



Psychiatric
Research Institute



HOSPITALS · RESEARCH · FOUNDATION

CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP TRAINING PROGRAM HANDBOOK

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PHILOSOPHY

The primary goal of the Child and Adolescent Psychiatry Fellowship Training Program at the University of Arkansas for Medical Sciences (UAMS) is to train physicians to become specialists in Child and Adolescent Psychiatry. This philosophical principle is evident in our commitment to developing confident child and adolescent psychiatrists who are able to function as advocates and practitioners of safe and effective treatment for children and their families.

We believe training in systems-oriented assessment is the cornerstone for treatment planning. We teach a biopsychosocial perspective and a developmental framework as the basis of assessment.

The mission of UAMS College of Medicine and the Division of Child and Adolescent Psychiatry includes education, research, and clinical and community service. We believe that the education of child and adolescent psychiatrists, general psychiatrists, pediatricians, as well as allied health professionals including psychologists and social workers, is an essential part of our effort to improve the quality of care provided to children and their families.

PROGRAM DESCRIPTION AND GOALS

The Child and Adolescent Psychiatry Fellowship Training Program is affiliated with the General Psychiatry Residency Training Program, and both are part of the Department of Psychiatry at the University of Arkansas for Medical Sciences (UAMS) in Little Rock, Arkansas.

The fellowship training program is accredited through Accreditation Council for Graduate Medical Education (ACGME) as a two-year fellowship program, which prepares graduates to be board-eligible for American Board of Psychiatry and Neurology (ABPN).

The Program Director and Program Coordinator are located at The Clark Center for Safe and Healthy Children in the Child Study Center Clinic, which is the primary outpatient child psychiatry clinic, and affiliated with Arkansas Children's Hospital (ACH). The consultation-liaison service and several clinical electives are located at Arkansas Children's Hospital, a nationally-recognized hospital providing tertiary medical, emergent, and surgical care to children from Arkansas and surrounding states.

The program also has an important affiliation with the Arkansas State Hospital (ASH) that allows fellows to work with adolescents on two different units that provide residential treatment. One of these units is an adolescent sexual-offender treatment unit and the other is a unit for adolescents with severe mental illness and/or cognitive deficits with emotional and behavioral disorders.

In addition, our outpatient clinics offer opportunities for fellows to provide a continuum of care to preschool and school-aged children, as well as adolescents. Our program requires exposure to forensic psychiatry, school-based consultation and treatment, developmental assessments for children with suspected developmental disorders, and pediatric neurology. An innovative and outstanding component of our program is the UAMS Psychiatric Research Institute's Child Diagnostic Unit (child inpatient unit) that provides comprehensive assessment and treatment to children ages two to 12. This unit allows parents the opportunity to "room-in" with their children on the unit to assess the parent-child relationship dynamics and provide individual skill building for caretakers. This is one of the few units in our country that offers this to parents when children require acute mental health treatment.

The Fellowship's most basic goal is to help the fellow achieve clinical competence in modern child and adolescent psychiatry. This is carried out under conditions that range from high supervision/low autonomy in the first year to increasing autonomy with less intense supervision in the second year.

On a broad level, the training program seeks to train fellows who are competent in the areas of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. This goal is consistent with the effort of the ACGME to emphasize the assessment of outcomes and fellow competency in the fellowship training process. The program seeks to prepare fellows to be independent and motivated leaders who will continue to build on their fellowship training as they go through their careers. There is training in psychopharmacology, which is essential for practice in this field. There is also a strong focus on the therapeutic relationship and psychotherapy, as these continue to be key aspects of quality psychiatric care.

The didactic curriculum has a cycle allowing the fellows to learn together as a group throughout the two years of training. The core seminar is a weekly two-hour teaching session. A third hour is devoted to continuous case conferences and journal presentations. Throughout the two years, the fellow has a minimum of two hours of weekly service-specific supervision, psychotherapy supervision, and one-on-one with a faculty mentor.

Didactics provide a broad overview of child and adolescent psychiatry, including its interface with other medical specialties such as neurology and developmental pediatrics. There is an emphasis on child development, family dynamics and relationships, and the types of effects, which certain life events are likely to impact children and parents. The death of a sibling or parent, the divorce of parents, adoption, and the effects of abuse or neglect are key aspects of assessment, and the loss or separations that occur as a result are all parts of a comprehensive psychiatric evaluation; empathic and focused interviewing is a skill intrinsic to psychiatry.

The first year of training consists of three rotations. A four-month, full-time rotation at the Arkansas State Hospital Adolescent Service, which is under the immediate direction of faculty child psychiatrists, with time divided between the adolescent acute and residential service and the adolescent sexual offender residential service.

Four months are divided between the UAMS Child Study Center (CSC) outpatient clinic and the Arkansas Children's Hospital Consultation-Liaison Service. The fellow on the consultation-liaison service responds to requests for psychiatric evaluation for patients at Arkansas Children's Hospital, both on inpatient services and in the emergency room. They are also able to provide continuity of care for patients evaluated in the emergency department as the consultation-liaison fellow also devotes part of the time in an urgent psychiatry outpatient clinic.

The third four-month rotation during the first year occurs at the Child Diagnostic Unit (CDU) at the Psychiatric Research Institute on the UAMS campus. This unit serves children ages two to 12 years of age. The average length of stay is approximately 28 days with the focus of the stay being a comprehensive, diagnostic assessment of emotionally disturbed children. Parents and guardians are allowed to "room-in" with their child, which adds to their diagnostic "picture." The medical director of the CDU supervises the fellow during the rotation.

The second year of training focuses on work in the Child Study Center and STRIVE outpatient clinics, which serve children up to 18 years of age. The emphasis in the outpatient clinics is on interviewing skills, diagnostic evaluation, various psychotherapies, and medication management, as well as working in a collaborative environment with other mental health professionals. The clinic settings are organized using an evidence-based model of outpatient practice. In the second year, the fellow works in the school consultation program and obtains clinical experience in pediatric specialty clinics such as neurology and the developmental disorder clinic. Also in the second year, the fellow may select from a variety of electives, including the adolescent substance abuse clinic, genetics clinic, and sleep disorders clinic, to name a few.

FELLOW SELECTION

The Fellowship uses both objective and subjective guidelines in selection of applicants. The Program Director is responsible for selection and appointment of fellows to the training program. The application process meets all requirements of the Equal Employment Opportunity and the Americans with Disability Acts and does not discriminate with regard to sex, race, age, religion, color, national origin, disability or veteran's status. The criteria and processes for fellow selection are as follows:

Application Information

Currently we do not participate in the Match. Fellow applicants should apply directly to the program or through ERAS and provide the required documentation.

1. Application directly to the program or through ERAS
2. Personal Statement
3. Curriculum Vitae
4. Three letters of recommendation, including a letter from current Program Director
5. USMLE or COMLEX Transcript
6. Medical School Transcript
7. MSPE
8. ECFMG Certificate, if applicable
9. General Psychiatry Board Eligibility Form (AADPRT CAP Caucus Form)
10. Completion of UAMS interview

Note for U.S. Visa Applicants

Our program sponsors both H1 and J1 visas for fellowship trainees.

Eligibility

All applicants must meet the following eligibility requirements and have the ability to carry out the duties as required of the Child and Adolescent Psychiatry Fellowship Training Program.

1. Proficient in the English language, as determined by the Program Director and/or Selection Committee, to include reading printed and cursive English, writing (printing) English text, understanding spoken English on conversational and medical topics.
2. Meet one of the following qualifications:
 - a. Graduate of a medical school in the United States or Canada accredited by the Liaison Committee on Medical Education (LCME).
 - b. Graduate of a college of osteopathic medicine in the United States or Canada accredited by the American Osteopathic Association (AOA).
 - c. Graduate of medical school outside the United States who has completed a Fifth Pathway program provided by an LCME-accredited medical school.
 - d. A graduate who holds a full and unrestricted license to practice medicine in a US-licensing jurisdiction.
 - e. Graduate of a medical school outside the United States or Canada with the following qualifications:
 - i. A current and valid certificate from the Education Committee for Foreign Medical Graduates (ECFMG), or
 - ii. A full and unrestricted license to practice medicine in a US licensing jurisdiction and,
 - iii. The ability to reside continuously in the U.S. for the length of training.

Selection

1. The following information must be received before the applicant will be considered and/or an interview:
 - a. Completed application
 - b. Official medical school transcript

- c. Letter from the General Psychiatry Training Program documenting general psychiatry training requirements met and not met during the fellow's training
 - d. Proof of successful pass rating on at least two Clinical Skills Evaluation exams from the General Psychiatry Program Director
 - e. Three Letters of Recommendation
 - f. Curriculum Vitae
 - g. Personal Statement
2. Once an applicant has been found to meet minimal selection criteria, the Program Coordinator will contact the applicant to schedule an interview.
 3. An applicant invited for an interview should review and be familiar with the terms, conditions and benefits of appointment (and employment) including financial support, vacation, professional leave, parental leave, sick leave, professional liability insurance, hospital and health insurance, disability insurance, and other insurance benefits for the fellow and their family, and conditions under which living quarters, meals and laundry or the equivalents are provided.
 4. Applicants can access this information through the UAMS Resident Handbook.
<http://gme.uams.edu/residents/handbook/>
 5. The interview consists of one full day of interviews with faculty members and current child and adolescent psychiatry fellows, as well as tours of UAMS, ACH and ASH facilities. Applicants are evaluated by fellows and faculty who interact with the applicant.
 6. A written evaluation form is submitted to assess communication skills, breadth and depth of interest in psychiatry, fund of knowledge in general and child and adolescent psychiatry, and personal qualities.
 7. Criteria for selection
 - a. Review and confirmation of eligibility requirements
 - b. Overall academic performance in medical school
 - c. Recent clinical training or experience
 - d. Demonstrated ability to choose goals and complete the tasks necessary to achieve those goals
 - e. Maturity and emotional stability
 - f. Honesty, integrity and reliability
 - g. Motivation to pursue a career in the specialty of Child and Adolescent Psychiatry
 - h. Prior research and publication experience
 - i. Verbal and written communication skills
 - j. Letters of Recommendation from faculty
 - k. Dean's letter
 - l. Medical school transcript
 - m. The ability to reside continuously in the USA for the length of the training
 8. Following the interview, the Selection Committee, which is composed of faculty and fellows, reviews the applicant's file and written interview evaluations and ranks the applicant based on the criteria above.
 9. Once the Selection Committee makes the selection, the Program Director contacts candidate to notify acceptance into the program and request written response within two weeks to confirm acceptance and commitment to the training program.

