



**MOREHOUSE**  
**SCHOOL OF MEDICINE**

Child and Adolescent Psychiatry  
Policy Manual

**Academic Year**  
**2025-2026**

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## Preface—Our Vision and Mission

### MSM Vision

Leading the creation and advancement of health equity by:

- Translating discovery into health equity
- Building bridges between health care and health
- Preparing future health learners and leaders



### MSM Mission

We exist to:

- Improve the health and well-being of individuals and communities;
- Increase the diversity of the health professional and scientific workforce;
- Address primary health care needs through programs in education, research, and service, with emphasis on people of color and the underserved urban and rural populations in Georgia, the nation, and the world.

### **“We are on a mission”**

Morehouse School of Medicine (MSM) is like no other medical school in the country. Like other schools, we attract students who want to be great doctors, scientists, and health care professionals, and who want to make a lasting difference in their communities. However, MSM ranks number one in the first-ever study of all United States medical schools in the area of social mission.

The ranking came as a result of MSM’s focus on primary care and its mission to address the needs of underserved communities, a commitment which the study emphasizes is critical to improving overall health care in the United States. Such recognition underscores the vital role that MSM and other historically black academic health centers play in the nation’s health care system by addressing, head on, the issues of diversity, access, and misdistribution.

Put simply, we attract and train the doctors and health professionals America needs most: those who will care for underserved communities; those who will contribute racial and ethnic diversity to the health professions and scientific workforce; those who will dedicate themselves to eliminating the racial, ethnic, and geographic health inequities that continue to plague the community and the nation.

Likewise, our researchers seek to understand not only the biological determinants of illness and health, but also the social determinants: the circumstances in which someone is born, lives, works, and ages. These circumstances can be shaped by diverse forces, but can be just as powerful as physiology, if not more so, when it comes to health and wellness.

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## The Scope of This Manual

The Child and Adolescent Psychiatry (CAP) Policy Manual is an outline of the basic CAP policies, practices, and procedures at Morehouse School of Medicine (*MSM* or *School*). The Child and Adolescent Psychiatry Policy Manual is intended only as an advisory guide. **The term *resident* in this document refers to both specialty residents and subspecialty fellows.**

This policy manual should not be construed as, and does not constitute, an offer of employment for any specific duration. This policy manual does not constitute an expressed or implied contract of employment for any period of time. Either MSM or an employee may terminate the employment relationship at any time with or without cause and with or without notice.

MSM will attempt to keep the Child and Adolescent Psychiatry Policy Manual and its online version current, but there may be cases when a policy will change before this material can be revised online. Therefore, you are strongly urged to contact the Child and Adolescent Psychiatry Office to ensure that you have the latest version of MSM's policies.

Policy updates will be communicated to the MSM community via email and will be posted on the MSM internet site. MSM may add, revoke, suspend, or modify the policies as necessary at its sole discretion and without prior notice to employees. This right extends to both published and unpublished policies. A copy of the Child and Adolescent Psychiatry Policy Manual is available for download from the MSM website.

The current MSM Policy Manual supersedes all previous Child and Adolescent Psychiatry Policy Manuals, policies, and employee handbooks of MSM. The effective date of each policy indicates the current policy and practice in effect for the school.

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## Message from the Program Director



Greetings!

The Morehouse School of Medicine Child Psychiatry Program is excited to partner with you on your journey to become a child and adolescent psychiatrist. We are honored that you trusted us with your training and are committed to, and intentional about, our goal: developing excellent clinicians *and* effective advocates primed to make an impact in our communities.

This program is designed to provide you with a diversity of scholarly and clinical activities that increase your professional skills, medical knowledge, and clinical acumen. Just as importantly, it includes learning opportunities that will equip you to leverage your privilege, knowledge, and power to work collaboratively and innovatively across disciplines to advance children's mental health. To this end, the program provides you a broad-based training experience achieved through partnership with a variety of agencies: community- and academia-based organizations; private and public mental health care providers; and educational and legal institutions.

While rewarding, the work of child and adolescent psychiatry is challenging, nuanced, and demanding. As you learn to navigate patient care, self-care, professional development, and work-life integration in this new role, our faculty aims not only to provide guidance as it relates to the nuts and bolts of psychiatric practice, but also to serve as mentors and sources of support. They, along with the Morehouse School of Medicine administration and staff, value you and your wellness.

Mental health matters for every aspect of society. Healthy growth and development, and children's mental health promotion are critical in the creation and advancement of health equity. Thank you for joining us in this work. And welcome!

A handwritten signature in black ink, appearing to read 'Danae Evans', with a long horizontal line extending to the right.

Danae Evans, MD  
Program Director of the Child and Adolescent Psychiatry Fellowship Program

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## Message from the Associate Program Director



I bring you greetings from Morehouse School of Medicine Child and Adolescent Psychiatry Fellowship Program leadership!

It is with great pleasure that I welcome you to train at our very special community-based program. As the program enters its third academic year, we are happy to announce that we have achieved continued accreditation and that we graduated our inaugural class in 2022! In fact, we have already seen new heights and expansion.

With over 20 community sites, your educational learning experience at Morehouse School of Medicine will encompass a variety of clinical settings, from inpatient psychiatric hospitals to consultation-liaison, to community mental health agencies, to school-based mental health clinics, not to mention the plethora of specialty electives we offer. This range of opportunities gives our program the unique benefit of being a true community-based program.

As is inherent in our vision and mission, we strive to pave the way for the education and advancement of young mental health professionals who will, in turn, provide the utmost care to historically marginalized and disadvantaged communities. We aim to diversify the health care workforce while increasing access to mental health care for those in greatest need.

It is an honor to be your Associate Program Director. I thoroughly enjoy working with our fellows and look forward to participating in your training through multiple levels of didactics, mentorship, and beyond. Please do not hesitate to email, text, or call me with questions and concerns. We are a team here at Morehouse School of Medicine and are here to support you through your journey to the next level in your awesome career!

Again, Welcome!

A handwritten signature in black ink, appearing to read "K. Williams".

Kamille Williams, MD  
CAP Fellowship Faculty  
Associate Program Director of the Child and Adolescent Psychiatry Fellowship Program  
Morehouse School of Medicine

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## Aims of the Child and Adolescent Psychiatry Program

The Child and Adolescent Psychiatry Program has three primary aims:

- Provide a training experience that inspires child and adolescent psychiatry fellows to provide quality health care to all, especially historically marginalized and under-resourced populations in Georgia;
- Promote scholarship and leadership in the fields of child psychiatry by our faculty and fellows, by supporting advocacy, alliance-building, and academic pursuits;
- Deliver an academically rigorous, clinically relevant, and culturally and structurally informed training experience for our fellows that equips them to be excellent clinicians and effective physician advocates.

## General Information for Faculty Members

The Graduate Medical Education Committee (GMEC) highly values the contributions of our faculty members. The GMEC agrees with, supports, and adheres to the ACGME requirements and standards as related to faculty members reflected in the following section of the *ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry, Common Program Requirements* from July 1, 2025:

Faculty members are a foundational element of graduate medical education—faculty members teach fellows how to care for patients. Faculty members provide an important bridge allowing fellows to grow and become practice ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Faculty members ensure that patients receive the level of care expected from a specialist in the field. They recognize and respond to the needs of the patients, fellows, community, and institution. Faculty members provide appropriate levels of supervision to promote patient safety. Faculty members create an effective learning environment by acting in a professional manner and attending to the wellbeing of the fellows and themselves.

### Per Section II.B. of the ACGME Common Program Requirements

For each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all fellows at that location.

### Faculty Responsibilities

Faculty members must:

- Be role models of professionalism;
- Demonstrate commitment to the delivery of safe, quality, cost-effective, patient-centered care;
- Demonstrate a strong interest in the education of fellows;

- 
- Devote sufficient time to the educational program to fulfil their supervisory and teaching responsibilities;
  - Administer and maintain an educational environment conducive to educating fellows;
  - Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences; and
  - Pursue faculty development designed to enhance their skills at least annually:

### **Faculty Development**

Faculty Development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the fellowship program faculty in the aggregate.

### **Faculty Qualifications**

Faculty members must:

- Have appropriate qualifications in their field and hold appropriate institutional appointments;
- Subspecialty physician faculty members must have current certification in the subspecialty by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry, or possess qualifications judged acceptable to the Review Committee.

Any non-physician faculty members who participate in fellowship program education must be approved by the program director.

Core faculty members must:

- Have a significant role in the education and supervision of fellows;
- Devote a significant portion of their entire effort to fellow education and/or administration;
- Teach, evaluate, and provide formative feedback to fellows as a component of their activities; and
- Complete the annual ACGME Faculty Survey.

### **ACGME Specialty Review Committees**

ACGME Specialty Review Committees:

- May further specify additional physician and non-physician faculty member qualifications;
- Must specify the minimum number of core faculty and/or the core faculty-to-fellow ratio; and
- May specify requirements specific to associate program director(s).

## Graduate Medical Education Personnel

Associate Dean/ Designated Institutional Official		Assistant Dean of GME
Chinedu Ivonye, MD, FACP (404) 756-1373 <a href="mailto:civonye@msm.edu">civonye@msm.edu</a>		Riba Kelsey, MD, FAAFP (404)-756-1230 <a href="mailto:Rkelsey@msm.edu">Rkelsey@msm.edu</a>
GME Director	GME Associate Director	Data Management Specialist
Jason Griggs (404) 752-1011 <a href="mailto:jgriggs@msm.edu">jgriggs@msm.edu</a>	Tiffany Burns (470) 670-6404 <a href="mailto:tburns@msm.edu">tburns@msm.edu</a>	Felicia Underwood (404) 756-1348 <a href="mailto:funderwood@msm.edu">funderwood@msm.edu</a>
Fellowship Program Manager	Fellowship Program Coordinator	
Kennyna Landing 50 Hurt Plaza (404) 756-1451 <a href="mailto:klanding@msm.edu">klanding@msm.edu</a>	Kristopher Goodlow 50 Hurt Plaza (404) 756-5035 <a href="mailto:krgoodlow@msm.edu">krgoodlow@msm.edu</a>	

## Current Core and Adjunct Faculty

Core Faculty		
Danae Evans, MD Program Director <a href="mailto:danevans@msm.edu">danevans@msm.edu</a>	Kamille Williams, MD Associate Program Director <a href="mailto:svinson@msm.edu">svinson@msm.edu</a>	Sarah Y. Vinson, MD Department Chair <a href="mailto:svinson@msm.edu">svinson@msm.edu</a>
Nicole Cotton, MD <a href="mailto:ncotton@msm.edu">ncotton@msm.edu</a>	Shaakira Ford, LCSW, DSW <a href="mailto:saford@msm.edu">saford@msm.edu</a>	Fatima Kasiah, MD <a href="mailto:fkasiah@msm.edu">fkasiah@msm.edu</a>
Gail Mattox, MD <a href="mailto:gmattox@msm.edu">gmattox@msm.edu</a>	LeRoy Reese, PhD <a href="mailto:lreese@akomacounseling.com">lreese@akomacounseling.com</a>	Marietta Collins, PhD <a href="mailto:mcollins@msm.edu">mcollins@msm.edu</a>
Jenika Hardeman, MD <a href="mailto:jhardeman@msm.edu">jhardeman@msm.edu</a>	Sheritta Carmichael, MD <a href="mailto:Scarmichael@msm.edu">Scarmichael@msm.edu</a>	

