
- Chaplaincy
- Partial hospital
- Many other opportunities!

SCHEDULING

CALL SCHEDULES

Zero Substances On-Call

Residents are expected to be alert and able to safely perform patient care. The consumption of intoxicating substances is forbidden during any time when the Resident is on duty.

“Sleepers” or sedatives for sleep are **not** to be taken by Residents when they are on-call. On-call Residents must be able to respond to patient/unit needs.

PGY-1

Emergency Medicine shifts, Internal Medicine, Neurology and Pediatrics scheduling is determined by the respective departments. All scheduling will be in compliance with ACGME Duty Hour and Responsibility guidelines.

Inpatient Psychiatry scheduling is prepared by the Coordinator at each hospital.

Schedule change requests need to be reviewed by the appropriate Coordinator and potentially the Program Director and may or may not be granted.

Duties will occur only under the direct supervision of more senior residents and/or staff psychiatrists who are on site. Interns are paired with senior residents for all call shifts.

PGY-2

Residents will take call throughout the year. This will comprise of evening, overnight, and weekend shifts. Please see vacation request guidelines regarding policies for Residents who are taking call.

If a Resident becomes ill and is unable to take call, the G2 resident carrying the emergency pager should be contacted immediately so that coverage may be arranged. **FOR ANY EMERGENCY QUESTIONS REGARDING BACK UP TO THE BACK UP PAGER, PLEASE CONTACT THE CHIEF RESIDENTS**

If a Resident is unable to take a scheduled call day due to personal scheduling conflicts, it is each Resident’s responsibility to obtain coverage by trading calls with colleagues. The appropriate Coordinator must be notified of any changes.

PGY3

Residents will take a limited number of call shifts at each hospital during the year. Call will be scheduled in complete compliance with all ACGME regulations. Call shifts will be assigned during the Consultation Liaison Service, Emergency Psychiatry and Inpatient Services at both sites.

PGY-4

Residents will be assigned call as necessary to ensure that the program is in full compliance with ACGME guidelines at all times. Any coverage needs will be discussed with the residents beforehand.

SCHOLARLY ACTIVITY, TEACHING RESPONSIBILITIES AND CONFERENCE

SCHOLARLY ACTIVITY

During the PGY2 year, each resident must complete a Scholarly activity project. The scholarly activity is scheduled for one half day per week, for the entire year, and Projects can be focused on but are not limited to Research projects or quality improvement projects. Each resident selects his/her own project which is subject to approval of and regular supervision by the program director.

DIDACTIC TEACHING RESPONSIBILITIES

Senior residents are given the opportunity to develop teaching skills by giving lectures and/or case conferences (Patient interviews) to medical students who are rotating through both HCMC and Regions Psychiatry services. Lectures and case conferences are distributed evenly throughout the senior resident classes during G2, G3, G4 years.

CONFERENCES AND LECTURES

Lectures times are protected from other clinical duties. Lectures are considered a duty and responsibility as part of employment as a Psychiatry Resident. They are **not** optional. **Attendance is expected to be 100%**. Attendance must be maintained above 70%, which accounts for vacation, sick time etc. Residents whose attendance falls below 70% will be required to make up that time.

PGY-1 DIDACTIC PROGRAM

- ABC's of Psychiatry for Inpatient
- Directors Rounds
- History of Psychiatry
- Independent Study / Journal Club
- Inpatient Case Conference
- Review of the DSM IV
- Statistics and Research Methods
- Presentation skills/Public speaking
- PRITE preparation
- Religion & Spirituality

PGY-2 DIDACTIC PROGRAM

- ABC's of Psychiatry for Outpatient
- Child & Adolescent Psychiatry Therapy Skills
- Child Psychiatry Seminar
- Child Psychopathology
- Cognitive Behavioral Therapy
- Community Psychiatry
- Introduction to Psychotherapy
- Psychoanalytic Seminar
- Psychopharmacology II
- Psychodynamic & Psychotherapy
- CBT- Brief & Supportive Psychotherapy
- Directors Rounds

PGY-3 DIDACTIC PROGRAM

- Director Rounds
- Geriatric Psychiatry
- Psychopharmacology II
- Psychodynamic Psychotherapy
- Psychoanalytic Case Conference

COMBINED PGY-2/PGY-3 DIDACTIC PROGRAM

- Addiction Psychiatry
- Consultation-Liaison Psychiatry
- Emergency Psychiatry
- Forensic Psychiatry
- Marriage & Family Therapy
- Neuroscience
- Perinatal Psychiatry
- Psychopharmacology II
- Religion & Spirituality
- PRITE Preparation

