Supervision of Residents’ Care of Patients

The general psychiatry residency program abides by the policies of Emory University School of Medicine which are available at http://med.emory.edu/gme/institutional_policies/resident_supervision.html. Residents are expected to demonstrate the ability to assume graduated progressive responsibility for patients so that by the end of training they are able to practice independently without supervision. The program utilizes a variety of sites to educate the residents. The rotation sites include: a veteran’s hospital, an academic community general hospital, a university based hospital, a geriatric hospital, and a community-based outpatient clinic. There may be additional sites depending on resident electives. By the time, the residents finish the program they have worked in a wide range of clinical settings, which closely mirror where practitioners work. The type of clinical care that the residents provide also is similar to the range of services that physicians provide in practice. The residents process through a series of experiences and under supervision, progressively become more self-sufficient and independent.

During the first week of training residents attend orientation on assessing and providing care to patients by faculty. They also receive training on suicide assessment, non-violent crisis intervention, and specifics of the system of care, including expectations for documentation, at Grady Memorial Hospital. In addition to providing a baseline for residents’ ability to interact with patients, residents are assessed on their ability to:

- Obtain appropriate and relevant information
- Synthesize and present information accurately to a faculty member
- Develop a treatment plan which triages the patient appropriately and addresses safety/ level of care issues
- Ability to ask for help when necessary

During the first year (primarily inpatient)

- Supervising faculty are on site with residents from Monday through Friday, 8 am – 5 pm. During and after these hours, resident can call their supervisors, chief resident, program director, or on call faculty for any immediate concerns.
- All patients are seen by supervising faculty
- On site supervision occurs weekly
- Faculty provide direct supervision early in the year with increasing progression to indirect supervision with direct immediately available based on the resident’s performance
- On call interns are directly supervised by senior level residents or faculty until they provide evidence they can be supervised with indirect supervision with direct immediately available. After they have progressed to indirect supervision with direct immediately available, they may call their direct supervisors, or on call faculty for concerns.

During the second year (primarily inpatient)

- Supervising faculty is on site with residents except for the outpatient psychotherapy training program (described below)
- All clinical encounters are supervised by faculty
• Supervising faculty see
  ❖ All patients during rotations at Wesley Woods and the VA Hospital
  ❖ All patients initially and then periodically and as needed during the Consultation/Liaison Services
• Clinical encounters will on call are supervised by faculty members as needed
• During one experience during the 2nd year, the outpatient psychotherapy training program (OPTP), the residents provide care with faculty supervision but the faculty does not provide ongoing direct care to the patients so that the residents have the experience of practicing independently.

During the third year (primarily outpatient)

• Supervising faculty is on site with residents except for the outpatient psychotherapy training program
• Supervising faculty see
  ❖ All patients initially and then periodically and as needed during outpatient rotations at Park Place (Grady Health Systems), VA Medical Center, and Emory University Student Health Services
  ❖ All patients initially and then periodically and as needed during the Emory Psychopharmacology Clinic
  ❖ During evenings, faculty are on call and available to supervise the more experienced PGY-3 residents as needed during night float shifts at Grady Hospital
• Faculty provide some direct supervision early in the year with increasing progression to indirect supervision with direct immediately available based on the resident’s performance
• In the outpatient psychotherapy training program (OPTP), the residents provide care with faculty supervision but the faculty does not provide ongoing direct care to the patients so that the residents have the experience of practicing independently.

During the fourth year (primarily outpatient)

• Supervising faculty is on site with residents except for the outpatient psychotherapy training program
• Faculty provide some direct supervision early in the year with increasing progression to indirect supervision with direct immediately available based on the resident’s performance

Residents have clinical responsibility for patients at the following sites
• Emory University Hospital
• Wesley Woods Geriatric Hospital
• Grady Memorial Hospital
• Park Place, Grady Health Systems
• Atlanta VA Medical Center
• CHOA
• Emory University Student Health Services
• Additional sites as approved by the program and Emory Office of Graduate Medical Education

There are written program descriptions of the expectations for
• Residents
• Faculty

Sites and faculty are reviewed annually and as needed by program committee. Each site has
• An agreement with Emory University School of Medicine covering residents’ salaries, benefits, and malpractice
• Written policies on faculty/attending patient care responsibilities
  • Written descriptions
     expected activities of the residents
     supervision of residents
     goals and objectives for each rotation/clinical assignment
  • A designated site director responsible for coordinating the residents’ experience and interacting with the program office
  • A rotation supervisor specifically assigned to
     to meet with the residents on a regular basis
     oversee the clinical care provided by the residents
  • a psychotherapy supervisor specifically assigned to
     to meet with the residents on a regular basis
     oversee the clinical care provided by the residents
  • Supervising faculty are required to
     be Emory faculty members (full time or voluntary)
     provide supervision on a regular basis and as needed; format and frequency as described for specific rotation
     assess the resident’s abilities and need for supervision on an ongoing basis
  • For problems/issues that arise that cannot wait until regular supervision, residents are expected to contact
     The assigned supervisor first
     If residents need additional help or the assigned supervisor is not available then residents should contact in the following order
      ➢ Site director
      ➢ Program director
      ➢ Division chief
      ➢ On call psychiatry faculty
     At any point, the resident may call the program director and/or division chief for additional help with questions or concerns about patient care or resident responsibilities for patient care
• Each rotation/site has policies and procedures that describe when residents are required to contact supervising faculty immediately, examples include:
   Emergency situations requiring hospitalization, physical/chemical restraint: all sites
   Elopement: all sites
   High risk behavior (e.g. suicide, homicide): all sites
   Discharge: all sites
• Medication changes: typically applies for all inpatient sites.
• Residents are required to call/discuss with the program director any situations in which they think that they are receiving inadequate supervision