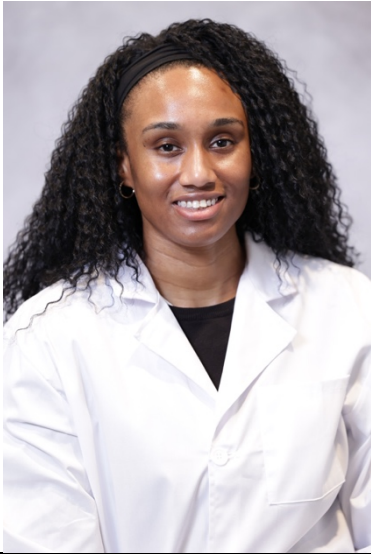
Additional CAP Faculty		
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Louis Adolph Casal, MD <a href="mailto:Adolph.Casal@choa.org">Adolph.Casal@choa.org</a>	Kim Dobson-Callahan, MD <a href="mailto:kmdc52014@gmail.com">kmdc52014@gmail.com</a>	Bryon Evans, MD <a href="mailto:psych.consult@yahoo.com">psych.consult@yahoo.com</a>

<b>Additional CAP Faculty</b>		
Yolanda Fountain, PhD <a href="mailto:drfountain@playwellness.net">drfountain@playwellness.net</a> <a href="mailto:Yofountain@msm.edu">Yofountain@msm.edu</a>	Aleema Zakers, MD <a href="mailto:azakers3@gatech.org">azakers3@gatech.org</a> <a href="mailto:Aleemas1@gmail.com">Aleemas1@gmail.com</a>	Beverly Stoute, MD <a href="mailto:beverlystoutemd@gmail.com">beverlystoutemd@gmail.com</a>
Ayo Gathering, MD <a href="mailto:ayoa23@hotmail.com">ayoa23@hotmail.com</a>	Kenneth Genova, MD Tanner Willowbrooke Attending/Supervisor <a href="mailto:kgenova@tanner.org">kgenova@tanner.org</a>	Ericka Goodwin, MD, DFAPA <a href="mailto:kiddieshrink@mac.com">kiddieshrink@mac.com</a>
Chanda Graves, PhD <a href="mailto:ccgrave@emory.edu">ccgrave@emory.edu</a>	Randee Waldman, JD <a href="mailto:rwaldm2@emory.edu">rwaldm2@emory.edu</a>	Marcus C. Griffith, MD <a href="mailto:marcus.c.griffith@kp.org">marcus.c.griffith@kp.org</a>
Jamila Hallman-Cooper, MD <a href="mailto:jhallmancooper@emory.edu">jhallmancooper@emory.edu</a>	Vanderlyn Sewell, MD <a href="mailto:Vasmd99@gmail.com">Vasmd99@gmail.com</a>	Steven L. Jaffe, MD Insight/SUD Site Director <a href="mailto:srjaffe@bellsouth.net">srjaffe@bellsouth.net</a>
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Brian McGregor, PhD <a href="mailto:bmcgregor@msm.edu">bmcgregor@msm.edu</a>	Angela P. Shannon, MD <a href="mailto:shannonchipsy@gmail.com">shannonchipsy@gmail.com</a>	Brett Murphy-Dawson, MD <a href="mailto:Bmurphydawson@msm.edu">Bmurphydawson@msm.edu</a>
Kirstin Weinschenk, MD <a href="mailto:Kristin.weinschenk@choa.org">Kristin.weinschenk@choa.org</a>	Vanderlyn Sewell, MD <a href="mailto:Vasmd99@gmail.com">Vasmd99@gmail.com</a>	

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**Child and Adolescent Psychiatry Fellow Roster 2025-2026**

**First Year Fellows**



**Chelsea Cleveland, MD**



**Derek Sloss, MD**

**Second Year Fellows**



**Joshua Omade, MD**



**Francois Williams, MD**

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## **Orientation and Child Psychiatry Bootcamp**

GME and institutional orientation for new fellows is held approximately one (1) week prior to beginning their F-1 year (July 1). Orientation includes information about the GME office, institution, policies, evaluation procedures, and benefits.

During their program-specific orientation, fellows receive an introduction to the administrative and academic requirements of the Child and Adolescent Psychiatry Fellowship Program and the Department of Psychiatry. They are provided information about the faculty, rotation schedules, conferences, advisors, and clinical and didactic learning activities.

Throughout the two years of fellowship training, the following records will be retained in each fellow's permanent file:

- ERAS application and supplemental materials
- Credentials, including degree, transcripts, and curriculum vitae
- Copies of temporary training permits, licensure, liability insurance
- Transfer records indicating previous training, performance, and a statement of integrity
- Examination scores (USMLE, Clinical Competency Exam, In-Training Exam)
- Signed attestation indicating receipt of goals and objectives
- Evaluation summaries
- Evidence of scholarly and PS/QI activity
- Patient logs
- Due process and grievance proceedings (when applicable)
- Checklist and verification statements from the program director, upon completion of the program
- Annual Training Agreement

The fellow's file is the property of the Morehouse School of Medicine CAP Fellowship Department.

## **Child and Adolescent Psychiatry Fellow Benefits**

The following benefits are offered to Child and Adolescent Psychiatry fellows:

- Medical and dental insurance
- Life insurance
- Professional liability insurance
- Sick leave (20 days/year)
- Vacation (15 days/year)
- White coats (2)
- Administrative/educational leave (The 10-day baseline may be modestly increased for fellows participating in national meetings, boards, or committees, at the program director's discretion)

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## General Information

### Adherence to Policies and Procedures

All fellows must comply with the policies and procedures of the program, GME, MSM, and all affiliate hospitals and sites where rotations are provided. The electronic version of this manual can be found on the Child and Adolescent Psychiatry Fellowship home page in MedHub.

**NOTE: You must respond to a call at all times while on duty.**

#### **Paychecks**

Paychecks are available biweekly (26 paychecks per calendar year).

#### **Licensure Policy**

Fellows are required to apply for and have their full Georgia State Medical License and Drug Enforcement Administration License prior to entrance to the program. This is paid for by the institutional GME or fellowship as reimbursement. Fellows can apply through the licensure link:

<https://medicalboard.georgia.gov/licensure-information/physician> and  
[https://www.deadiversion.usdoj.gov/online\\_forms\\_apps.html](https://www.deadiversion.usdoj.gov/online_forms_apps.html).

#### **Certifications**

Fellows are required to be certified and maintain certification in Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) throughout their fellowship.

#### **NPI Number**

If a fellow has not applied for a NPI and he/she/they has a Social Security Number, the fellow must complete the online application at <https://nppes.cms.hhs.gov/#/>.

If a fellow has not applied for an NPI and he/she/they does not have a Social Security Number, the fellow must complete the paper application found at the following link:

<http://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS10114.pdf>.

If a fellow is coming to a Morehouse School of Medicine-sponsored program and already has an NPI, the fellow must change the business address of the previous NPI number to their new program's mailing address. The fellow can get information by contacting the program.

Fellows must use their NPI number for writing prescriptions.

#### **Mailboxes**

Fellow mailboxes are located in the Department of Psychiatry in the Hurt Building. Fellows should purge their mailboxes on a weekly basis. We strongly encourage fellows to make an effort to change all mailing addresses to their home address; doing so ensures that fellows receive important mailings in a timely fashion.

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### **Professional Organizations**

The program provides support for the fellow's annual membership in the American Academy of Child and Adolescent Psychiatry (AACAP). We strongly recommend that each fellow becomes an active member of the Georgia Chapter of AACAP and takes full advantage of the organization's educational resources. Additionally, we encourage fellows to consider participation in the American Association of Community Psychiatry, the American Academy of Pediatrics, the Black Psychiatrists of America, and the American Psychiatric Association.

### **Administrative/Educational Leave**

The program provides fellows a maximum of 10 days paid administrative leave to attend educational-based conferences. This time away applies to the entire two (2) years of fellowship training and is based on prior approval from the program director. Leave for job interviews for second year fellows should be scheduled on the fellow's day off. Additional time off for interviews will be decided on a case-by-case basis. All leave must be approved by the program director.

### **Faculty Advisor Roles and Responsibilities**

At the beginning of each academic year, MSM Child and Adolescent Psychiatry faculty members are selected to serve as faculty advisors for incoming fellows. Those faculty members selected each serve as an advisor/coach for a selected fellow for the entire two (2) years of their fellowship.

Faculty advisors serve as a resource, a coach, a role model, and a teacher. Although the role of advisor is multi-faceted, and the day-to-day responsibilities vary depending on the fellow, an outline of the basic roles and responsibilities of the faculty advisor are listed below.

The following qualifications and responsibilities apply to faculty advisors:

- Be dedicated and enthusiastic about the fellow's education.
- Challenge and encourage fellows to be exemplary in their profession.
- Serve as role models for patient interactions.
- Encourage positive interaction and problem-solving skills.
- Advise the fellow on timely fulfillment of requirements (scholarly activity, duty hours, patient logs, etc.), improving study habits, and issues related to professionalism.
- Ensure that fellows are preparing themselves for life beyond fellowship to include guidance in the process of applying for exploration of other professional pursuits (private practice, academic medicine, etc.).
- Act as a liaison between the individual fellow and the administration.
- Provide the fellow opportunities to discuss confidential issues.

By assisting fellows in identifying their strengths and weaknesses, faculty advisors can help to ensure that fellows make informed long-term decisions regarding their area of practice based on their personal abilities and desires.