Registration

Upon verification by the Program Director that an applicant has met eligibility requirements, completed the application process, and been selected according to established criteria, the following information must be received by the UAMS-COM Director of Housestaff Records for registration:

1. Evidence of successful completion of a criminal background check with favorable results.
2. Documentation of a negative drug test no more than 30 days prior to start date.
3. Verification of successful graduation if previously anticipated. For graduates of US or Canadian medical schools this includes a final official transcript, or letter from the Registrar, or a notarized copy of the diploma. For graduates of medical schools outside the US and Canada, this includes a currently valid

ECFMG certificate.

4. All of the following forms (with valid signature)
 - a. Resident Agreement of Appointment (contract)
 - b. Medical Records Agreement
 - c. Attestation acknowledging receipt of GMEC policies/procedures and Terms and Conditions of Appointment, and Benefits
 - d. Confidential Practitioner Health Questionnaire
 - e. Employee Drug Free Awareness Statement
 - f. Housestaff Medical Screening Form
 - g. Postdoctoral Medical Education Biographical Data Form
 - h. Long Term Disability Form
 - i. I-9, State and Federal Tax Forms
 - j. Direct Deposit Authorization Form
 - k. Copy of a valid VISA (if applicable)
 - l. Incoming residents/fellows are expected to attend Orientation prior to their start date

Appointment

The Resident Agreement of Appointment is for the duration of no longer than one year but may, under some circumstances, be less than one year. A fellow is considered appointed in the College when all registration information has been submitted to the UAMS-COM Director of Housestaff Records.

EDUCATION

The educational goal of our fellowship program is to meet or surpass the requirements for training competent and caring child and adolescent psychiatrists that have been established by the American Board of Psychiatry and Neurology. Gradual and progressive acquisition of knowledge, skills and competencies, under appropriate faculty supervision, will occur as the fellow participates in the various educational activities of the program.

Certificate of Completion

Upon satisfactory completion of the training program, fellows will be presented a certificate by UAMS College of Medicine. This certificate states the dates and the training satisfactorily completed. The certificates are signed by the Program Director, Department Chair, and Dean of College of Medicine.

Child Psychiatry Resident In-Training Examination (Child PRITE)

Fellows are required on an annual basis to take the Child PRITE, and first-year fellows are also required to take the general psychiatry Adult PRITE. This is optional for second-year fellows, specifically when they have registered for or have passed the adult boards. Results are discussed with the Program Director and used to assess medical knowledge and monitor improvement from year one to year two in preparation for national board certification.

Clinical Competency Committee

Clinical Competency Committee (CCC) includes members of the core faculty and are responsible for evaluating each fellow's performance biannually in all areas of competence. Evaluations of fellows occur in a variety of ways including, but not limited to, faculty and multi-rater evaluations, peer chart reviews, and CSE performance. Committee feedback from the CCC meeting is taken into account when completing the ACGME Milestones for each fellow. Summary results from the meeting are used to provide feedback to the fellows during their semi-annual reviews.

The performance standards for "acceptable" and "adequate" in the goals and objectives that follow is the judgement of the faculty individually and collectively. Graduation is contingent upon the satisfactory completion of all required rotations, courses and activities, as established by the ACGME and implemented by the Program

Evaluation Committee (PEC). Upon satisfactory completion of the Child and Adolescent Psychiatry Fellowship Training Program, each fellow is presented a certificate by the UAMS College of Medicine.

Clinical Skills Evaluation

Fellows are required to successfully complete three Clinical Skills Evaluation (CSE) exams prior to graduation to be board-eligible for American Board of Psychiatry and Neurology (ABPN). These CSEs must be done with at least two of the three age groups (preschool child, school-aged child, and adolescent as specified by ABPN), and with at least two different faculty. Interviews are scheduled for 30 to 40 minutes with 10 to 15 minutes with case presentation and 10 to 15 minutes for faculty feedback. Each CSE is evaluation using ABPN-approved forms.

Didactics

Child and adolescent didactic seminars are two to three hours; 48 weeks per year. Conferences are chaired by division and guest faculty. The schedule is planned for a two-year cycle, although revisions are made as circumstances warrant.

Journal Club meets the second Wednesday of each month at Noon to present and discuss one or two recent/relevant articles.

Quarterly, fellows and faculty participate in the Practice Improvement Conference. This is a quality improvement activity in which difficult cases are presented to trainees and faculty members, and discussion then ensues. In so doing, faculty and fellows alike learn from one another regarding the management of problematic issues. Additionally, Collaborative Office Rounds are held four times a year. These are presented collaboratively by fellows from multiple specialties, including child psychiatry, where complex cases are discussed. This conference is attended by faculty from Child Psychiatry, Development Pediatrics, and Psychology.

Evaluation and Promotion

During the training period, fellows' clinical competence will be assessed in writing on a regular basis by direct faculty supervisors with subsequent review by the Program Director. Evaluation by peer fellow physicians, patients, nursing staff and other paramedical personnel may be included at less frequent intervals. Fellows meet with the Program Director twice a year to review evaluations, in-service scores, and clinical rotations.

Written evaluations for fellows will be reviewed and signed by the fellow to indicate that he/she has seen the evaluations. The evaluations will be maintained in confidential files and only available to authorized personnel. Reappointment and promotion to a subsequent year of training require satisfactory ratings on these evaluations. Upon request, fellows may review his/her evaluation file at any time during the year.

Fellows receiving unsatisfactory evaluations during the year will be immediately reviewed by the Program Director and/or the CCC. Written recommendations made to him/her may include:

- Specific corrective actions
- Repeating a rotation
- Psychological counseling
- Academic warning status or probation
- Suspension or dismissal, if prior corrective action, academic warning and/or probation have been unsuccessful

Fellows may appeal an unsatisfactory evaluation by submitting a written request to appear before the training program's CCC in a meeting called by the Program Director. The Committee reviews a summary of the deficiencies of the fellow, and the fellow has the opportunity to explain or refute the unsatisfactory evaluation. After review, the decision of this Committee is final.

At the completion of the training program the Program Director prepares a final evaluation of the clinical competence for the fellows. This evaluation stipulates the degree to which the fellows have mastered each component of clinical competence – clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behavior, and provision of medical care. This evaluation verifies fellows have demonstrated sufficient professional ability to practice competently and independently. This evaluation remains in the program’s files to substantiate future judgments in hospital credentialing, board certification, agency licensing, and in the actions of other bodies.

Fellow Responsibilities

1. Patient Care

First-year fellows generally come with no more than six-months experience in child and adolescent psychiatry and are presumed to require close supervision. Inpatient clinical experience, which ordinarily occupies eight months of the first year, includes a limited patient load with direct daily attending supervision. At the beginning of training, fellows are expected to begin outpatient long-term care for a few selected patients. The care of these patients is addressed with at least two hours of supervision weekly.

By the second year of training, fellows will perform patient care with proportionately less intense supervision. Fellows will be ready upon graduation to assume complete responsibility for patient care, realizing that this includes recognition of their limitations and that they will know how and when to obtain consultation, supervision, or make referrals. In the last year of training, fellows will routinely provide psychiatric consultation to psychologists and social workers on patients that persons in those disciplines evaluate and treat.

2. Administration

First-year fellows are expected to fulfill a physician’s normal administrative responsibilities, including timely completion of patient records, and meeting hospital and clinic requirements for other documentation. As skills and knowledge increase, the fellows will assume at least a share of the leadership of interdisciplinary teams in the process of diagnosis, treatment planning, and implementation of treatment plans. Fellows are also encouraged to participate in hospital committees including the GME Committee.

3. Fellow Teaching Activities

A variety of opportunities for teaching are available through the two years of training.

All fellows participate in weekly didactic sessions and are expected to take turns reading, summarizing, and presenting relevant chapters and papers. Each fellow is expected to participate in the ongoing continuing education of the division staff through presentations.

Fellows may also assist in giving lectures to second-year medical students in the behavioral health course, or third- and fourth-year medical students on psychiatry rotations. Fellows are also encouraged to give lectures to second-year residents who are beginning training in child and adolescent psychiatry. Assistance is provided as needed in the preparation of lectures, and fellows receive written feedback. Additionally, fellows engage in informal teaching activities with staff and medical students on electives.

Grand Rounds

The Child Psychiatry Grand Rounds is a monthly lecture presentation Wednesdays at Noon. Grand Rounds is an educational activity for all faculty, fellows, medical students, and associated mental health workers, and fellows are strongly encouraged to attend these. This speaker series is a forum that supplements the formal courses program and provides for the dissemination of new information from medical research and/or societal issues referable to psychiatry. Fellows are also encouraged to attend the Department of Psychiatry Grand Rounds, which are held biweekly at the UAMS campus, whenever possible.

Program Evaluation Committee

The Program Evaluation Committee consists of representative child psychiatry faculty and the chief fellow(s). The committee meets quarterly and participates in evaluation of fellow and graduate performance, faculty and curriculum development, and makes recommendations to improve the overall program quality.

Program and Faculty Evaluations

Fellows complete the evaluations of faculty biannually through New Innovations as a means of evaluating faculty and their respective rotations. The evaluations are reviewed by the Program Director to provide feedback on an annual basis to faculty. Fellows also complete an annual end-of-the-year confidential evaluation of the program. This feedback is summarized and provided to faculty for review.