PGY-4 DIDACTIC PROGRAM

- Administrative Psychiatry/Transition to Practice
- Advanced Psychoanalytic Psychotherapy
- Advanced Psychopharmacology
- Clinic Research Applications
- Group Psychotherapy
- Human Sexuality
- PRITE Preparation

EVALUATIONS

OVERALL EVALUATIONS

Resident evaluation is the responsibility of the Program Director or his/her designee. A resident is evaluated at the end of each resident rotation by the medical staff, and this is sent to the Program Director or his/her designee. In addition, other feedback to the Program Director or his/her designee will include the results of standardized tests, patient simulations, input from patients and other hospital staff. The Program Director or his/her designee must meet with each resident at least twice a year and, based on the resident's progress, may promote the resident to the next year of training. Residents may also be placed on suspension, probation or dismissed based on the judgment of the Program Director or his/her designee. Residents have access to an appeal mechanism and due process in accord with their contract.

PRITE

All residents will take the PRITE (Psychiatry Residents-in-Training Exam) each October during their training. Performance on the PRITE will be a factor in the overall evaluation of residents' academic achievement. If a resident's score ranks at the 30th percentile or less, the resident will be placed on a program of remediation.

TIME OFF AND VACATION REQUESTS

PGY-1

- 3 Weeks (21 days) of paid vacation (including weekends), one week at the end of the academic year and two weeks subject to prior approval from the program director.
- One week of vacation will be taken during the 1st six months of the year. One week of vacation should-taken during the 2nd six months of the year.
- Five days of academic leave are allotted, to be scheduled at the discretion of the resident, with permission of the rotation supervisor and the Program Director.
- Vacations taken during rotations in other departments must be taken according to the rules of the department supervising the rotation.

PGY-2, 3, 4:

- 3 weeks (21 days) are allotted. Weekend days (& Holidays) are not counted against the 21-day limit. However, PGY-2s and PGY-G3s must remember that they are still eligible for call on weekends.
- **No vacation will be granted during the first two weeks of July, in order to facilitate orientation to clinics. No vacation will be granted during the last two weeks of June (with few exceptions).** Otherwise, vacation may be used at the resident's discretion, and vacation days can be taken in any increment they choose, but vacations more than one week in duration are subject to approval by the Program Director
- Requests for time away (vacation AND academic leave) must be submitted **eight weeks (60 days)** prior to the requested time off. Failure to comply may result in rejection of the request. .
- Clinics must be notified of planned absences in accordance with each clinic's policy, but at least **eight weeks (60 days)** in advance of time off. Residents are responsible to know each clinic's policy with regard to time off. Residents should be able to demonstrate that clinics were notified in a timely manner. E-mails sent to both coordinators, and appropriate clinic staff cc'd will suffice. Failure to provide adequate notice to clinic schedulers may result in cancellation of vacation approval.
- A maximum of two call-taking resident may be absent at the same time.
- Vacations will be approved on a first-come, first-served basis. Due to clinic and call scheduling and didactics, requests may be denied if too many other residents are already off.
- Time away requests may not exceed 25% of any given rotation experience.
- **Vacation requests for PGY2 residents will not be granted during July in order to allow for outpatient orientation and initiation to clinics. Vacation requests for late June will be reviewed case by case in order to ensure sufficient service coverage.** Otherwise, vacation may be used at the resident's discretion, but must be approved by the Program Director.

MAJOR HOLIDAYS

Major holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

Major Holidays (or the day they are observed on) should be consistent at all rotation sites. G1s on off-service rotations are expected to work any holidays based on schedules determined by the respective departments; i.e. if your team is working, you are working; if you are scheduled in the ED, you must work.

The day after Thanksgiving is **not** considered a holiday.

December 24th, Christmas Eve, is **not** considered a holiday at all sites. Please check with your rotation site well in advance of the date to determine if they are observing this as a holiday, or if the clinic is open for usual business hours. If your rotation is working as usual, you may request it off as vacation with sufficient notice.

STAFF TIME OFF DURING OUTPATIENT ROTATIONS

Clinic and staff expectations should be clarified regarding staff time off during your rotation. For example, another staff may be available to supervise your patients or the time may be free from clinical duties and therefore should be used for scholarly activity. Please contact the Program Director if you have any questions.

COVERAGE DURING ABSENCES

It is the **Resident's** responsibility to be aware of clinic/service procedures to ensure appropriate patient care during absences. Please make sure to discuss with supervisors prior to any planned time away.