## CAP Fellowship Master Clinical Schedules

### First Year Fellow I— Chelsea Cleveland, MD

Dr. Chelsea Cleveland		Monday	Tuesday	Wednesday	Thursday	Friday
July - Mid July	AM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
	PM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
Mid July - July	AM	Hillside	Hillside	Didactics	Hillside	Sheltering Arms
	PM	Hillside	Hillside	Didactics	Hillside	EP - Psychopharm
August	AM	Hillside	Hillside	Didactics	Hillside	Sheltering Arms
	PM	Hillside	Hillside	Didactics	Hillside	EP - Psychopharm
September	AM	Youth Villages	Youth Villages	Didactics	Youth Villages	Emory Autism Center
	PM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychopharm
October	AM	Youth Villages	Youth Villages	Didactics	Youth Villages	Academic Elective
	PM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychopharm
November	AM	Laurel Heights	Laurel Heights	Didactics	Laurel Heights	Academic Elective
	PM	Laurel Heights	Laurel Heights	Didactics	Laurel Heights	EP - Psychopharm
December	AM	Veritas	Veritas	Didactics	Veritas	Community Elective
	PM	Veritas	Veritas	Didactics	Veritas	EP - Psychopharm
January	AM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	EP - Psychotherapy
	PM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	EP - Psychopharm
February	AM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	EP - Psychotherapy
	PM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	EP - Psychopharm
March	AM	Tanner	Tanner	Didactics	Tanner	EP - Psychotherapy
	PM	Tanner	Tanner	Didactics	Tanner	EP - Psychopharm
April - Mid May	AM	CHOA-Neuro	CHOA-Neuro	Didactics	CHOA-Neuro	EP - Psychotherapy
	PM	CHOA-Neuro	CHOA-Neuro	Didactics	CHOA-Neuro	EP - Psychopharm
Mid May - June	AM	Insight	Insight	Didactics	Insight	EP - Psychotherapy
	PM	Insight	Insight	Didactics	Insight	EP - Psychopharm

### First Year Fellow II— Derek Sloss, MD

Dr. Derek Sloss		Monday	Tuesday	Wednesday	Thursday	Friday
July - Mid July	AM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
	PM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
Mid July - July	AM	Hillside	Hillside	Didactics	Hillside	Academic Elective
	PM	Hillside	Hillside	Didactics	Hillside	EP - Psychopharm
August	AM	Hillside	Hillside	Didactics	Hillside	Academic Elective
	PM	Hillside	Hillside	Didactics	Hillside	EP - Psychopharm
September	AM	Tanner	Tanner	Didactics	Tanner	Community Elective
	PM	Tanner	Tanner	Didactics	Tanner	EP - Psychopharm
October	AM	Laurel Heights	Laurel Heights	Didactics	Laurel Heights	Sheltering Arms
	PM	Laurel Heights	Laurel Heights	Didactics	Laurel Heights	EP - Psychopharm
November	AM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	Sheltering Arms
	PM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	EP - Psychopharm
December	AM	Arthur M. Blank	Arthur M. Blank	Didactics	Arthur M. Blank	Sheltering Arms
	PM	Arthur M. Blank	Youth Villages	Didactics	Arthur M. Blank	EP - Psychopharm
January	AM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychotherapy
	PM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychopharm
February	AM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychotherapy
	PM	Youth Villages	Youth Villages	Didactics	Youth Villages	EP - Psychopharm
March	AM	Veritas	Veritas	Didactics	Veritas	EP - Psychotherapy
	PM	Veritas	Veritas	Didactics	Veritas	EP - Psychopharm
April - Mid May	AM	CHOA-Neuro	CHOA-Neuro	Didactics	CHOA-Neuro	EP - Psychotherapy
	PM	CHOA-Neuro	CHOA-Neuro	Didactics	CHOA-Neuro	EP - Psychopharm
Mid May - June	AM	Insight	Insight	Didactics	Insight	EP - Psychotherapy
	PM	Insight	Insight	Didactics	Insight	EP - Psychopharm

## Second Year Fellow I— Joshua Omade, MD

Dr. Joshua Omade		Monday	Tuesday	Wednesday	Thursday	Friday
July - Mid July	AM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
	PM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
Mid July - July	AM	Grady IDP	Academic Elective	Didactics	SHWC	DJJ
	PM	Grady IDP	Academic Elective	Didactics	EP - Psychotherapy	PSQI
August	AM	Grady IDP	Academic Elective	Didactics	SHWC	DJJ
	PM	Grady IDP	Academic Elective	Didactics/GA LEND	EP - Psychotherapy	GA LEND
September	AM	Grady IDP	Medcura SBHC	Didactics	SHWC	DJJ
	PM	Grady IDP	KIPP WPA	Didactics/GA LEND	EP - Psychotherapy	GA LEND
October	AM	Forensics	Medcura SBHC	Didactics	SHWC	DJJ
	PM	Forensics	KIPP WPA	Didactics/GA LEND	EP - Psychotherapy	GA LEND
November	AM	Forensics	Medcura SBHC	Didactics	SHWC	DJJ
	PM	Forensics	KIPP WPA	Didactics/GA LEND	EP - Psychotherapy	GA LEND
December	AM	Forensics	Medcura SBHC	Didactics	SHWC	DJJ
	PM	Forensics	KIPP WPA	Didactics	EP - Psychotherapy	PSQI
January	AM	Autism	Families First	Didactics	Emory Autism Center	Barton Advocacy
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
February	AM	Autism	Families First	Didactics	Emory Autism Center	Barton Advocacy
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
March	AM	Autism	Families First	Didactics	Emory Autism Center	Barton Advocacy
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
April	AM	Autism	Families First	Didactics	Emory Autism Center	Family Therapy
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
May	AM	Autism	Families First	Didactics	Emory Autism Center	Family Therapy
	PM	GA LEND	Families First	Didactics	EP - Psychotherapy	PSQI
June	AM	Autism	Families First	Didactics	Emory Autism Center	Family Therapy
	PM	GA LEND	Families First	Didactics	EP - Psychotherapy	Admin

## Second Year Fellow II— Francois Williams, MD

Williams		Monday	Tuesday	Wednesday	Thursday	Friday
July - Mid July	AM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
	PM	Boot Camp	Boot Camp	Boot Camp	Boot Camp	Boot Camp
Mid July - July	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	PS/QI	Families First	Didactics	EP - Psychotherapy	PS/QI
August	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
September	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	GA LEND	Families First	Didactics/GA LEND	EP - Psychotherapy	GA LEND
October	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	GA LEND	Families First (w school consult)	Didactics/GA LEND	EP - Psychotherapy	GA LEND
November	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	GA LEND	Families First (w school consult)	Didactics/GA LEND	EP - Psychotherapy	GA LEND
December	AM	Autism	Families First	Didactics	Emory Autism Center	EP - Psychopharm
	PM	PS/QI	Families First	Didactics	EP - Psychopharm	Admin
January	AM					
	PM					
February	AM					
	PM					
March	AM					
	PM					
April	AM					
	PM					
May	AM					
	PM					
June						

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## Learning Activities

### Courses

*At a minimum, each fellow is expected to attend 70% of the regularly scheduled didactic sessions.*

Each course carries an expectation that fellows prepare for class and then actively participate in the discussions. Syllabi for courses are housed in MedHub and OneDrive. The most up-to-date list of topics and readings is available on OneDrive.

#### Combined Class Courses

- **Development and Psychopathology**—Course Director, Dr. Kamille Williams
- **Treatment Interventions**—Course Director, Dr. Kamille Williams and Certain Faculty
- **Special Topics**—Course Director, Dr. Kamille Williams and Certain Adjunct Faculty
- **Assessment**—Course Director, Dr. Kamille Williams
- **Bootcamp**—Course Directors, Dr. Danae Evans
- **Neuroscience**—Course Director, Dr. Kamille Williams
- **CAP Process Group**— Supervisor, Dr. Marietta Collins

#### Biennial Combined Courses

- **Black Child Psychiatry**—Course Director, Dr. Sarah Y. Vinson
- **Life of Children**—Course Director, Dr. Sarah Y. Vinson

#### Second Year Courses

- **Transition to Practice**—Course Director, Dr. Gail A. Mattox
- **Community and Consult**—Course Director, Dr. Gail A. Mattox

### Clinical Case Conference

Clinical Case Conferences are held **the third Wednesday of every other month at 12 noon, virtually**. These conferences include a review of topics and cases in child and adolescent psychiatry. The Clinical Case Conference is organized by a faculty member; however, each learning activity is led by a fellow. Attendance at Clinical Case Conference is mandatory for fellows and there is an open invitation for any faculty member to attend.

### Journal Club

Journal Club meetings are held on **the first Wednesday of every other month at 12 noon, in person**. Generally, one or two recent and/or landmark journal articles are discussed by both faculty and fellows. Fellows are taught how to critically appraise and evaluate the medical literature. The Journal Club is organized by a faculty member; however, each week the learning activity is led by a fellow. Attendance at journal club is mandatory for fellows and there is an open invitation for any faculty member to attend.

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## Evaluations of Fellows

Multi-source evaluative feedback on performance and progress in the training program is provided to the fellows throughout their training.

Supervising Attendings and/or site directors, course directors, the fellowship program leadership, psychotherapy supervisors, and advisors all provide feedback via MedHub. Additionally, fellows are provided links to share with members of the multidisciplinary care team, patients, peers, and students for 360-degree evaluations. Fellows are also expected to perform self-evaluations. Twice a year, each fellow receives semi-annual evaluations by the program director. These evaluations are intended as a review of the overall progress of the fellow, to discuss any problems or concerns, and to identify goals for the upcoming year.

Midway through each rotation, the supervising Attending meets with each fellow to discuss their mid-rotation evaluation, document their progress, and provide feedback on the fellow's strengths and weaknesses. If this meeting is not initiated by the Attending, it should be initiated by the fellow. At the end of each rotation, the site supervisor and/or Attending completes a written evaluation on the performance of the fellow. The supervising Attending also meets with the fellow for end-of-rotation feedback. The faculty member evaluates the fellow on each of the six (6) core competencies established by the ACGME that are relevant for a given site:

- Professionalism
- Patient Care and Procedural Skills
- Medical knowledge
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Systems-Based Practice

## Evaluations by Fellows

Fellows must complete a formal evaluation via MedHub for each of their learning activities and rotations. They are also asked to provide feedback in monthly meetings with the program director and/or the associate program director.

## Child PRITE Exam

One of the most valuable contributions of the American College of Psychiatrists (ACP) to psychiatric education is the annual Child Psychiatry Resident-In-Training Examination (PRITE®). The ACP designed the CHILD PRITE as an educational resource for psychiatric fellows and training programs. Each section of the exam focuses on a particular component of psychiatry, offering references to support and explain correct answers.

CHILD PRITE results provide helpful information for both fellows and training directors as well as for the residency program. Fellows receive a detailed computer analysis of their test performance in comparison with other fellows at a similar level of training. Training directors receive results for their individual fellows as well as statistical summary data comparing their training program with other groups of participants. Fellowship programs use CHILD PRITE as one factor, among many, for assessing the competency of fellows. This information assists training directors in adjusting their programs to make them more effective.

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CHILD PRITE takes place in December. Nearly all psychiatry fellows in the United States, and many in Canada, take the exam both years of their fellowship training. At the MSM fellowship, fellows also take two PRITE-style self-assessment exams over the course of the academic year.

### **Scholarly Activity and PS/QI Project**

Fellows are required to complete a scholarly project/presentation entitled Senior Talk, and to participate in a PS/QI project prior to graduation. Potential scholarly activities must be approved by the program director or the associate program director, and include, but are not limited to, the following:

- Poster or oral presentation at a local, regional, or national conference
- Service on a national professional board
- Published letters to the editor
- Published case reports (all authors) and published research manuscripts (all authors)
- Partial or complete book chapters

Submitted manuscripts or posters which have not been accepted will be judged on a case-by-case basis.