Fellows also participate in the annual ACGME online survey and results are shared with the Program Director as to identify any problems or areas of concern. Any identified are brought before the PEC to develop action plans for corrective measures. All evaluation results are confidential.

Scholarly Activity

In keeping with the mission of the UAMS College of Medicine and the Division of Child and Adolescent Psychiatry, we believe in instilling research literacy and highlighting the importance of evidence-based clinical practice in our fellows. As such fellows are required to participate in scholarly activities during the two years of their training to develop skills in question formulation, information searching, critical appraisal, and medical decision-making. All of our fellows are matched with a research mentor and are provided ongoing training in conducting research. At the time of graduation, fellows are expected to have at least one scholarly product that demonstrates participation in scholarly activity.

Some examples of scholarly activities that fellows can participate in include, but are not limited to abstracts, posters or presentations, formal publications, chapter textbooks, participation in ongoing research projects, grand rounds or case presentations, etc.

ROTATION SCHEDULES

First-Year Fellows

Didactics <i>10% X 12 Months</i>		
Adolescent Acute and Residential Inpatient, and Residential Sex Offender Services <i>80% x 4 Months</i>	Child Inpatient Service <i>80% x 4 Months</i>	Hospital Consultation-Liaison <i>60% x 4 Months</i>
Child and Adolescent Outpatient Clinic <i>10% x 8 Months</i>		Child and Adolescent Outpatient Clinic <i>30% x 4 Months</i>

Second-Year Fellows

Didactics <i>10% X 12 Months</i>		
Child and Adolescent Outpatient Clinic <i>30% x 12 months</i>		
Seeking to Reinforce My Identity and Values Everyday (STRIVE) Outpatient Clinic <i>20% x 12 months</i>		
Psychotherapy <i>10% x 12 months</i>		
Electives <i>20% x 9 months; 30% x 3 months</i>		
<ul style="list-style-type: none"> • Adolescent/Young Adult Perinatal Psychiatry Clinic • Chief Fellow/Administrative • Child and Adolescent Outpatient Clinic • C.O.A.C.H. Clinic/ACCENT Team • Family Treatment Program • Feeding Disorders Clinic • LEND Fellowship • Pediatric Genetics Clinic • Research • Sleep Disorders Clinic 		
School Consultation-Liaison <i>10% x 3 months</i>	Pediatric Neurology Clinic <i>10% x 3 months</i>	Intellectual Disabilities/Developmental Disorders Clinic <i>10% x 3 months</i>

ROTATION PROSPECTUSES

Adolescent Acute and Residential Inpatient Service

Overview and Goal

During this rotation, fellows will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for hospital-based treatment of acutely and/or severely disturbed adolescents.

Fellow: 1st- Year

Length: Four months

Location: AR State Hospital, Adolescent Unit

Advisor: Veronica Williams, MD

Objectives

- Demonstrate a knowledge base and competence in: diagnosing frequently seen primary and comorbid psychiatric conditions; planning psychiatric treatment for severely disturbed young people with multiple problems and/or environmental crises; developing rational goals for short-term hospital treatment; determining need for acute hospitalization; developing appropriate components of multimodal/multidisciplinary evaluation and hospital treatment; maintaining safety and health for the milieu as a whole and for individual patients in the hospital; understanding the principles of leadership required to provide effective administration of a multidisciplinary team in an acute inpatient setting.
- Utilize appropriately milieu, behavioral, medical, and psychotherapeutic methods necessary in short-term treatment.
- Perform a comprehensive medical and psychiatric work-up.
- Show adequate skill in leading and participating in team admission meetings, meetings with families, staffing conferences, team meetings, case reviews, formal and informal teaching sessions for junior fellows and medical students and other professional group functions as required.
- Participate in substance abuse education groups.
- Show appropriate use of special services and modalities characteristically used only in hospital and residential settings, such as seclusion and restraint precautionary statuses (e.g., suicide precautions), behavior modification, specialized group therapy approaches, and use of psychotropic medicines.
- Communicate effectively through use of the medical record by effectively writing the initial psychiatric evaluation; developing treatment; patient progress in the progress notes; making timely orders; and completing discharge summaries with 48 hours of discharge.
- Gain experience in group and family therapeutic strategies.

Adolescent Residential Sex Offender Service

Overview and Goal

During this rotation, fellows will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for the treatment of behaviorally disruptive adolescents with and without comorbid psychiatric disorders.

Fellow: 1st- Year

Length: Four months

Location: AR State Hospital, Adolescent Unit

Advisor: Jeff Neal, MD

Objectives

- Demonstrate competence in diagnosing and treating comorbid psychiatric conditions in the context of Disruptive Behavior Disorders.
- Demonstrate the ability to participate in multidisciplinary assessment and treatment teams for the

purpose of formulating comprehensive multifaceted interventions.

- Gain experience in collaborating with the divisions of the Department of Human Services with regards to patients in the care of the State of Arkansas.
- Gain a greater understanding of the various treatment approaches including medications, cognitive behavioral, and psychodynamic strategies used in addressing the various Disruptive Behavior Disorders.
- Gain experience in group and family therapeutic strategies.
- Gain experience in substance abuse treatment particularly in substance abuse education and treatment groups.

Adolescent/Young Adult Perinatal Psychiatry Clinic

Overview and Goal

This rotation provides an overview of the outpatient assessment and treatment of adolescent and young adult females who are or recently have been pregnant and also have comorbid psychiatric diagnoses. These young women may or may not have been receiving psychotropic medications during the perinatal period. The fellow will work with Women's Mental Health program providing comprehensive assessment and treatment.

Fellow: 2nd-year

Length: Two months; One half-day weekly

Location: UAMS University Women's Clinic

Advisor: Shona Ray-Griffith, MD

Objectives

- Develop the ability to assess and treat peripartum adolescent and young adult females.
- Participate in the multidisciplinary treatment of these patients in collaboration with obstetric colleagues.

Chief Fellow/Administrative

Overview and Goal

By completing this assignment, fellows will gain experience in the administration of a child and adolescent psychiatry fellowship training program and develop problem-solving strategies by serving as an intermediary between fellows and staff, including attending faculty. Supervision will be scheduled with the child and adolescent psychiatry division chief.

Fellow: 2nd-year

Length: 12 months; One-half day weekly

Location: ACH Campus, CSC Clinic

Advisor: Nihit Kumar, MD

Objectives

- Assist in the orientation process of second-year general psychiatry fellows new to Arkansas Children's Hospital.
- Attend and actively participate in fellowship training committee meetings.
- Assist in recruitment of new child and adolescent psychiatry fellows and faculty and providing information about the program, etc.
- Work with the Program Coordinator to develop an agenda for monthly fellow meetings.
- Facilitate the didactic schedule for fellows.
- Assist in negotiations among the fellows regarding coverage for sick time, distribution of responsibilities, and similar concerns.
- Participate in the clinical teaching of medical students.

Child and Adolescent Outpatient Clinic

Overview and Goal

During this rotation, fellows will obtain adequate knowledge and skill to diagnose children, adolescents, and families in an outpatient setting, determine the psychiatric services needed, and provide with indicated comprehensive psychiatric services including crisis intervention, pharmacologic treatment, family guidance and family therapy, behavioral methods, and cognitive, supportive and psychodynamic individual psychotherapies.

Fellow: 1st- and 2nd-Year

Length: 24 months

Location: ACH Campus, CSC Clinic

Advisor: Nihit Kumar, MD

Objectives

- Demonstrate in supervision and in annual testing adequate knowledge of the theoretical basis of, and recent literature on the following therapeutic approaches as applied to children and adolescents: psychodynamic, cognitive and behavioral, and family therapy, including assumptions upon which the model is based, mechanisms through which it works, stages in treatment, disorders which respond best, and selection of candidates for the particular approach with particular emphasis on developmental and family considerations.
- Show adequate knowledge of the range of psychiatric diagnoses applicable to children, diagnostic uncertainty and differential diagnosis, methods for determining diagnosis more precisely including medical diagnostic procedures.
- Demonstrate theoretical and practical knowledge of developmental, psychological, and educational tests across the age range.
- Demonstrate sound knowledge of the natural histories, complications, and characteristic areas of impairment associated with childhood mental illness, and to integrate this information into biopsychosocial case formulations and developing treatment plans.
- Demonstrate during supervision sessions the ability to integrate theoretical information into actual patient care including psychiatric and developmental assessments, coping with resistances and obstacles to treatment, and termination of therapy.
- Show adequate understanding and use of the multidisciplinary clinic model and the ability to collaborate effectively with psychologists and social workers in outpatient care.
- Demonstrate acceptable knowledge of the risk, benefits, selection, and practical use of psychotropic medications in the outpatient setting (in supervision and in formal testing.) Other issues related to medication include developmental considerations, informed consent of patients and families, medical monitoring and safety precautions, laboratory use when indicated, compliance issues, monitoring of effectiveness, and psychological aspects of medication treatment for youths and families.
- Demonstrate skill in management of psychiatric emergencies and crises, including assessment of severity, correct identification of the level and nature of services needed, brief supportive therapy for youth and families in the crisis situation, and initiation of appropriate treatments.

Child Inpatient Service

Overview and Goal

Fellows will acquire the skills and knowledge necessary to provide clinical care and administrative leadership for the hospital-based treatment of acutely and/or severely disturbed children ages two through 12 years old.