### **Conferences and Presentations**

Fellows may be selected to participate in conferences throughout the country. The Fellowship Program and the Department of Psychiatry work in collaboration to sponsor fellows for these important events with the following guidelines:

- Fellows must be in good standing, not on probation, and not have issues related to professionalism.
- An annual professional development stipend will be provided for the fellow to use for conference travel. The amount of the sponsorship is based on availability of funds.
- Notification of invitation to present must be submitted to the program at least 60 days in advance, whenever possible.
- Time away for conferences is awarded based on rotation and number of administrative days available and is awarded at the discretion of the program director. Number of days off for job and fellowship interviews will also be taken into account.
- Preference is given when fellows are presenting or serving on a national committee that is meeting at the conference.

The subject matter of the research or presentation is determined by the fellow in consultation with their faculty advisor or research mentor. Fellows must provide the Fellowship Program Office with documentation of their abstract acceptance. All abstracts prepared by fellows for submission and presentation at scientific meetings should have a designated faculty/mentor reviewer. Fellows are responsible for obtaining faculty/mentor review and signature on the abstract submission forms. With the help of their faculty mentor, fellows should determine at the onset of proposed research whether the research activity planned requires MSM IRB review and approval.

Lead time for requested departmental support/reimbursement is critical. As soon as the fellow is notified of an acceptance for a presentation, the fellow **MUST** inform the fellowship program. At least two (2) months lead time is required for reimbursement. In the case of requests submitted less than two (2) weeks prior to the event, the fellow will be responsible to cover the initial cost

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and may not be reimbursed at the full cost of the travel expenses, with partial or complete reimbursement determined as funds allow.

## MedHub and OneDrive

All official documents related to the fellowship can be accessed through MedHub and/or OneDrive. MedHub contains the official records for fellows: evaluations, time off requests, moonlighting permission requests, schedules, and the fellows' portfolios. Schedules and syllabi housed there are updated at regular intervals by the program staff. The OneDrive folder is a more accessible, nimble online repository and will always include the most up-to-date syllabi, readings, and schedules. Additionally, it includes helpful information, such as faculty descriptions. Scholarly activity work product is stored here as well. Final projects are only entered into MedHub.

## Web-Based Resources

### MSM Online Library

To access books, full articles, and the other resources in the online library, no sign on is necessary when logging in on campus. However, when accessing the library resources off campus, sign on is required with the login name and password used to check webmail.

Among many other things, the MSM Online Library site provides access to:

- The Psychiatry Online Database
- PubMed and some full articles
- Ovid and some full articles. You may need to have this site open when you are trying to download articles from PubMed.
- UpToDate; this site is available only from on campus.

### ACGME Glossary of Terms

[https://acgme.org/Portals/0/PDFs/ab\\_ACGMEglossary.pdf?ver=2018-05-14-095135-583](https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583)

### ACGME Milestones

<https://www.acgme.org/globalassets/pdfs/milestones/childandadolescentpsychiatrymilestones2.0.pdf>

### ACGME Competencies

The term *resident* in this document refers to both specialty residents and subspecialty fellows. Common Program Requirements noted in each set of specialty and subspecialty requirements uses the terms *resident* and *fellow* interchangeably.

#### IV.B.1.a) Professionalism

Fellows must demonstrate a commitment to professionalism and an adherence to ethical principles.

#### IV.B.1.a) Patient Care and Procedural Skills

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Background and Intent: Quality patient care is safe, effective, timely, efficient, patient-centered, equitable, and designed to improve population health, while reducing per capita costs. (See the Institute of Medicine [IOM]'s Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century, 2001 and Berwick D, Nolan T, Whittington J. The Triple Aim: care, cost, and quality. Health Affairs. 2008; 27(3):759-769.). In addition, there should be a focus on improving the clinician's well-being as a means to improve patient care and reduce burnout among residents, fellows, and practicing physicians.

These organizing principles inform the Common Program Requirements across all Competency domains. Specific content is determined by the Review Committees with input from the appropriate professional societies, certifying boards, and the community.

IV.B.1.b).(1) Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. <sup>(Core)</sup>

IV.B.1.b).(1).(a) Fellows must demonstrate competence in:

IV.B.1.b).(1).(a).(i) evaluation and treatment of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders; <sup>(Core)</sup>

IV.B.1.b).(1).(a).(ii) treatment of children and adolescents for the development of conceptual understanding and beginning clinical skills in major treatment modalities, including brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy; <sup>(Core)</sup>

IV.B.1.b).(1).(a).(iii) evaluation and treatment of patients from diverse cultural backgrounds and varied socioeconomic levels; and, <sup>(Core)</sup>

IV.B.1.b).(1).(a).(iv) performance and documentation of an adequate individual and family history; mental status; physical and neurological examinations when appropriate; supplementary medical and psychological data, and integration of these data into a formulation; differential diagnosis; and a comprehensive treatment plan. <sup>(Core)</sup>

IV.B.1.b).(2) Fellows must be able to perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. <sup>(Core)</sup>

#### IV.B.1.c) Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social behavioral sciences, as well as the application of this knowledge to patient care. <sup>(Core)</sup>

IV.B.1.c).(1) Fellows must demonstrate competence in their knowledge of:

IV.B.1.c).(1).(a) basic neurobiological, psychological, and clinical sciences relevant to psychiatry and the application of developmental, psychological, and sociocultural theories relevant to the understanding of psychopathology; <sup>(Core)</sup>

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IV.B.1.c).(1).(b) the full range of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents; <sup>(Core)</sup>

IV.B.1.c).(1).(c) recognition and management of domestic and community violence, including physical and sexual abuse, as well as neglect, as it affects children and adolescents; <sup>(Core)</sup>

IV.B.1.c).(1).(d) diversity and cultural issues pertinent to children, adolescents, and their families; and, <sup>(Core)</sup>

IV.B.1.c).(1).(e) the appropriate uses and limitations of psychological tests. <sup>(Core)</sup>

#### IV.B.1.d) Practice-based Learning and Improvement

Fellows must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. <sup>(Core)</sup>

Background and Intent: Practice-based learning and improvement is one of the defining characteristics of being a physician. It is the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

The intention of this Competency is to help a fellow refine the habits of mind required to continuously pursue quality improvement, well past the completion of fellowship.

#### IV.B.1.e) Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. <sup>(Core)</sup>

#### IV.B.1.f) Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care, including the social determinants of health, as well as the ability to call effectively on other resources to provide optimal health care. <sup>(Core)</sup>

## Educational Program Requirements

Per ACGME Common Program Requirements Section IV., accredited programs are expected to define their specific program aims consistent with the overall mission of their Sponsoring Institution, the needs of the community they serve and that their graduates will serve, and the distinctive capabilities of physicians it intends to graduate.

IV.A. All MSM GME programs' curriculum must contain the following educational components:

1. A set of program aims consistent with the Sponsoring Institution's mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates.
  - a. The program's aims must be made available to program applicants, residents/fellows, and faculty members.
2. Competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice.
  - a. These must be distributed, reviewed, and available to residents/fellows and faculty members.
3. Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision.
4. A broad range of structured didactic activities.
  - a. Residents/fellows must be provided with protected time to participate in core didactic activities.
5. Advancement of residents/fellows' knowledge of ethical principles foundational to medical professionalism.
6. Advancement in the residents/fellows' knowledge of the basic principles of scientific inquiry, including how resident is designed, conducted, evaluated, explained to patients, and applied to patient care.

IV.B. ACGME Competencies – referenced and provided in detail above.

IV.C. Curriculum Organization and Resident Experiences – MSM GME programs must:

1. Ensure that the program curriculum is structured to optimize resident educational experiences, the length of these experiences, and supervisory continuity.
2. Provide instruction and experience in pain management, if applicable, for the specialty, including recognition of the signs of addiction.

IV.D. Scholarship

1. Program responsibilities include:
  - a. Demonstrating evidence of scholarly activities consistent with its mission(s) and aims.
  - b. In partnership with its Sponsoring Institution, must allocate adequate resources to facilitate resident and faculty involvement in scholarly activities.
  - c. Advancing residents' knowledge and practice of the scholarly approach to evidence-based patient care.
2. Faculty Scholarly Activity (both core and non-core faculty) – programs must demonstrate accomplishments in at least three (3) of the following domains:
  - a. Research in basic science, education, translational science, patient care, or population health
  - b. Peer-reviewed grants
  - c. Quality improvement and/or patient safety initiatives
  - d. Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports
  - e. Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials

- f. Contribution to professional committees, educational organizations, or editorial boards
  - g. Innovations in education
  - h. All MSM GME programs must demonstrate dissemination of scholarly activity within and external to the program by the following methods:
    - i. Faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal reviewer, journal editorial board member, or editor
    - ii. Peer-reviewed publication
3. Resident/Fellow Scholarly Activity
- a. Residents and fellows must participate in scholarship activity.

The GME DIO and GMEC will provide oversight of programs' compliance with required educational components during the annual institutional and program review process and procedures.

All MSM GME programs are required to:

1. Track and document scholarly activity data annually for residents, fellows, and all faculty involved in teaching/advising/supervising, including both core and non-core faculty, as part of the Annual Program Evaluation (APE) process.
2. Document and implement program-level scholarly requirements and guidelines that are distributed and reviewed with the residents, fellows, and faculty members on an annual basis.

## Child and Adolescent Psychiatry Fellow Position Summaries

**Title:** CAP Fellow, First-Year, PGY-4 or PGY-5

**Reports to:** Program Director

First year fellows are expected to build upon the knowledge and skills gained during their Psychiatry General Residency training. First year fellows are under the supervision of senior fellows and Attendings. However, they are also expected to have enough prior medical experience and knowledge to supervise residents, interns, and medical students in psychiatry with Attending oversight. First year fellows will be expected to focus on gaining knowledge specific to the field of Child and Adolescent Psychiatry.

**Title:** CAP Fellow, Second Year, PGY-5 or PGY-6

**Reports to:** Program Director, Department of Psychiatry Faculty

Second year fellows are expected to focus on becoming experts in the clinical evaluation and treatment of children and adolescents with psychiatric disorders and should be able to practice evidence-based medicine for the full spectrum of child and adolescent mental illness. Additionally, they are expected to be able to apply their clinical and developmental knowledge to non-clinical settings in order to further their consultation and advocacy for education and collaboration in interdisciplinary settings.

By the end of their second year, fellows should be deemed capable of practicing independently in the field of child and adolescent psychiatry in a competent and safe manner. Second year fellows should fully meet all six (6) of the ACGME general core competencies. With faculty support, second year fellows should be able to submit the results of their research or community outreach project as an abstract to the appropriate forum, and will be encouraged to submit full-length manuscripts for publication in clinical and/or scientific journals and/or for presentation at national or state professional meetings.

## **Goals, Objectives, Key Personnel, and Site Information by Rotation**

# First Year

## Child and Adolescent Fellowship Academic Elective

### Key Personnel

Sarah Y. Vinson, MD; [svinson@msm.edu](mailto:svinson@msm.edu)

Attending and Administrative Contact

### Location

720 Westview Drive SW, Atlanta, GA. 30310

### Frequency and Duration

First-Year Fellows—Half-day on Fridays for two (2) months

### Overview and Goal

This elective is designed to provide fellows with mentorship and protected time in the initiation of an academic project that will be completed by the end of the fellows' first year of fellowship. Options are detailed in the table below. Fellows work with their program director or associate program director and their advisor to identify appropriate mentors for the scholarly activity. They also meet with a representative from either the MSM Office of Research Development or the MSM Psychiatry Research Development Committee.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of severe psychiatric conditions in a residential treatment setting serving child and adolescent patients.

### Objectives

#### **Professionalism**

The fellow will recognize the importance of participating in one's professional community.

#### **Patient Care and Procedural Skills**

To be determined upon selection of Academic Elective

#### **Medical Knowledge**

The fellow will demonstrate the knowledge of, and ability to perform thorough literature reviews regarding an area of interest.

#### **Practice-Based Learning and Improvement**

The fellow will regularly seek and incorporate feedback from advisors to improve performance.

#### **Interpersonal and Communication Skills**

The fellow will develop a rapport with Attendings, peers, fellows, and/or medical students for the purpose of conducting a comprehensive evaluation.

The fellow will consistently engage with their academic project advisor.

### Systems-Based Practice

The fellow may coordinate care with community mental health agencies and professionals in other disciplines and settings in order to obtain scholarly activity work products.

The fellow will incorporate a lens of structural humility in all activities.

Type of Scholarship	Purpose	Type of Scholarship
<b>Discovery</b>	Build new knowledge through hypothesis-driven, original, basic, clinical, epidemiological, or other research on health or disease.	<ul style="list-style-type: none"> <li>• Present a peer-reviewed poster at regional or state meetings.</li> <li>• Publish an original research paper in a peer-reviewed state or national medical journal.</li> <li>• Present a report of original research in grand rounds at another institution, or in a regional or national professional conference.</li> </ul>
<b>Integration</b>	Synthesize current knowledge so as to make it useful to other researchers, clinicians, patients, policymakers, and/or educators.	<ul style="list-style-type: none"> <li>• Publish a clinical review paper in a peer-reviewed national medical journal.</li> <li>• Publish a focused review (e.g., POEM) regarding a clinical question in a peer-reviewed online journal.</li> <li>• Testify in the state legislature or to a state commission regarding strategy to manage a public health problem.</li> <li>• Present a review of evidence-based guidelines for the management of a clinical problem in a statewide or national continuing medical education (CME) meeting.</li> </ul>
<b>Application</b>	Use knowledge to improve health care, medical practice, health systems operation, public health, or policy.	<ul style="list-style-type: none"> <li>• Present the results of a clinical quality improvement program implemented in a group of practices at a regional professional meeting.</li> <li>• Serve on a state or national professional committee developing and implementing programs to improve children’s mental health practice or education.</li> <li>• Obtain foundation, state, or federal government funding for a grant to implement practice improvement or redesign.</li> </ul>
<b>Teaching</b>	Develop, implement, and evaluate educational programs, rotations, courses, materials, or other resources to educate students, health care professionals, patients, and/or the public.	<ul style="list-style-type: none"> <li>• Develop, implement, and report a new curriculum for a national professional educational course or module and present to a national psychiatric education organization.</li> <li>• Evaluate a new skill-building workshop for students, faculty members, or fellows; present a curriculum and results at another residency program, presented at a state or national professional meeting.</li> </ul>

## Child & Adolescent Fellowship Community Elective

### Key Personnel

Sarah Vinson, MD; [svinson@msm.edu](mailto:svinson@msm.edu), Ph. 352.281.5701  
Attending

### Location/Duration/Time

Half-day on Fridays for one (1) month

### Description of Rotation

This elective is designed to provide fellows with protected time for community service, outreach, or advocacy experience. The SMART goals decided upon in collaboration with your community partner project site are to be completed by June. The elective can be spent at any organization that serves children and/or families but is also subject to approval by Dr. Vinson. Fellows will work with their PD and Advisor to identify appropriate sites for the community rotation.

### Evaluation

Your community site contact will be asked to complete updates at the end of your first week, midway through the rotation, and at the rotation end. The updated form will be electronic and emailed. Evaluation will be based on input from the Program Director, community site contact, and the quality and completion of your SMART goals.

### Rotation Documentation

[Initial Form](#)

[Friday of Week One](#)

[Last Friday of Each Month](#)

### Goal

The goal of this rotation is to provide a practical experience that will help you understand cultural and structural issues related to the lives of children and families.

### Objectives

#### **Interpersonal Skills and Communication**

- The resident will develop rapport with community agency partners and staff

#### **Practice-Based Learning and Improvement**

- The resident will regularly seek and incorporate feedback from community partners to improve performance.

#### **Professionalism**

- The resident will recognize the importance of participating in one's community

#### **Systems-Based Care**

- The resident will develop a broader understanding of social and structural determinants of children's mental health.

Potential Agencies

NAMI Georgia

Voices for GA's Children

GA Chapter of the American Academy of Pediatric

## Children's Healthcare of Atlanta, Inc.

### Key Personnel

Kristen Weinschenk, MD; [Kristin.Weinschenk@choa.org](mailto:Kristin.Weinschenk@choa.org)  
Site Director

Kali Hobson, MD; [Kali.Hobson@choa.org](mailto:Kali.Hobson@choa.org)  
Site Attending

Katie Smith, [KatieS.Smith@choa.org](mailto:KatieS.Smith@choa.org)  
Credentialing Contact

### Location

Arthur M. Blank Children's Hospital  
2250 North Druid Hills  
Atlanta, GA, 30329

### Frequency and Duration

Three (3) days per week, for two (2) months per academic year

### **Overview**

CAP fellows will be a part of the Children's Healthcare of Atlanta, Inc. psychiatric consult service 3 days per week for one month. They will have weekday clinical consultation duties that will include performing assessment and consultation services as part of a multidisciplinary consult team for inpatient and Emergency Department consult services at Egleston Children's Hospital at Emory University, Inc., d/b/a Children's Healthcare of Atlanta at Egleston.

The setting is an urban, hospital system that provides care to medically complex children and adolescents. It is a tertiary care facility and one of the nation's largest children's hospitals. This rotation will emphasize assessment skills; consultation skills; working in a multidisciplinary team; providing feedback to primary treatment team providers, patients, and families; and teaching of medical learners. It will also provide an opportunity for child psychiatry trainees to gain firsthand knowledge about the pediatric hospital and emergency department systems.

This rotation is for second-year fellows. They will be directly supervised by the consult services attending physician and receive in-person as well as remote supervision.

### **Specific Activities**

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with a clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

## Goals and Objectives

### Patient Care

#### Goals

- Gain an understanding of the interaction between biological, psychological, social, and spiritual/cultural factors in the development and maintenance of psychopathology.
- Gain skills necessary for the assessment and treatment of the major psychiatric disorders of childhood and adolescence at each major developmental stage to adulthood.
- Participate as part of a team
- Be willing to take on challenging cases

#### Objectives

- Provide direct patient care and develops skills in psychiatric evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Develop understanding and proficiency in the role of a psychiatric consultant.
- When consistent with excellent care, incorporating patient preferences.

### Medical Knowledge

#### Goals

- Base therapeutic treatment interventions as much as possible on evidence-based treatment.
- Increase knowledge of medical and psychiatric comorbidities and their impact on presentation, assessment diagnosis, and treatment.
- Understand common presenting mental health complaints in children receiving acute/inpatient medical treatment.
- Develop proficiency in recommending various mental health interventions during the inpatient and emergency department treatment of mentally ill children and adolescents, whenever possible basing decisions on medical evidence.
- Able to be self-directed in learning; willing to share knowledge with the team; able to be open about areas in which learning is needed.

#### Objectives

- Attend required seminars and complete assigned readings on therapeutic issues.

### Interpersonal and Communication Skills

#### Goals

- Through observation and supervision, learn about the hospital system and team dynamics in the psychiatric consult process.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Demonstrate respect for patients, their families, and staff.
- Communicate any concerns directly to the relevant staff.

## Objectives

- Provide consultative psychiatric care and develops skills in psychiatric consultation.
- Develop skills for addressing issues of confidentiality and parental involvement.

## Practice-Based Learning and Improvement

### Goals

- Utilize current texts, journals, and web-based resources to increase knowledge about diagnosis and treatment.
- Learn about assessment inventories/tools, and appropriate outcome measures.
- Develop an understanding of the structural factors involved in connecting children and adolescents with services upon discharge.
- Able to interact as a team player, receiving feedback constructively and providing open feedback to others.
- Seek out supervision/incorporates feedback in working with difficult families.

## Objectives

- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

## Professionalism

### Goals

- Understand the professional standards pertaining to the psychiatric care of youth, including reporting cases to DFCS/Law Enforcement, and confidentiality issues.
- Able to set appropriate boundaries, deal with difficult families, and establish rapport with colleagues and with patients/families.
- Demonstrate a consistently professional attitude that shows responsibility in record keeping and communications with patients, families, and staff.

## Objectives

- Develop skills for dealing with issues of confidentiality and parental involvement.
- Demonstrate responsible behavior in scheduling issues, returning calls, and providing consultative services.

## System-Based Learning

### Goals

- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.
- Demonstrate a basic understanding of the pediatric acute care clinical setting and care delivery system.
- Gather information from other relevant sources for a comprehensive evaluation.
- Seek avenues to utilize community resources to help promote resiliency and continuity of care.
- Demonstrate the willingness to learn about community resources.

## Objectives

- Gather information from other relevant sources for a comprehensive evaluation, following HIPPA guidelines, to adequately document behavioral/emotional problems and previous evaluations and interventions coordinate, with the assistance of faculty as needed, the appropriate referral of youth who require interventions beyond the capability of the clinic.

## Hillside Atlanta

### Key Personnel

Rana Sibai-Drake, MD; [rdrake@hside.org](mailto:rdrake@hside.org)

Site Attending

David Shadle; [DShadle@hside.org](mailto:DShadle@hside.org)

Site Administrator

### Location

690 Courtenay Drive NE, Atlanta, GA, 30306

(404) 875-1394

### Frequency and Duration

Three (3) days per week, for six (6) weeks

### **Overview and Goals**

CAP fellows rotate at a behavioral health treatment network for a four-month rotation during the first year of their CAP fellowship. Hillside Atlanta is a behavioral health treatment network for children and young adults suffering from severe emotional and psychological challenges. The youth served at Hillside are those considered at the highest risk and require the most intensive level of services. Hillside clinicians provide combined therapeutic and educational programs to support the individual needs of each client based on their diagnosis, strengths, and interests, with an emphasis on Dialectical Behavioral Therapy (DBT). Services include intensive residential services, specialty foster care, and residential group homes.