Fellow: 1st- and 2nd-Year

Length: Four months (FY1); Elective (FY2)

Location: UAMS Psychiatric Research Institute, CDU

Advisor: Dianna Esmaeilpour, MD

Objectives

- Demonstrate a knowledge base and competence in diagnosing frequently seen primary and comorbid psychiatric conditions in children; planning psychiatric treatment for severely disturbed children with multiple problems and or environmental crises; developing rational goals for hospital treatment; determining need for acute hospitalization versus longer-term hospitalization; developing appropriate components of multimodal/multidisciplinary evaluation and hospital treatment; maintaining safety and health for the milieu as a whole and for individual patients in the hospital; understanding the principles of leadership required to provide effective administration of the multidisciplinary team in an inpatient setting.
- Utilize appropriately milieu, behavioral, and psychotherapeutic models necessary in the inpatient hospital treatment setting.
- Perform a comprehensive medical and psychiatric evaluation.
- Show adequate skill in leading and participating in team admission meetings, staffing conferences, treatment team meeting, case reviews, formal and informal teaching rounds for junior fellows, medical students, and other professional group functions as required.
- Perform brief family therapy to assist in stabilization and reunification of the family unit during times of crisis.
- Perform individual psychotherapy to assist in stabilization of a child's symptoms as well as development of appropriate and more adaptive coping skills for children.
- Show appropriate use of special services and modalities characteristically used only in hospital and residential settings such as seclusion and restraint precautionary statuses (e.g., suicide precautions), behavior modification, specialized group therapy approaches, collaborative problem-solving, and use of psychotropic medications.
- Communicate effectively through use of medical records by effectively writing the initial psychiatric evaluation; developing treatment plans; recording patient progress in daily progress notes; making and entering timely orders; and completing discharge summaries within 48 hours of discharge.
- Understand the role of psychiatric hospitalization as one component of a broader child mental healthcare system.

C.O.A.C.H. Clinic / ACCENT Team

Overview and Goal

The C.O.A.C.H. Clinic (Center for Obesity and its Consequences in Health) and ACCENT Team (Arkansas Children's Center for Exercise and Nutrition Therapy) rotation provides fellow experience and knowledge in the area of childhood obesity. During this rotation, fellows will be involved in the assessment and management of obesity in medically-complicated children and adolescents, as well as learn how to manage mental health issues in this population.

Fellow: 2nd-year

Length: Two to three months; Two half days or one full day weekly

Location: West Little Rock and/or Southwest Little Rock Clinics

Advisor: Jon Oden, MD

Objectives

- Understand the pathophysiology of childhood obesity.
- Understand the treatment of obesity.
- Be able to use pathways to detect mental disorders in this population.

Didactics

Overview and Goal

The overall goal of the curriculum is that graduating fellows will have demonstrated an acceptable level of clinical knowledge as well as a foundation of understanding of the basic sciences upon which the clinical knowledge is based. Familiarity with the literature and with research methods will enable the fellow to be an “informed consumer” of the literature and to be prepared to keep up with new developments.

Fellow: 1st- and 2nd-Year

Length: 12 months; Weekly

Location: ACH Campus, CSC Clinic

Advisor: Nihit Kumar, MD

Objectives

- Demonstrate adequate knowledge of the curriculum materials during courses sessions, in supervision, and in annual testing.
- Demonstrate initiative in obtaining and summarizing new information as necessary.
- Demonstrate appropriate commitment to the courses program by regular attendance, participation, and completion of assignments for the required courses sessions.

Dual Diagnosis Clinic

Overview and Goal

This rotation provides an overview of outpatient assessment and management of adolescents with mental health disorders in the context of using substances. This elective strives to fill the gaps in knowledge and skills that child psychiatry fellows have in preventing and managing substance use disorders in its beginning stages. Fellows will have an opportunity to observe and participate in interviewing patients with an attending physician.

Fellow: 2nd-Year

Length: One to two months; One half-day weekly

Location: ACH Campus, CSC Clinic

Advisor: Nihit Kumar, MD

Objectives

- Develop the skills to assess and manage adolescents with mental health disorders and co-morbid substance use disorders.
- Increase knowledge of pharmacological agents in treatment of adolescent addictions.
- Practice beginning skills in psychotherapeutic techniques including motivational interviewing with adolescents with co-morbid substance use.

Eating Disorders Clinic

Overview and Goal

This rotation provides an overview of the outpatient medical, psychological and nutritional management of patients suffering from psychiatric illness involving eating disorders.

Fellow: 2nd-year

Length: One to three months; One half day and/or one full day weekly

Location: ACH Campus, Rice Medical Clinic at Child Study Center

Advisor: Brian Hardin, MD

Objectives

- Participate in the evaluation and treatment of eating disorder patients and will read pertinent material regarding development, diagnosis, and management of eating disorders.

- Participate in one or more psychological evaluations as part of the eating disorder work-up.
- Perform a full psychiatric evaluation on selected patients referred by the eating disorders team and provide medication management and follow-up as indicated.
- Work with the multidisciplinary treatment team to present findings supportive of comprehensive treatment.

Family Treatment Program

Overview and Goal

The Family Treatment Program rotation provides the fellow an opportunity to observe and experience the assessment of youth charged with sex offenses through direct observation, participation and interviewing, and psychosexual assessments and/or observe and experience the assessment of victims of sexual abuse and their families through direct observation, participation and interviewing, and assessments.

Fellow: 2nd-year

Length: One or two months; One half-day weekly

Location: ACH Campus, Family Treatment Program Clinic at Child Study Center

Advisor: Karen Worley, PhD

Objectives

- Demonstrate adequate knowledge of issues for youth with sexual behavior problems or victims of sexual abuse.
- Apply understanding to assess and treat youth with problematic sexual behavior or victims of sexual abuse.
- Work in coordination with other members of the treatment team at FTP and/or participate with team in conducting the psychosexual assessments or assessment of victims of sexual abuse.

Feeding Disorders Clinic

Overview and Goal

This rotation provides comprehensive introduction to feeding problems in infants and young children. Fellows will learn about the basics of evaluating infants, children, and their families with relation to these feeding problems. Fellows will participate in the assessment of feeding and diet history in medically complex cases and assess social and family functioning.

Fellow: 2nd-year

Length: Two to three months; One half-day weekly

Location: ACH Campus, Dennis Developmental Clinic

Advisor: Janine Watson, PhD

Objectives

- Fellows will gain familiarity with feeding as a presenting issue in infants and young children.
- Fellows will participate in the evaluation process.
- Fellows will be familiar enough with different presentation of feeding issues to be able to refer appropriately to specialists.

Hospital Consultation-Liaison

Overview and Goal

During this rotation the fellow will obtain knowledge and experience that will enable her/him to effectively work with other medical and paramedical personnel while diagnosing and treating children and their families when emotional conditions and medical conditions confound each other.

Fellow: 1st- and 2nd-Year

Length: Four months, Full-time (FY1); Elective (FY2)

Location: ACH Campus, CSC Clinic and/or Hospital

Advisor: Peter Jensen, MD

Objectives

- Demonstrate an appropriate fund of knowledge about somatoform disorders, illness behaviors, and the psychiatric complications of severe head and body injuries, severe and chronic illness, life-threatening conditions, pediatric intensive care, abuse and neglect, and the impact of abnormal attachment states. They will also become familiar with the indications, risks, and proper use of psychotropic medications in young people vis-à-vis drug interactions and use in medically ill young people.
- Demonstrate ability to work effectively with physicians, nurses, other professionals, and family members in a medical setting in the assessment and treatment of emotional and behavioral problems of pediatric patients. This includes communicating findings with the requesting physician in each case.
- Demonstrate skills in brief supportive individual and family psychotherapy appropriate for intervention in a medical setting for the problems noted above, and appropriate clinical judgment regarding arrangement of further psychiatric care when indicated.
- Demonstrate speed and flexibility – emergent patients will be seen as soon as possible on the date of the request. Less urgent consultations may be delayed if the requesting physician is informed that the patient will be seen within 24 hours.
- Demonstrate an aptitude for independent learning as demonstrated by taking on a rotation interest. This may include administrative work, education, research, or scholarly writing. If appropriate, this project may involve other clinicians.
- Demonstrate the ability to recognize and address when consultations involve systems level issues or transference/counter transference issues that may include family, nursing care, medical staff, or other parts of the patient care team.

Intellectual Disabilities/Developmental Disorders Clinic

Overview and Goal

This rotation allows fellows an opportunity to experience the treatment of patients with pervasive developmental disorders through observation of psychological testing and diagnostic interviewing, performed by healthcare professionals from various fields of medicine.

Upon completion of this rotation, fellows will have experience with the many presentations of autism spectrum disorder and/or intellectual disability that will enhance appreciation of normal development. Fellows will be capable of assessing for developmental delays and general medical illness. Fellows will have competence in treatment modalities that integrate psychosocial and medical needs.

Fellow: 2nd-year

Length: Three months; One half-day weekly

Location: ACH Campus, Dennis Developmental Clinic

Advisor: Jill Fussell, MD

Objectives

- Participate in several seminars over the course of the two-year didactic series on normal development and its aberrations, and will be provided reading material regarding the clinical and developmental conditions encountered.
- Observe and participate in the assessment of patients and/or assist in a comprehensive neurodevelopmental evaluation by carrying out a physical examination, taking a careful developmental history, completing a thorough mental status exam, and integrating relevant educational, psychological, and medical information.
- Synthesize the above information and be able to produce a formulation that covers general medical factors, developmental factors, and psychosocial factors which contribute to the child's problem.
- Work with the multidisciplinary team in a manner compatible with a team approach, cognizant of the need to arrive at a consensus leading to comprehensive interventions.

Leadership Education in Neurodevelopmental Disabilities (LEND) Fellowship

Overview and Goal

LEND rotation allows the fellow an opportunity to build skills in the area of research and leadership. Duties include completing a research and leadership project by the end of the year.