### **Objectives**

#### Professionalism

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of completing a comprehensive evaluation.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

#### Patient Care and Procedural Skills

- The fellow will demonstrate the ability to perform a thorough clinical evaluation of children, adolescents, and families presenting to residential treatment for psychiatric emergencies, including both psychiatric and biomedical assessments.
- The fellow will demonstrate the ability to form a therapeutic alliance with children and parents.
- The fellow will demonstrate the ability to develop a thorough differential diagnosis, formulation, and treatment plan for children and adolescents in residential settings.
- The fellow will demonstrate the ability to direct and/or conduct intervention including a range of psychosocial and pharmacological therapeutics for children, adolescents, and parents.
- The fellow will demonstrate the ability to write concise chart notes regarding child and adolescent psychiatric conditions.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.

- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.

#### Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh the impact or trauma on psychiatric presentation and treatment.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will demonstrate knowledge of the major causes of psychiatric problems that present to residential treatment units.
- The fellow will be able to demonstrate an understanding of the basic forensic principles in residential care.

#### Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

#### Interpersonal and Communication Skills

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively communicate with members of a multidisciplinary treatment team.

#### Systems-Based Practice

- The fellow will be knowledgeable of the variety of dispositions available to children, adolescents, and families with psychiatric problems.
- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will work with the facility social worker to coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.
- The fellow will gain an appreciation for the decision-making process in determining suitability for residential, group home, and foster care placement.

## The Insight Program

### Key Personnel

Steven Jaffe, MD; [srjaffe@bellsouth.net](mailto:srjaffe@bellsouth.net)  
Site Director and Attending

Matt Meyers; [mattmyers@theinsightprogram.com](mailto:mattmyers@theinsightprogram.com)  
Administrative Contact

### Location

5110 Old Ellis Pt., Roswell, GA 30076  
(770) 751-8383

### Frequency and Duration

Three (3) days per week, for six (6) weeks

### Overview and Goals

CAP fellows have their substance use disorder educational experience at The Insight Program which has provided substance use disorder treatment for teens and young adults since 1987. The Insight Program provides all its services through a philosophy called Enthusiastic Sobriety. Making sobriety attractive to teens and young adults is challenging. The Insight Program has been successful in creating a program that reaches young people in a way that is inviting and fun. The Insight Program offers a number of services including intensive outpatient substance abuse treatment, outpatient substance abuse treatment, individual counseling, family counseling, support group meetings, parent support groups, and sober social functions.

### Objectives

#### **Professionalism**

##### Knowledge

- Fellows work on gaining an understanding of how adolescents develop substance use disorders and how to approach them in a non-judgmental manner.

##### Skills

- Fellows interact with staff, the Attending physician, and patients in a respectful and professional manner.
- Fellows should be able to recognize boundary violations and take appropriate actions to maintain appropriate rapport.

##### Attitude

- Fellows must be respectful of the patients and fellow faculty/staff.
- To demonstrate professionalism during interactions with The Insight Program staff and patients.

#### **Patient Care and Procedural Skills**

##### Knowledge

- Fellows gain knowledge of topics addressed in therapeutic programming as part of a substance use treatment for adolescents.
- Fellows gain knowledge of the attitudes and opinions adolescents have regarding substance use and its potential dangers.

### Skills

- Fellows learn methods used in a specialized treatment setting to effectively teach adolescents about substances, the dangers of substance use, and alternatives to using.
- Fellows learn how patients respond over the course of treatment in a longitudinal, two-year substance use disorder treatment program, and how openly discussing their issues can help them overcome the stigma associated with substance use.
- Fellows learn how to complete thorough histories and examinations regarding adolescent substance use disorders.
- Fellows learn to develop client-centered treatment plans for dual diagnosis adolescent patients.

### Attitude

- Fellows learn to develop an open and professional rapport with patients.
- Fellows learn to discuss the causes of substance use in adolescents and respond to the attitudes of adolescents about substance use and recovery in a non-judgmental manner.
- Fellows have weekly one-on-one clinical meetings with one (1) or two (2) clients at The Insight Program.
- Fellows learn new techniques in discussing substance use with adolescents that will allow them to develop a rapport with the patients and have open conversations about substance use by adolescents.

## **Medical Knowledge**

### Knowledge

- Fellows acquire and/or enhance knowledge about substance-related issues regarding the adolescent's development, medical complications, appropriate medical monitoring, and treatment interventions.
- Fellows gain a better understanding of the situations that lead to substance use in adolescents through listening and observing.

### Skills

- Fellows learn to integrate the knowledge they gain in their readings, clinical experience, and supervision into the care of their own clinic patients with substance issues.
- Fellows learn skills that improve their rapport and help patients to open up about their substance use.

### Attitude

- Fellows keep a developmentally and culturally sensitive perspective on the impact of substance use in the adolescent population.
- Fellows display a positive attitude towards learning about substance treatment.
- Fellows attend lectures and complete assigned readings in the areas of substance abuse/dependence, and attend applicable groups.
- Fellows make use of the library and online resources about the assessment and treatment of substance-related problems in adolescents.
- Fellows expand their knowledge of substances and the health issues related to the use of specific substances.

## **Practice-Based Learning and Improvement**

### Knowledge

- Fellows learn about practice-based treatments recommended for adolescents with substance use issues.

### Skills

- Fellows learn to incorporate these treatments into their plan and involve patients and their families in the plan.

### Attitude

- Fellows should have a positive attitude towards learning, and display self-initiative in this acquisition of knowledge.
- Fellows attend lectures and complete assigned readings in the areas of substance abuse/dependence, and attend applicable groups.
- Fellows make use of the library and online resources about the assessment and treatment of substance-related problems in adolescents.
- Fellows expand their knowledge of substances and the health issues related to the use of specific substances.

## **Interpersonal and Communication Skills**

### Knowledge

- Fellows learn to develop a positive rapport with patients through clinical experience and supervision.
- Fellows observe and identify effective communication strategies in an SUD treatment setting.

### Skills

- Fellows learn to incorporate communication strategies acquired from the group into their future clinical patient care.

### Attitude

- Fellows demonstrate an attitude that shows interest in the perspectives of others and includes spiritually/culturally sensitive aspects of the physician-patient relationship.
- Fellows attend individual patient sessions weekly and actively participate.
- Fellows actively employ strategies taught and discussed in supervision, to assess individual patients' insight, readiness for change, and intellectual abilities.

## **Systems-Based Practice**

### Knowledge

- Fellows acquire and/or enhance knowledge of available community resources for potential follow-up services for adolescents with substance-related problems.
- Fellows gain an understanding of the role the legal system plays in this population.

### Skills

- Fellows begin to develop the skills needed to coordinate the involvement of ancillary resources.

### Attitude

- Fellows demonstrate an attitude of inquiry that will enable them to find outpatient substance and mental health resources for adolescents in the future.
- Fellows develop a better understanding of available resources at the national, state, and community levels for both mental health and substance treatment for adolescents.
- Fellows begin to incorporate these resources into the care of their own clinic patients at the outpatient specialty clinic.

## Laurel Heights Hospital

### Key Personnel

Smitha Battula, MD, smitha.battula@uhsinc.com Attending;

### Location

934 Briarcliff Road Northeast, Atlanta, GA 30306

### Frequency and Duration

Three (3) days per week for one (1) month

## **Patient Care**

### Goals

#### Knowledge

- Enhance and develop further understanding of the interaction between biological, psychological, and social factors in the development and maintenance of psychopathology in childhood

#### Skills

- Gain skills necessary for the assessment and treatment of the major psychiatric disorders of childhood
- Gain skills necessary to run an effective inpatient psychiatric unit

#### Attitude

- Demonstrate a responsible attitude in determining the appropriate interventions, based on existing knowledge, through assessments, and receptivity to input from the patient, family, faculty, and the treatment team

#### Objectives

- Complete a comprehensive diagnostic and biopsychosocial formulation on at least 6 pre-adolescent children (under age 12) admitted for inpatient treatment
- Be observed by the attending while performing at least four psychiatric interviews and mental status examinations
- Be observed conducting at least two discharge meetings with families
- Demonstrate ability to integrate information obtained from above assessment in an organized fashion
- Dictate comprehensive, clear, and concise diagnostic and treatment summaries under review of the supervising physician, to include a succinct biopsychosocial formulation.
- Complete comprehensive master treatment plans on assigned patients – identifying appropriate problems, goals and treatment interventions.
- Utilize various pharmacologic agents in the acute inpatient treatment of children.
- Demonstrate abilities to educate parents about diagnosis/treatment and help families resolve conflicts.

- Participate in the development of a behavioral modification program for at least one case.
- Participate in forensic staffing of at least one inpatient, if such staffing occurs during the rotation.

## **Medical Knowledge**

### Goals

#### Knowledge

- Develop knowledge in the signs and symptoms of mental illness in latency aged children, childhood development, and interventions for mental illness in this population.

#### Skills

- Gain the ability to provide competent inpatient care to latency aged children.

#### Attitude

- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.

#### Objectives:

- Formulate and present at least 6 inpatient cases to Attending including differential diagnosis, required work-up and initial treatment plan.
- Check out patients on daily basis to Attending
- Complete all medical documentation in appropriate manner.
- Demonstrate understanding of GA Family Court proceedings and GA laws as they apply to psychiatric treatment.

## **Interpersonal and Communication Skills**

### Goals

#### Knowledge

- Understand the role of the psychiatrist in educating and in modeling for interactions with staff and patients

#### Skills

- Gain skills to conduct sensitive and constructive assessment interviews with parents and/or families
- Demonstrate abilities to educate parents about diagnosis/treatment

#### Attitude

- Demonstrate a constructive attitude in working as a member of a multidisciplinary team

### Objectives

- Communicate effectively with nursing, social work, activity therapy and other members of the treatment team
- Participate as therapist or co-therapist in family therapy as available
- Complete discharge meetings with families on assigned patients
- Lead the treatment team in planning for his/her patients

## **Practice-Based Learning & Improvement**

### Goals

#### Knowledge

- Gain sufficient knowledge concerning laws that affect inpatient treatment of children

#### Skills

- Use appropriate resources (journals, texts, information technology) to develop competence in evidence-based treatments of mental health problems in children and adolescents
- Use observation skills and incorporate feedback to improve clinical performance

#### Attitude

- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.

### Objectives

- Observe the attending on unit perform at least two psychiatric interviews and mental status examinations.
- Complete assigned readings of text and articles pertaining to assigned patients

## **Professionalism**

### Goals

#### Knowledge

- Be familiar with the professional responsibilities of an inpatient unit, including confidentiality, team participation, and collaboration

#### Skills

- Develop high ethical standards, values, and professional behavior
- Enhance ability to work with psychologist, social workers, teachers, nurses, etc. without undermining or providing an aura of patronage

#### Attitude

- Acknowledge the expertise of other members on the health care team and learn from their differing experiences

### Objectives

- Act as member of a multidisciplinary inpatient unit team under attending faculty supervision.
- Discuss in supervision ethical dilemmas likely to be encountered in inpatient child psychiatry and develop a process to approach such dilemmas
- Understand his or her role as a group member of the unit team
- Demonstrate awareness of professional responsibility, ability to recognize the limits of his/her expertise, an ability to critique his/her performance and accept constructive criticism and differing opinions without either undue submissiveness or defensiveness.
- Discriminate appropriately between personal and professional relationships.
- Demonstrate a respectful attitude toward patients and their families

## **Systems-Based Learning**

### Goals

#### Knowledge

- Gain an understanding of how different systems specifically interact to provide inpatient psychiatric care

#### Skills

- Develop skills to navigate the differing systems to provide quality inpatient psychiatric care

#### Attitude

- Show willingness to learn more about systems that effect patient care

### Objectives

- Will act as Junior Attending on unit on a regular basis
- Will assist Attending Psychiatrist in planning and implementing improvements to the latency program as needed
- Will participate in administrative meetings as available

### **Morehouse Healthcare (Psychopharmacology)**

#### Key Personnel

Kamille Williams, MD, [kwilliams@msm.edu](mailto:kwilliams@msm.edu)

Site Director, Attending, Administrative Contact, 1st Year Fellow Supervisor

#### Location

Morehouse Healthcare East Point  
1513 Cleveland Avenue, Building 500  
Atlanta, Ga 30344  
404-756-1422

#### Frequency and Duration

The CAP fellowship year one rotation will have a rotation/assignment of two fellows, for one day per week, 1:00PM- 5:00PM, for 12 months.

#### Requirement

All Fellows will need to obtain their DEA license and have it incorporated to their profile by December 1<sup>st</sup> of their 1st year of Fellowship. This aids in their training and development of autonomy as a goal and objective of the rotation.

### **Overview and Goal—Year 1 Rotation**

#### Description of Clinical Services

This rotation is designed to equip fellows with basic knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an outpatient setting.

The goal of this rotation is to provide a solid base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients.

#### Clinical Population and Experience

Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. The patients are seen for thirty to sixty minutes for psychopharmacology treatment appointments, which will include varying degrees of additional parenting and family therapeutic interventions. There will be two clinical sessions from 1 PM – 5 PM. There will be didactics and supervision over lunch from 12 PM – 1 PM. The Fellows will lead the interview of each appointment with the attending monitoring. For all aspects of the interview performed by the Fellow, the attending will have indirect supervision. The Fellows also can observe the attending's interview and therapeutic techniques. They will interview patients and families together as needed. The fellow documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder. The vast majority of patients seen in this clinic will have Medicaid or no insurance.

### Average Case Load

Fellows are responsible for the treatment of three (3) to eight (8) patients/families per session.

### Objectives

#### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist backup when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care.

#### **Patient Care and Procedural Skills**

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.
- The fellow will appropriately prescribe commonly used psychopharmacologic agents.

#### **Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms.
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

#### **Practice-Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

**Interpersonal and Communication Skills**

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations.
- The fellow will sustain working relationships in the face of conflict.
- The fellow will consistently engage patients and families in shared decision-making.

**Systems-Based Practice**

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

## **Morehouse Healthcare (Psychotherapy)**

### Key Personnel

Dr. Leroy Reese; [lreese@msm.edu](mailto:lreese@msm.edu), [lreese@akomacounseling.com](mailto:lreese@akomacounseling.com)  
Site Director and Attending

Dr. Jenika Hardeman; [jhardeman@msm.edu](mailto:jhardeman@msm.edu)  
Attending

### Location

Morehouse Healthcare East Point  
1513 Cleveland Avenue, Building 500  
Atlanta, Ga 30344  
404-756-1422

### Frequency and Duration

Four (4) hours/day, one (1) day per week

### Caseload:

**Each Fellow should have a caseload of 3 patients to obtain 3 hours per week of psychotherapy This should total 150 hours of psychotherapy completed by June 30<sup>th</sup> of your graduating year.**

### Overview and Goal

CAP fellows have their outpatient psychotherapy experience at East Point Psychiatry Clinic. Under the guidance and supervision of Dr. Reese, licensed psychologist and Akoma's director, CAP fellows begin working with psychotherapy patients during the first year of CAP fellowship, providing them the opportunity to work longitudinally with their patients over a period of approximately 18 months. Dr. Reese provides clinical supervision and documents the fellow's work in the Atrium's Epic EHR.

### Specific Activities

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

### Objectives

#### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

**Patient Care and Procedural Skills**

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will select an appropriate psychotherapeutic modality for providing treatment.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety
- The fellow will gain skill in the application of psychotherapeutic techniques in the treatment of patients and families.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

**Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize the child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

**Practice-Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will receive written feedback from families to improve performance.

**Interpersonal and Communication Skills**

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

**Systems-Based Practice**

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

## **Children's Hospital of Atlanta Arthur M. Blank Center for Advanced Pediatrics (Neurology Rotation)**

### Key Personnel

Jamika Hallman-Cooper, MD; jhallmancooper@emory.edu  
Site Director and Attending

### Location

2174 North Druid Hills Road  
Atlanta, GA 30329

### Frequency and Duration

Three (3) days per week, for six (6) weeks per academic year

### Child Neurology Rotation Objectives

Children's Hospital of Atlanta Arthur M. Blank Hospital  
Children's Hospital of Atlanta at Egleston and Scottish Rite  
Children's Physician Practice Group Neurology Practice

## **Introduction**

To fulfill ACGME Child and Adolescent Psychiatry training requirements Resident/Fellows will complete 1 month of Child Neurology training. The rotation will include experience in both inpatient and outpatient settings and, in addition to general child neurology, will include exposure to more specialized areas of the discipline such as pediatric epilepsy, neuromuscular disease, and neurodegenerative disorders in childhood. PG Y 4 or 5 residents will spend mornings in the inpatient setting and afternoons in the outpatient setting. Residents will learn diagnostic and management principles for common neurological conditions in children. Emphasis will be placed on fundamental issues of developmental neurobiology as they apply uniquely to normal/abnormal neurodevelopment in children.

## **Rotation Faculty**

Rotation Director:

Jamika Hallman-Cooper, M.D. Assistant Professor of Pediatrics

Additional Faculty:

Monideep Dutt, M.D. Assistant Professor of Pediatrics  
Philip Holt, M.D. Assistant Professor of Pediatrics  
Stephanie Keller, M.D. Assistant Professor of Pediatrics  
Sookyong Koh, M.D. Associate Professor of Pediatrics  
Bryan Philbrook, M.D. Assistant Professor of Pediatrics  
Navreet Sidhu, M.D. Assistant Professor of Pediatrics  
Saila Upadhyayula, M.D. Assistant Professor of Pediatrics  
Sumit Verma, M.D. Assistant Professor of Pediatrics  
Barbara Weissman, M.D. Associate Professor of Pediatrics  
David Wolf, M.D. Associate Professor of Pediatrics

These faculty members are board-certified by the ABPN in neurology with special qualifications in child neurology.

### **Rotation Environment**

The primary sites for the rotation are Children's Healthcare of Atlanta (CHOA) at Egleston, Children's Healthcare of Atlanta at Scottish Rite, and the Children's Physician Group Neurology Practices at North Druid Hills and 975. CHOA at Egleston and Scottish Rite are the sites for the inpatient rotations. Egleston is located on the Emory University campus and is a 260-bed free-standing children's hospital. Scottish Rite is located on Atlanta's northern perimeter and is a 273-bed: free-standing children's hospital. The Children's Physician Group Neurology Practice has two outpatient clinic locations, one located in the Executive Park complex and the other across the street from Scottish Rite hospital. In the outpatient setting residents will rotate through general neurology and subspecialty clinics, including cerebral palsy, neuromuscular, neurocutaneous disorders, neurodegenerative disorders, epilepsy, and neurodevelopment.

### **Rotation Duties**

At Egleston and Scottish Rite hospitals, residents will provide consultative services to the general pediatric floor and the emergency room. Fellows are expected to pre-round on patients in the morning and meet with the attending physician mid-morning for teaching and bedside rounds. Residents will complete medical record documentation, follow up on diagnostic test results, and update families and the primary teams. In the afternoons, fellows will rotate in the outpatient clinic settings. In this location, they will see new and follow-up patients individually and along with the attending physician in general neurology and subspecialty clinics. While on the rotation, residents will attend/participate in the following conferences:

Breakfast and Learn, every Tuesday at Egleston, 9:30 am  
Lunch and Learn, every 2nd and 3rd Thursday at North Druid Hills clinic, noon  
Neuroradiology Conference, 1st Friday of the month at Scottish Rite, 7 am  
Pediatric Neurology Grand Rounds, 1st of the month at Scottish Rite, 8 am  
Pediatric Neurology Case Conference, 3rd Friday of the month at Egleston, 8 am  
Pediatric Neurology Journal Club, 3rd Friday of the month at Egleston, 9 am  
Pediatric Neuroradiology Rounds, 3rd Friday of the month at Egleston, 10 am

### **Educational Goals Grouped by Competency**

#### **Patient Care**

1. To become competent in obtaining a complete, relevant, and organized neurologic history from parents and children
2. To become competent in the performance of an age-appropriate neurological exam
3. To become familiar with appropriate management of neurological disorders affecting children: epilepsy, cerebrovascular disease, neuromuscular disorders, central nervous system trauma, brain tumors, movement disorders, neurodegenerative diseases, and neurobehavioral disorders
4. Gain experience managing chronic childhood neurologic disorders in the outpatient setting.
5. Learn to organize and prioritize outpatient diagnostic evaluations.

## **Medical Knowledge**

1. Learn the normal timeframe for the acquisition of developmental milestones and recognize abnormal patterns of neurodevelopment.
2. Become knowledgeable of the common presentation, pathogenesis, and evaluation of neurological disorders in infancy and childhood, including headache disorders, epilepsy syndromes, developmental delay, movement disorders, neuromuscular disorders, sleep disorders, cerebral palsy, neurometabolic/neurodegenerative disorders, and neurocutaneous syndromes
3. Understand/recognize genetic factors in the evaluation of children with abnormal neurological development.

## **Practice-Based Learning and Improvement**

1. Use the patient's history, patient exam findings, and literature review to order the most appropriate neurodiagnostic studies.
2. Use reference books and teaching files to review the clinical presentation, pathophysiology, evaluation, and management of childhood neurologic disorders.
3. Use evidence-based literature to guide patient care management.

## **Interpersonal Skills and Communication**

1. Become competent in educating patients, families, and other health care providers about the management of childhood neurologic disorders
2. Become comfortable discussing the sequelae of neurologic insults/disorders with patients and families.
3. Become competent in long-term outpatient management and communicating with patients and families - in person and through phone contacts.

## **Professionalism**

1. Consider cultural factors as they influence disease presentation and management strategies.
2. Attend and actively participate in conferences and didactics.
3. Communicate effectively with patients, families, and other healthcare providers.