Fellow: 2nd-year

Length: 12 months, One half-day weekly

Location: UAMS Campus

Advisor: David Deere, Director

Objectives

- Build skills for inter-professional practice in neurodevelopmental disabilities
- Define key challenges for maternal and child health populations and offer strategies to address them
- Apply critical feedback in self-reflection for professional growth
- Articulate values and discuss the ethical implications of proactive issues
- Identify and implement practices that are based on scientific evidence
- Communicate effectively using oral and written communication and listening skills
- Integrate cultural competency into programs, research, scholarship, and policies
- Implement and evaluate models of family-centered care
- Develop others through teaching and mentoring
- Enhance team functioning, redirect team dynamic, and achieve a shared vision
- Provide technical assistance to community organizations to help them achieve success
- Affect change in policies and regulations
- individual learning to the other trainees and faculty members at the conclusion of the spring semester.

Pediatric Genetics Clinic

Overview and Goal

This rotation provides a comprehensive introduction to the field of clinical genetics. Fellows have the opportunity to learn about a range of genetic disorders, genetic diagnostics and genetic counseling by participating in the evaluation of children in the Arkansas Children's Hospital West Little Rock General Genetics Clinic.

Fellows will see patients with metabolic, skin, and craniofacial abnormalities as well as other neurodevelopmental disorders. By special arrangement fellows may also participate in the consult service. Fellows are encouraged to take an active role, participate in all evaluations, and take the primary history and physical on several patients and present to attendings. However, there will be situations in which the fellow will not be the primary provider and will take an observer role.

Fellows are expected to create a differential diagnosis and review appropriate patient charts in advance and gain an understanding of the role of laboratory testing in assessment.

Fellow: 2nd-year

Length: One to three months; One half-day weekly

Location: West Little Rock Genetics Clinic

Advisor: Yuri Zarate, MD

Objectives

- Understand the genetic basis of neurodevelopment and neurobehavioral disorders.
- Be familiar with the various modes of genetic testing, and the correct application of these tests in identifying the etiology of developmental disabilities.
- Know the evaluation schemes and diagnostic yields of genetic evaluations for intellectual disability and autism.
- Be aware of the ethical and social issues in genetic evaluations.

Pediatric Neurology Clinic

Overview and Goal

During this rotation, fellows will become competent in the pediatric neurologic examination and will be comfortable with anatomic localization of neurologic deficits by performing inpatient and outpatient evaluations regarding a variety of neurologic problems, including epilepsy, headache, movement disorders such as cerebral palsy/spasticity and tic disorder, and neuromuscular disorders. Fellows will become familiar with the interpretation of neuroimaging studies and basic concepts of EEG.

The overall goal of the neurology rotation is to provide a base of experience and knowledge that is sufficient for the practice of child and adolescent psychiatry as well as consulting with child neurologists. Areas of exposure should include comorbidity, primary neurological disorders, differential diagnosis, pharmacology, and basic sciences.

Fellow: 2nd-year

Length: Minimum three months; One half-day weekly

Location: ACH Campus, Pediatric Neurology Clinic

Advisor: Erin Willis, MD

Objectives

- Demonstrate adequate knowledge of developmental neuroanatomy and neurophysiology; brain imaging techniques; movement disorders, their causes and treatment; neurologic correlates of developmental disorders; seizure disorders, their psychiatric correlates and treatments; non-localizing or “soft” signs and their clinical correlates; psychiatric consequences of brain injury; behavioral correlates of perinatal insults; and the uses and limits of electroencephalography in child and adolescent psychiatry
- Demonstrate acceptable skill in neurologic examination of children, covering the age range from infancy through adolescence
- Demonstrate adequate knowledge in the clinic setting of diagnosis and treatment of common pediatric neurologic conditions and of appropriate neurologic and psychiatric interventions when indicated

Psychotherapy

Overview and Goal

During this rotation, fellows will obtain knowledge and experience allowing them to work effectively with children and adolescents through various therapeutic modalities.

Fellow: 2nd-year
Length: 12 months, One half-day weekly
Location: ACH Campus, CSC Clinic
Advisor: Glenn Mesman, PhD

Objectives

- Fellows will acquire better understanding of when psychotherapeutic interventions are relevant and when to refer problems.
- Fellows will gain experience using various modalities of psychotherapy including empirically-based treatments such as CBT, DBT, and supportive, and parent-child-interaction therapies for pediatric psychiatric disorders.
- Fellows will be able to use elements of psychotherapy and apply these skills to their patients during medication-management appointments.

Research

Overview and Goal

This rotation is intended to provide fellows with the knowledge of the basics of clinical research, and involve the fellow in a project involving some of the following: Logistics, IRB application approval process, funding, recruiting, publishing.

Fellow: 2nd-year
Length: Flexible Rotation
Location: ACH Campus, CSC Clinic
Advisor: Nihit Kumar, MD

Objectives

- Demonstrate adequate knowledge in conducting clinical research in children and adolescents.
- Develop and apply knowledge in relevant steps of the research process.
- Work in coordination with other members on the research project.

School Consultation-Liaison

Overview and Goal

Fellows will obtain knowledge and experience that will be a preparation for effective performance as a psychiatric consultant to schools for the purpose of assisting them in providing optimal educational experiences for the child with special mental health needs as well as contributing to the emotional well-being of all children.

Fellow: 2nd-year
Length: Three months; Minimum one-half day weekly
Location: North Little Rock School District
Advisor: Nihit Kumar, MD

Objectives

- Recognize the school's unique position to effectively address a true mixture and range of emotional problems in children.
- Demonstrate an understanding of the complex interactions between school personnel, parents, and the child's needs in providing diagnostic assessments, consultations, and recommendations.
- Gain skill in forming relationships with school personnel to increase collaborative efforts in treating and planning for individual patients.
- Demonstrate sufficient understanding of PL94-142 and its subsequent amendments to apply it in the

school setting.

- Recognize developmental characteristics of children for ages kindergarten through high school.
- Develop an understanding of how Psychological Testing is utilized in a school setting and through what formal mechanisms the results can be implemented to optimize a child's educational experience to promote development in all spheres.
- Participate in the clinical teaching of medical students.

Seeking to Reinforce My Identities and Values Everyday (STRIVE) Outpatient Clinic

Overview and Goal

This rotation is designed to extend the fellows experience and understanding of treating children and adolescents with emotional and behavioral problems in a school-based setting by augmenting their experience gained in the required school consultation rotation. While providing treatment they will broaden their collaboration skills with school teachers and administrative personnel.

Fellow: 2nd-year

Length: 12 months; One full day weekly

Location: STRIVE Outpatient Clinic

Advisors: Nihit Kumar, MD

Objectives

- Participate in interdisciplinary school conferences where patient cases are discussed with psychology, social work and school personnel to identify the patient's educational and emotional skills to optimize educational placement.
- Participate in the delivery of psychotherapy or group psychotherapy in collaboration with another mental health professional in the school based setting.
- Provide psychiatric evaluation of medication follow up care under the direct supervision of a child psychiatry faculty member for patients receiving school based services in the STRIVE program.

Demonstrate through supervision and patient care the basic understanding of establishing and utilizing individual educational programming and behavioral modifications for children in a school based setting.

Sleep Disorders Clinic

Overview and Goal

This rotation is intended to provide the fellow with experience in sleep disorders etiology, comorbidity and treatment issues in children and adolescents.

Fellow: 2nd-year

Length: Two to three months; One half-day weekly

Location: ACH Campus, Sleep Clinic

Advisor: Supriya Jambhekar, MD

Objectives

- Demonstrate adequate knowledge of sleep phases and sleep patterns in sleep disorders.
- Apply understanding to assessment and treatment of sleep disorders through pharmacotherapy and psychotherapy.
- Identify the role of sleep study and evaluate patients appropriately for referral to sleep specialists.

TRANSITION-OF-CARE AND HANDOFF

Arkansas Children's Hospital Consultation-Liaison

Beginning of Shift

The Consultation-Liaison (C/L) fellow and attending receives an e-mail from the on-call attending regarding important information from their shift. This information includes patients that are evaluated in the Emergency Room or hospital medical floors or consulted on, that will need follow-up by the C/L service and any active C/L patients in which changes in their care was provided off-hours. The fellow must update the C/L patient list, which is a Word document, with pertinent patient demographic information, diagnosis, changes in overall patient status or condition, level of acuity, pertinent labs, changes in medications and recommended plan of care. This Word document is then dispersed and reviewed face-to-face during rounds with the fellow on the C/L service and the C/L attending.

End of Shift

The C/L fellow updates the C/L patient list with any changes that were made in regards to patient care. This list must be emailed to the on-call attending, and C/L attending. The C/L fellow also notifies the on-call attending by phone of any urgent patient issue that may need to be followed-up overnight.

End of Rotation

The C/L service has a permanent attending that provides coverage year-round and is involved in the care of every patient on the C/L service. Therefore, when a fellow has completed the rotation, continuity of care is provided by the C/L attending psychiatrist. In addition to this, the current fellow will update the incoming fellow and C/L attending with the current patient list via email, phone call or in-person.

Urgent/Crisis Issues

Who is responsible for responding to urgent or crisis issues after hours or when the fellow is not on shift? The on-call child psychiatry attending handles these issues both overnight and during the weekends. At the end of shift, the on-call attending also provides this information via email to the C/L attending and C/L fellow.

Fellow Communication/Handoff

When are residents required to communicate clinical information with attendings? The fellow discusses (via phone or face-to-face) every new consultation (Emergency Room or medical/surgical floor) with the designated C/L attending. In addition, the fellow will discuss with the C/L attending (via phone or face-to-face) any significant changes in regards to current C/L patients.

Arkansas State Hospital

Beginning of Shift

The inpatient unit has twice-weekly treatment-team meetings to discuss the active inpatients and future admissions that occur during regular business hours, as well as any admission that occurred overnight. Any behavioral issues, Medicine-On-Duty calls, or acute medical issues are discussed during this meeting with nurses, social workers, teachers, psychologists, and the child/adolescent psychiatry attending and fellow. The fellow conducts daily review of the patient chart to update themselves on the most recent issues, both overnight and the previous day. The fellow reviews and discusses daily with child/adolescent psychiatry attending any patient they are following. As there is no fellow who has overnight patient care responsibilities, an overnight report of any issues managed by the on-call psychiatry attending can be sent to the fellow and attending electronically or phone call at the end of the night shift.

End of Shift

The fellow will check out active patient issues to the unit attending before leaving. If there are ongoing issues at the end of the day, the unit attending will check out with the on-call psychiatry attending electronically and/or by phone.

End of Rotation

The inpatient units do not have rotating attending coverage; the same attending covers the unit year-round, and follows every patient throughout the hospital stay. Therefore, continuity of care is provided by the attending psychiatrist when the fellow rotates off the unit. Also, the fellow works four months longitudinally at the Arkansas State Hospital, thus minimizing end of rotation transfer issues. It is helpful, however, to the on-coming fellow if either off-service notes are written in the chart or if the fellow leaving the service leaves a written information or checks out verbally with the on-coming fellow.

Urgent/Crisis Issues

Who is responsible for responding to urgent or crisis issues after hours or when the fellow is not on shift? The on-call child/adolescent psychiatry attending covers this issue by being on call (overnight/weekend). During daytime hours, if there is not a resident/fellow on shift the attending psychiatrist is responsible.

Fellow Communication/Handoff

When are residents required to communicate clinical information with attendings? The fellow is required to communicate/review all patients with the attending, prior to leaving for their next rotation; this can be done electronically or by phone. Issues that develop after the fellow is off duty are handled by the unit attending or on-call attending child psychiatrist. When the fellow is on shift, he/she is expected to communicate any clinical information that changes a patient's status, psychiatric acuity, medical acuity, or significant family concerns/expressed wishes.

UAMS PRI Inpatient Child Diagnostic Unit (CDU)

Beginning of Shift

The inpatient unit has a morning report to discuss the active inpatients and future admissions which occur during regular business hours. Any behavioral issues, Medicine-On-Duty calls, or acute medical issues are discussed in the treatment team with: nursing, social work, occupational therapist, speech pathologist, psychologist and child/adolescent psychiatry attending and fellow. The fellow reviews and discusses daily with child/adolescent psychiatry attending any patient they are following. As there is no fellow who has overnight patient care responsibilities, an overnight report of any issues managed by the on-call child/adolescent psychiatry attending is sent to the fellow and attending electronically or phone call at the end of the night shift.

End of Shift

The fellow will check out active patient issues to the unit attending before leaving. If there are ongoing issues at the end of the day, the unit attending will check out with the on-call child/adolescent psychiatry attending electronically and/or by phone.

End of Rotation

The inpatient unit does not have rotating attending coverage; the same attending covers the unit year-round, and follows each patient throughout the hospital stay. Therefore, continuity of care is provided by the attending psychiatrist when the fellow rotates off the unit. Also note that the fellow works for four months longitudinally on the UAMS Child Diagnostic Unit, thus minimizing end of rotation transfer issues.

Urgent/Crisis Issues

Who is responsible for responding to urgent or crisis issues after hours or when the fellow is not on shift? The on-call child/adolescent psychiatry attending covers this issue by being on call (overnight/weekend). During daytime hours, if there is not a fellow(s) on shift the attending psychiatrist is responsible.

Fellow Communication/Handoff

When are fellows required to communicate clinical information with attendings? The fellow is required to communicate/review all patients with the attending, prior to leaving for their next rotation; this can be done

electronically or by phone. Issues that develop after the fellow is off duty are handled by the unit attending or on-call attending child psychiatrist. When the fellow is on shift, he/she is expected to communicate any clinical information that changes a patient's status, psychiatric acuity, medical acuity, significant family concerns/expressed wishes.

UAMS Outpatient Clinics (STRIVE and Child Study Center)

Beginning of Shift

Documentation in all of the above outpatient clinics at UAMS should be completed by the end of each working day, so that any provider can access the last progress note and determine what is needed. This is in the event of an unscheduled visit to the clinic, a visit to the ER, or when a new fellow or attending takes over care at the end of the rotation, they should be able to quickly determine the plan of care and management options. Each note should be able to stand alone in the event that a new provider becomes involved in any of those situations. To be able to stand alone, each note should contain at the minimum, patient demographic information, pertinent changes in the patient's status or condition, changes in treatment, risk assessment, and anticipated next steps in management.

The fellow is responsible for patient management issues during their rotation in each of the above specified clinics, which may last one or two years longitudinally. During this time period, when the fellow is physically absent from the clinic above, relating to duties at other rotation sites, the child psychiatry attending helps to cover any urgent/emergent needs that may arise. Fellows are also available via email or phone call for patient care needs during regular business hours. The fellow is supervised by an onsite attending during normal clinic hours involving patient care/management.

End of Shift

See above for after-hours care—again, the medical record is designed to stand alone to ensure continued care for the patient.

End of Rotation

Both outpatient clinics are staffed by attendings that provide ongoing coverage from one year to the next. Therefore, continuity of care is provided by the attending psychiatrist when the fellow rotates out of the clinic. Also note that the fellow works for two years longitudinally at the Child Study Center and one year longitudinally at STRIVE, thus minimizing end of rotation transfer issues.

Urgent/Crisis Issues

Who is responsible for responding to urgent or crisis issues after hours or when the fellow is not on shift? For issues arising outside normal clinic hours any urgent care issues are attended to by the on-call child and adolescent psychiatry attending. During clinic hours, these matters are attended by the child and adolescent attending who is present in clinic that specific day.

Fellow Communication/Handoff

When are residents required to communicate clinical information with attendings? Every patient in the clinic is personally seen by the child and adolescent psychiatry attending on top of the fellow staffing it with them. In the event a fellow requests time off from clinic duties, he/she is required to arrange for coverage for patient needs in their absence.

SUPERVISORY LINES OF RESPONSIBILITY

Policy of the Child and Adolescent Psychiatry Fellowship Training Program

In compliance with the UAMS COM GME Committee policy on supervisory lines of responsibility the following apply to the supervision for the care of patients:

- Attending faculty physician supervision is provided at all times appropriate to the skill level of the fellows

on the services/rotations.

- The attending faculty member who has primary responsibility for supervising the fellow's experience in patient care is identified in the written description of each service/rotation. In general, the identified faculty member oversees the fellow and is available at all times in person, by telephone or beeper. Exceptions or variations from this are clearly communicated with the fellow to ensure continuous appropriate supervision of clinical care.

CLINICAL EXPERIENCE, EDUCATION, AND WORK ENVIRONMENT

The Program Director works to ensure that the learning objectives of the program are not compromised by excessive reliance on fellows to fulfill service obligations. Courses and clinical education has priority in the allotment of fellow's time and energies. Clinical Experience and Education (formerly Duty Hours) assignments also recognize that faculty and fellows collectively have responsibility for the safety and welfare of patients.

The Program Director oversees the work environment to ensure that it is optimal both for fellow education and for patient care, while ensuring undue stress and fatigue among fellows are avoided. Faculty and fellows are educated on the signs and symptoms of fatigue. It is the Program Director's responsibility to ensure assignment of appropriate duty hours so that the fellows are not required to perform excessively difficult or prolonged duties regularly. The Program Director also monitors any professional activity outside the fellowship and ensures that it does not interfere with the fellow's education, performance or clinical responsibility.

Work Environment

- Supervision: staff physician supervision is provided at all times appropriate to the skill level of the fellow. A specific staff physician supervisor is noted on the goals/objectives of each rotation or any call schedule. Decisions made by the fellow while on-call are under the supervision of the responsible faculty staff member. The progressive increase in the knowledge and ability of the fellow when handling these decisions is an important step toward becoming a confident specialist.
- Ancillary support: adequate ancillary support for patient care is provided. Except in unusual circumstances, providing ancillary support is not the fellow's responsibility except for specific educational objectives or as necessary for patient care. This is defined as, but not limited to, the following: drawing blood, obtaining EKGs, transporting patients, securing medical records, securing test results, completing forms to order tests and studies, monitoring patients after procedures.

Work Hours

- Clinical Experience and Education hours must be limited to 80 hours or less per week, averaged over a four-week period, inclusive of all call activities.
- Fellows will be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
- If a fellow takes vacation or leave, vacation or leave days will be taken out of the numerator and denominator for calculating duty hours, call frequency or days off (i.e., if a fellow is on vacation for one week, the hours for the rotation should be averaged over the remaining three weeks).
- Back-up coverage: provided if patient care needs create fellow fatigue sufficient to jeopardize patient care or fellow welfare during or following on-call periods.
- Adequate time for rest and personal activities must be provided. This will consist of a 10-hour time period provided between all daily duty periods and after any in-house call.
- The fellow is expected to be on duty during normal working hours, Monday through Friday. Fellows will be expected to provide documentation of their duty hours to the Program Coordinator on a monthly basis by entering them into the UAMS New Innovations program. Exceptions to the above work hours include official holidays and while on approved annual, sick, or education leave.

- Duty Hours should be logged as:
 - Clinic = CSC and STRIVE
 - Regular Duty = Inpatient Rotations, Electives, and Administration/Chief
 - Conference = Didactics, Conferences/Seminars, Training, and Educational
 - Moonlight = Off-site External Moonlighting
 - Log Vacation = Vacation and Sick
- Should a fellow stay beyond their scheduled duty to provide care to a single patient, that fellow must document the reason(s) for remaining to care for the patient in question and submit documentation in every circumstance to the Program Director.
- Time spent during moonlighting are counted towards duty hours.

<http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/3.200-Duty-Hours-work-environment.pdf>

DISCIPLINARY ACTIONS

Probation

Probation is defined as the trial period in which a fellow is permitted to redeem academic performance or behavioral conduct that does not meet the standard of the training program. A fellow may be placed on probation for any one or more of the following:

Failure to perform satisfactorily at conferences, rounds, clinic and ward rotations

- Receiving more than one unsatisfactory performance on the fellow evaluation form
- Failure to comply with the policies and procedures of the Training Program, the GME Committee, UAMS Medical Center or the participating institutions
- Misconduct that infringes on the principles and guidelines set forth by this training program
- When reasonably documented professional misconduct or ethical charges are brought against the fellow which bear on his/her fitness to participate in the training program. When a fellow is placed on probation, the Program Director shall provide specific remedial steps to the fellow in a written statement within a week of the notification of probation. The statement will specify the period of time in which the fellow must correct a deficiency or problem, the specific remedial steps, and the consequences of non-compliance with the remediation
- Based upon the fellow's compliance with remedial steps, the fellow may be continued on probation, removed from probation, suspended, dismissed from the fellowship program

Suspension

Suspension is defined as a period of time in which a fellow is not allowed to take part in all or some of the activities of the training program. A fellow maybe suspended from clinical or other activities of the training program for reasons including, but not limited to, any of the following:

- Failure to meet the requirements of probation
- Failure to meet the performance standards of the training program
- Failure to comply with the policies and procedures of the Training Program, the GME Committee, the UAMS Medical Center, or the participating institutions
- Misconduct that infringes on the principles and guidelines set forth by this training program
- Documented and recurrent failure to complete medical records in a timely and appropriate manner defined as above
- Misconduct or failure to meet ethical standards which bear on his/her fitness to participate in the training program
- When reasonably documented legal charges have been brought against a fellow which bear on his/her fitness to participate in the training program
- If a fellow is deemed an immediate danger to patients, himself or herself or to others
- If a fellow fails to comply with the medical licensure laws of the State of Arkansas

If suspension is deemed necessary, the Program Director notifies the fellow through a written statement, with a copy to the Associate Dean for GME, to include:

- Reasons for the action
- Specific and appropriate measures to assure satisfactory resolution of the problem(s)
- Activities of the program in which the fellow may and may not participate
- The date the suspension becomes effective
- Determination of leave with or without pay
- Consequences of non-compliance with the terms of suspension
- Whether the fellow is required to spend additional time in training to compensate for the period of suspension and be eligible for certification for a full training year. During the suspension, the fellow will be placed on leave, with or without pay as appropriate depending on the circumstances. At any time during or after the suspension, the fellow may be reinstated with no qualifications, reinstated on probation, continued on suspension or dismissed from the program.

Dismissal

Dismissal is the condition in which a fellow is directed to leave the training program, with no award of credit for the current training year. Dismissal from the training program may occur for reasons including, but not limited to, any of the following:

- Failure to meet the performance standards of the training program
- Failure to comply with the policies and procedures of the training program, the GME Committee, the UAMS Medical Center, or the participating institutions
- Illegal conduct
- Unethical conduct
- Performance and behavior which compromise the welfare and of patients, self, or others
- Failure to comply with the Arkansas Medical Practices Act and regulations of the Arkansas State Medical Board
- Inability of the fellow to pass the requisite examinations for license to practice medicine in the United States

If dismissal is planned, the Program Director shall contact the associate dean for Graduate Medical Education and provide written documentation attesting to the proposed action. Immediate dismissal can occur at any time without prior notification in instances of gross misconduct (e.g., theft of money or property; physical violence directed at an employee, visitor or patient; use of alcohol/drugs while on duty; other illegal conduct).

When dismissal is being considered because of performance or conduct, the Program Director shall notify the fellow in writing of the action, the proposed action, the requirements for the fellow and time frame for satisfactory resolution of the problem(s). In the event the situation is not improved within the timeframe, the fellow will be dismissed. A fellow involved in the disciplinary actions of probation, suspension and dismissal has the right to appeal according to the GME Committee Policy Adjudication of Fellow Grievances.

ISSUES OF CONCERN

Contingency Plan for Patient Suicide

The following are guidelines for management:

- Remember that death of the patient does not necessarily end the provider's interaction with the patient's family, and further contact with the family should be discussed with the supervisor.
- The supervisor(s) and the Program Director, and the head of the service (if different from the supervisor) should be notified immediately – at any time of the day or night.
- The University attorney and the malpractice insurance company defense attorney should be consulted by the UAMS faculty member involved.

- The Child and Adolescent Chief Fellow should be notified by either the fellow or the Program Director, unless the Program Director deems this inappropriate for some reason.
- A chart review should be arranged, generally within 24 hours, involving the fellow(s), the attending on the service, the supervisor, the Program Director, Chairman, and any other staff with close involvement.
- The hospital administrator should be notified.

Fellow Participation in Non-Departmental Activities/Public Service

When engaged in non-remunerative or remunerative activities in which a fellow might be reasonably perceived by the public to represent UAMS or the Department of Child and Adolescent Psychiatry, advance clearance from the Program Director is required.

Grievance Procedure

A grievance is defined as an expression of dissatisfaction regarding:

- Duties assigned to a fellow
- Application of hospital or college policies
- Questions regarding the non-re-appointment, non-promotion, or dismissal of a fellow

The grievance procedure shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by those who believe that rule, procedure, or policy has been applied in an unfair or inequitable manner or that there has been unfair or improper treatment by a person(s).

At times various issues resulting from miscommunication, stress, or inappropriate behavior may arise. Fellows/fellows must have a procedure to raise and resolve issues of concern in a confidential manner. In compliance with the UAMS COM GME Committee policy on raising and resolving issues in a confidential manner, the following guidelines apply within this training program:

- A fellow should discuss the concern with the Child and Adolescent Chief Fellow, attending physician, or the fellow's assigned faculty supervisor as appropriate.
- If the above discussion does not resolve the concern, the fellow should meet with the Program Director or the Chair of the Child Psychiatry Division.
- If the issue cannot be resolved by the Program Director, the fellow should contact the Chair of the GME Resident Council or the Associate Dean for Graduate Medical Education. These groups will discuss with the fellow the options for resolution of the concern (including convening a peer review panel).
- For issues that are extremely serious and for which confidentiality is of the utmost importance, the fellow may seek assistance directly from the Program Director and/or the Associate Dean for GME.

Guideline for Action

When you witness a lapse in professionalism on the part of a UAMS College of Medicine Physician (a faculty member or a fellow):

- Have a conversation with the physician, sharing your observations – if you feel safe doing this. *If this is successful, you may decide that no further action is needed.*
- Alert the “chain of command” – talk with your supervisor about your observations. Your supervisor can be a good thought partner and can help determine if further immediate action needs to be undertaken.
- Additionally, it may be most helpful to talk with the supervisor of the physician whose unprofessional behavior you observed.
- Enter a report about your observations into UAMS ILLUMINE. <https://faculty.uams.edu/illumine/>

Social Media/Personal Electronic Communication System Usage

In today's electronic age, fellows often use social media to communicate. Fellows are not allowed to use social

media sites such as Facebook, Twitter, and the like to discuss patient-related matters. Such matters are covered under HIPPA regulations and if violated may be grounds for termination from the program. Additionally, fellows are strongly discouraged from using social media sites to discuss matters pertaining to the fellowship, colleagues and coworkers, or the facilities in which they rotate or the like.

<http://gme.uams.edu/wp-content/uploads/sites/24/2018/02/1.430-Social-Networking-Personal-Electronic-Communication2018withLegalReview.pdf>

GENERAL INFORMATION

Arkansas Employee Assistance Program

The Arkansas Employee Assistance Program (AEAP) provides professional counseling and/or referral to community resources for a wide range of problems and situations including stress management, financial concerns, alcohol and other drug abuse, elder care, job/career issues, parenting, legal issues, marital/family problems and personal/emotional concerns. UAMS has pre-paid the entire cost of the EAP so that the resident/fellow is not charged for services provided within the EAP. (501.686.2588).

Check-Out Procedure

Check-out procedures for UAMS and ACH are initiated through New Innovations and/or the Program Coordinator. The Program Coordinator works in conjunction with the GME Office and the fellow to ensure check-out is seamless.

College Tuition Discount

Housestaff and their families receive a tuition waiver benefit at all of the University of Arkansas campuses. Employees may take up to 132 undergraduate semester credit hours at 50% of the cost of tuition. Spouses and unmarried dependent children may take up to 132 undergraduate semester credit hours and receive a 50% tuition discount at the employee's campus or 40% tuition discount at other University of Arkansas campuses. The discount is applicable to web based or distance education courses offered through any campus or through eVersity. Visit our web site to apply online for a tuition discount.

Contractual Agreement

Housestaff appointments are for a period not exceeding one year. An agreement outlining the general mutual responsibility of the College of Medicine and Housestaff member is signed at the beginning of the term of service and is in effect for the full term of service. Renewal of an agreement for an additional term of service is at the discretion of the Fellowship Program.

Fellow Retreat

Fellows attend a one-day retreat annually to promote collegiality, and to discuss practice improvement and professional development. This retreat is planned by second-year fellows. ****Contingent upon approved funding.***

Health Services and Hospitalization

Health services and hospitalization are provided to all members of the Housestaff. Coverage for spouses and children may be purchased by the individual Housestaff member. Premiums will be deducted from your check when you are paid by UAMS. No salary deductions are made for time lost due to illness. However, an excessive amount of time lost in this manner must be made up before the College of Medicine can issue a certificate indicating satisfactory completion of internship or fellowship requirement.

When a Housestaff member cannot assume his/her responsibilities because of personal illness, he/she shall inform the faculty attending on the service, the Program Director and Coordinator using the UAMS Global contact group, Child Psychiatry Out-of-Office.

Holidays

Official UAMS holidays are listed on the UAMS website. https://hr.uams.edu/files/2018/04/2019_Holidays.pdf
<https://hr.uams.edu/files/2019/04/2020-holiday-schedule.pdf>

Housestaff

The fellows who comprise the Housestaff of the College of Medicine are responsible to the Chiefs of Service to whom they are assigned. The Chief of Service are responsible for teaching and patient care within their specialty. Clinical problems should be referred to the Chief of Service through the Chief Fellow and Program Director. The Dean of the College of Medicine and Associate Dean for Postdoctoral Affairs work with the Housestaff in solving administrative problems as they arise and provide assistance when needed.

The specific duties of a house officer are determined by the Chiefs of Service. In each instance, these will be subject to change at the discretion of the Chiefs of Service. In general, the house officer will conduct him/herself in a manner becoming a professional. Courteous consideration of patients is mandatory. He/she must be cooperative with associates, both medical and non-medical, and prompt in meeting responsibilities.

It is the responsibility of each house officer to become familiar with the rules and regulations pertaining to procedures, medical records, etc., for each hospital and service in which the house officer is assigned a rotation.

The instruction of medical students in the clinical years is an important function of our teaching hospital. Fellows are expected to actively participate in the teaching program of the particular service to which they are assigned. This teaching responsibility should be taken seriously, and each house officer shall take the time to discuss, with the medical student, problems relating to patients.

The Housestaff Office provides administrative assistance to the clinical departments and fellows for issues or problems pertaining to Housestaff affairs. Examples of situations in which the Housestaff Office may be involved include the following:

- Professional liability insurance
- Health insurance
- Medical licensure
- Payroll
- Ordering uniforms
- Letters regarding military status
- Letters of recommendation
- Narcotic exemption forms

The Housestaff Office is located in College of Medicine Administration Office, Central Hospital, First Floor, Room 1/1010. Hours are from 8.00A – 4.30P, Monday through Friday (501.296.1159).

ID Badges

1. UAMS

UAMS will furnish required ID badges at orientation. However, should a badge need to be replaced, badges are made through Create Services at Ed II B104: Mondays - 1.00 – 3.00P; Tuesdays – 7.30-8.30A; and Thursdays 8.30 – 9.30A.

2. ACH

Arkansas Children's Hospital ID Badges may be picked up at the Security Office on the 2nd floor in the East Campus Building, on Arkansas Children's Hospital campus. Contact ACH Security at 501.364.1537 for more information.

Leave

1. Vacation

Residents receive 21 days (only 15 weekdays i.e. M-F may be taken) of paid vacation each year. This cannot be “carried over” from one year to the next. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility.

2. Sick Leave

Residents have 12 days of sick leave for medical reasons during each year of training. Each program will inform its residents/fellows of the specialty Board regulation on leave used vs. Board eligibility. The sick leave cannot be “carried over”. Sick leave in excess of 12 days requires special review by the Associate Dean and Program Director.

3. Professional and Educational Leave

In addition to the annual vacation days that are given on a yearly basis, each resident or fellow will also be allotted five (5) additional vacation days for use by the resident or fellow at their discretion during the entirety of the individual’s residency or fellowship period at UAMS. These five vacation days are given whether the length of the program is a one-year program or a multi-year program.

4. Family Medical Leave Act (FMLA)

After a year of employment, residents and fellows are eligible for FMLA

<http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/2.200-Leave-for-Residents.pdf>

Fellow Leave Request Process

1. The fellow requests leave from each of the sites (CSC, ACH Consults, CDU, ASH, STRIVE) they are assigned to during the time of their leave in an email addressed to all Child and Adolescent Psychiatry attendings (Esmailpour, Gokarakonda, Kumar, Nardi, Neal, Raney, Williams).
2. In the email, the fellow should break down the exact times and locations for the leave request.

For Example: I am requesting vacation leave from June 3-7 (5 days).

- a. CSC (Dr. Raney) – June 3 AM, June 5 AM, June 7 PM
 - b. STRIVE (Dr. Kumar) – June 4 all day
 - c. CDU (Dr. Esmailpour) – June 6 all day
 - d. ASH (Dr. Neal and Dr. Williams) – June 7 AM
 - e. ACH Consults (the attending assigned to the specific day(s)) – June 5 PM
3. The Medical Directors at each site forward their response about the request being approved vs. denied to the Fellowship Director and Fellowship Coordinator for final approval based on vacation/leave fellowship policy.
 4. The Fellowship Director then communicates the final response about the request being approved vs denied to the Fellow and the Medical Directors at the requested leave sites so that schedules can be blocked as needed.

Library

The UAMS Library offers a number of online services for Housestaff. Fellows can schedule consultations and classes or request a library search. Librarians are available to assist in finding information for patient care or research and assisting with bibliographic software, database searching, resource use, and basic data management. Access to over 100 digital resources can be found on the A-Z Database page. The UAMS Library also has over 50 computers available for use and provides various study areas. Food and drinks are allowed throughout the Library, and vending machines are located in a small lounge located on the 1st level. After the Library is closed, residents

still have access to the 1st floor. To access the after-hours area, enter through the North Lobby of the ED II Building and use a valid UAMS ID badge in the card swipe. The area is monitored by security cameras and panic alarms are placed throughout the study rooms to be used to notify the UAMS Police in an emergency.

Mailboxes

Mailboxes are located on the 2nd-floor of the Child Study Center. Please check daily if possible.

Merchant Discounts

Various merchants offer discounts to employees, students, and alumni of the University of Arkansas for Medical Sciences when your UAMS ID badge is presented. <https://hr.uams.edu/benefits/more-benefits/merchant-discounts/>

Moonlighting

External moonlighting allowed but must be approved ahead of time by the Program Director. Fellows will be subject to dismissal from the program for the following:

- External Moonlighting without written approval of the Program Director
- Continuing to moonlight after permission to do so is withdrawn
- Using UAMS or ACH DEA number while external moonlighting
- Please follow the UAMS Moonlighting policy

http://gme.uams.edu/wp-content/uploads/sites/24/2017/06/UAMS-GME-Moonlighting-Policy_10-2-17.pdf

On-Call

Currently, fellows have no on-call duties assigned to them during their training.

Pagers

Pagers are furnished by the separate services where appropriate. If a fellow is issued a pager by the Department, the fellow accepts full responsibility for the pager. If the pager is lost, the fellow will be expected to reimburse the Department. If there is just cause for the loss (theft in car or home, fire, wreck, etc.), the fellow can present the cause to the Program Director.

Parking

1. UAMS

Parking is available in one of UAMS' parking decks; fellows will receive parking stickers and access cards. UAMS Parking Operations is located on the 2nd floor of the Distribution Center on 7th and Cottage. Office hours are 7.30A – 4.00P, Monday through Friday. You can contact them at 526-PARK (7275), or email parking@uams.edu. <http://www.uams.edu/campusop/depts/po/>

2. ACH

Parking is available on streets in the Office of Human Resources lot on the corner of 12th and Battery in unmarked spots with a Child Study Center hang tag. Parking tags are obtained by contacting Angela Palmer (Parking/Fleet Coordinator) at 501.364.3615; PalmerAngelaB@archildrens.org.

Pay Schedules

Housestaff members are paid monthly by direct deposit to the bank of choice. See attached link for schedule. <http://finance.uams.edu/files/2018/01/2018PRMonthlyBiweeklySupplemental.pdf>

Policies of the Graduate Medical Education (GME) Committee

The policies of the GME Committee are reviewed and revised periodically. Revised policies are effective as determined by the GME Committee. All GME Committee policies can be located on the UAMS College of Medicine website <https://gme.uams.edu/about-us/gmec/gmec-policies/>. Fellows are expected to be familiar with and

adhere to these policies.

Education Administration

- 1.100 Training Programs and Residents
- 1.101 Educational Records
- 1.110 Program Agreements
- 1.120 New Program Sponsorship
- 1.130 Non-UAMS Residents
- 1.140 Vendor Relations
- 1.200 Recruitment and Appointment
- 1.210 Transfers
- 1.220 Extramural Experience (Rotation)
- 1.230 Combined Training, unaccredited by ACGME
- 1.300 Evaluation and Promotion
- 1.400 Addressing Concerns
- 1.410 Grievances
- 1.420 Disciplinary Actions
- 1.430 Social Networking & Personal Electronic Communication
- 1.500 Treatment of Residents

Resident Support/Conditions for Employment

- 2.100 Financial Support
- 2.120 Extension of Training Program
- 2.200 Leave for Residents
- 2.300 Impairment
- 2.400 Medical Screening
- 2.600 Patient Care Activities
- 2.700 Reduction in size
- 2.710 Restrictive Covenants
- 2.720 HIV, HCV, HBV
- 2.800 Medical Records

Resident Supervision/Work Environment

- 3.100 Supervision
- 3.200 Duty Hours work environment
- 3.300 Moonlighting
- 3.500 Religious Accommodation
- 3.600 Disaster
- 3.610 Environmental Disruption of Education
- 3.700 Disabilities
- 3.800 Transition of Care and Handoff

Professional Liability Insurance

The University of Arkansas for Medical Sciences, through the Medical College Physician's Group, provides each resident with medical professional liability coverage for their activities within the residency/fellowship program. The coverage is written on a claims-made basis. Each resident/fellow is provided coverage in the amount of \$500,000 per medical incident with an annual aggregate of \$1,500,000. In addition to the limits of liability, the cost of legal defense is also provided. Hence, each resident/fellow is protected against claims for medical negligence for acts and/or omissions surfacing as a result of their UAMS COM approved activities. The coverage provided does not extend to activities outside the residency program. For this reason, any resident involved in moonlighting activities should secure his/her own professional liability coverage for the outside activities. To get more information view the Risk Management and Prevention Guide or contact the Insurance/Claims Management

Division of the Office of General Counsel at 501.614.2077.

Website

The Department of Psychiatry website is <http://psychiatry.uams.edu/>. This site contains information on department faculty, general fellowship program, calendar of events, and other items of interest. The Division of Child and Adolescent Psychiatry website is <http://psychiatry.uams.edu/education/fellowship-training-in-psychiatry/child-and-adolescent-fellowship/>. This site contains information on clinical programs and other items of interest.