## **System-Based Practice**

1. Learn the cost of neurologic laboratory and electrophysiologic testing, and neuroimaging modalities and their impact on the patient and the healthcare system.
2. Develop a strategy for cost-effective use of the diagnostic test.
3. Use the patient's history, patient exam findings, and literature review to order the most appropriate diagnostic studies.
4. Incorporate bioethical issues into the overall plan for comprehensive care of the patient and their family.

## **Evaluation**

The Pediatric Neurology faculty member(s) who supervise the resident during the rotation will provide verbal feedback and a written evaluation of the resident. The residents also complete a formal but anonymous evaluation of their attending and the rotation at the end of each 4 week block.

## **Reading List**

Recommended textbooks and websites:

1. Fenichel, Gerald. Clinical Pediatric Neurology: A Signs and Symptoms Approach
2. Holmes, Gregory. Pediatric Neurology (What Do I Do Now)
3. Bale J, et al. Pediatric Neurology (A Color Handbook)
4. Rosser, Tena. Pediatric Neurology: A Case-Based Review
5. Forsyth and Newton. Paediatric Neurology (Oxford Specialist Handbooks)
6. [library.med.utah.edu/pedineurologicexam](http://library.med.utah.edu/pedineurologicexam)
7. [Genetests.org](http://Genetests.org)
8. [Neuromuscular.wustl.edu](http://Neuromuscular.wustl.edu)

## Sheltering Arms Pre-School

### Key Personnel

Felicia Hurst, fhurst@shelteringarmsforkids.com  
Center Director and Attending

Sarah Y. Vinson, MD, [svinson@msm.edu](mailto:svinson@msm.edu)  
Danae Evans, MD, [danevans@msm.edu](mailto:danevans@msm.edu)  
Attending (Remote)

### Location

385 Centennial Park Dr. NW, Atlanta, GA 30313

### Frequency and Duration

1/2 day per week, for six (6) to eight (8) weeks per academic year

### Overview

Sheltering Arms is the longest-established and one of the largest nonprofit early childhood education organizations in Georgia, providing high-quality early education, childcare and comprehensive family support services since 1888. The agency serves more than 3,000 children annually and their families at 13 metropolitan Atlanta locations in Cobb, DeKalb, Douglas, Fulton and Gwinnett counties and consistently meets accreditation standards by the National Association for the Education of Young Children. On average, children attending Sheltering Arms score in the 90th percentile for language and literacy, exceeding developmental milestones for kindergarten readiness.

Residents rotate for 1/2 day a week for four months. The resident may provide client-centered, staff development, or rarely, program-oriented consultation as negotiated. Supervision occurs during scheduled group supervision sessions. Residents will not provide any direct patient care during this rotation

### Resident Supervision, Teaching, and Evaluation:

Each resident shall be evaluated, and these evaluations shall be reviewed and compiled by the Participating Site Director and submitted to the Program Director within two (2 weeks) of the resident(s) completing the rotation. The Program Director will have residents complete an evaluation of the teaching faculty and the rotation upon completion of the rotation per program evaluation procedures. Faculty and rotation evaluations may be shared with Sheltering Arms administration as needed. The Program Director will meet periodically and on a yearly basis with the Site Director to provide feedback about the rotation and to ensure resident working and learning conditions are appropriate.

## **SCHOOL CONSULTATION ROTATION Goals, Objectives and Competencies**

### **Patient Care**

#### Goals

##### Knowledge

- Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
- Understand the preschool as a system.
- Understand preschool resources and policies including practices for determining learning issues/differences, behavioral practices related to on task and off task behaviors, disciplinary procedures/code.

##### Skills

- Have sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with preschools.

##### Attitude

- Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.

##### Objectives

- Acquire and/or extend knowledge concerning the structure and functioning of a preschool through interaction with school personnel, which may include psychologists, teachers, guidance counselors, school nurses, and administrative personnel as well as the children and families they serve.

### **Medical Knowledge**

#### **Goals:**

- **Knowledge**
  - Be able to extend knowledge of basic consultation theory in application to preschools.
- **Skills**
  - Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- **Attitude**
  - Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.

#### **Objectives:**

- Attend lectures and complete assigned readings concerning childcare systems in the United States

### **Interpersonal and Communication Skills**

**Goals:**

- **Knowledge**
  - Able to understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- **Skills**
  - Function in the role of child advocate while still maintaining ethical role as child psychiatric consultant.
- **Attitude**
  - Able to provide consultation without undermining the sense of value and need for the consults.

**Objectives:**

- Be able to discuss during group supervision the structure of the consultee in the school system, including hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

**Practice Based Learning and Improvement****Goals:**

- **Knowledge**
  - Learn to provide written consultations.
- **Skills**
  - Learn how to be an effective facilitator during intervention meetings.
- **Attitude**
  - Appreciate feedback from school personnel and from supervision.
  - Understand the importance of seeking out opportunities to maximize the educational experience

**Objectives:**

- Utilize skills to provide useful consultation to one or more consultees who work within a preschool setting to include: writing a consultation report in easily understood language, without medical jargon; helping consultees understand the scope of one's experience; modeling problem-solving skills which consultees can then apply to similar situations.

**Professionalism****Goals:**

- **Knowledge**
  - Be familiar with ethical issues which may arise as part of the school consultation process.
- **Skills**
  - Able to function in the role of child advocate while still maintaining ethical role as child psychiatric consultant.
- **Attitude**
  - Clarify role with preschool personnel.
  - Arrive at work on time.
  - Demonstrate flexibility in addressing needs.

**Objectives:**

- Understand role of psychiatrist in school based consultation.
- Be able to discuss ethical considerations which arise during the consultation process, to include issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

**Systems Based Learning****Goals:**

- **Knowledge**
  - Understand Bronfenbrenner's Ecological Systems Theory as it relates to children in preschool systems.
  - Understand the limitations of resources available in preschool systems, and how these impact available interventions.
  - Understand relationship issues between teachers and administration.
- **Skills**
  - Able to apply this knowledge to effectively liaison with parents, teachers and administrators for effective consultation.
- **Attitude**
  - Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nursing in the school systems.

**Objectives:**

- Able to discuss aspects of childcare as a system which impacts on consultation including: availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, pressure from administration

**Readings****Articles**

- Elliott, S., & Davis, J. M. (2020). Challenging taken-for-granted ideas in early childhood education: A critique of Bronfenbrenner's Ecological Systems Theory in the age of post-humanism. *Research Handbook on Childhood Nature: Assemblages of Childhood and Nature Research*, 1119-1154.
- Truscott, S. D., Kreskey, D., Bolling, M., Psimas, L., Graybill, E., Albritton, K., & Schwartz, A. (2012). Creating consultee change: A theory-based approach to learning and behavioral change processes in school-based consultation. *Consulting Psychology Journal: Practice and Research*, 64(1), 63.
- Walter, H. J., & Berkovitz, I. H. (2005). Practice parameter for psychiatric consultation to schools. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(10), 1068-1083. AACAP Practice Parameter for Psychiatric Consultation
- American Academy of Pediatrics Committee on School Health (2003). Policy Statement: Organizational Principles to Guide and Define the Child Health Care System and/or

Improve the Health of All Children Out-of-School Suspension and Expulsion. *Pediatrics*, 112 (5). AAP Policy Statement on OSS and Expulsion

**Textbook**

Dulcan, M. K., & Wiener, J. M. (Eds.). (2006). *Essentials of child and adolescent psychiatry*. American Psychiatric Pub.

## The Emily Program

### Key Personnel

- Jonathan Levy, MD, Site Director and Attending; [jonathan.levy@emilyprogram.com](mailto:jonathan.levy@emilyprogram.com)
- Amy Gerberry, MA, LP, Executive Director; [Amy.Gerberry@emilyprogram.com](mailto:Amy.Gerberry@emilyprogram.com)

### Location

41 Perimeter Center E., Suite 250, Dunwoody, GA 30346  
(770) 871-3730

### Frequency and Duration

Three (3) days a week, for one (1) month

### Overview and Goals

Veritas Collaborative in Atlanta provides outpatient services for children, adolescents, and young adults with known or suspected eating disorders or disorders eating. Veritas offers multidisciplinary evaluations and treatment, including medical, psychiatric, dietetic, and psychotherapeutic care. This is a variable-length rotation depending on the interest of the fellow and the availability of supervision. Fellows have the opportunity to observe medical, psychological, psychiatric, and dietary assessments of patients with eating disorders, and also have the opportunity to observe multidisciplinary team meetings determining the level of care and recommended services.

### Expected Previously-Acquired Information, Abilities, Knowledge, Skill

- Ability to perform a psychiatric assessment
- Basic understanding of and ability to use DSM-5 classification and psychiatric disorders
- Basic understanding of medical disorders
- Ability to consult with medical providers
- Ability to develop and implement a treatment plan
- Basic understanding of and ability to use pharmacological, therapeutic, and psychosocial psychiatric interventions
- Basic understanding of and ability to negotiate systems of care

### Objectives

#### **Professionalism**

Exhibits attitudes and behaviors consistent with the roles and responsibilities of a psychiatrist.

#### **Patient Care and Procedural Skills**

- Improve outpatient psychiatric assessments, with particular emphasis on eating disorders and disordered eating.
- Effectively determine the appropriate level of care for patients with eating disorders and provide basic treatment recommendations for patients with eating disorders.
- Work effectively with other team members providing multidisciplinary assessments of patients with disordered eating; develop working relationships across specialties; actively participate in and support activities of team-based care.
- Demonstrate initiative and consistency in learning through required and independent educational activities.

**Medical Knowledge**

Expand and broaden knowledge of eating disorders and their management in an outpatient setting

**Practice-Based Learning and Improvement**

Demonstrate initiative and consistency in learning through required and independent educational activities.

**Interpersonal and Communication Skills**

Work effectively with other team members providing multidisciplinary assessments of patients with disordered eating; develops working relationships across specialties; actively participates in and supports activities or team-based care.

**Systems-Based Practice**

Learn about eating disorder-specific systems of care and resources available to children, adolescents, and families.

## **Willowbrooke at Tanner**

### **Key Personnel**

- Kenneth Genova, MD, Site Director and Attending; [kgenova@tanner.org](mailto:kgenova@tanner.org)
- Marcy Edwards, administration contact; [medwards@tanner.org](mailto:medwards@tanner.org)

### **Location**

20 Herrell Road, Villa Rica, GA 30108  
(770) 812-3945

### **Frequency and Duration**

Three (3) days a week, for one (1) month

### **Overview and Goals**

During the first year of their fellowship, CAP fellows spend a one-month rotation at Willowbrooke at Tanner that includes clinical experiences in the general acute inpatient child and adolescent unit. Willowbrooke at Tanner is a not-for-profit facility that serves an 80% Medicaid and/or state-funded and racially diverse patient population. During this experience, fellows are involved in psychiatric assessment, follow-up, short-term psychotherapy, family sessions, interdisciplinary team meetings, and psychopharmacology for children and adolescents with acute psychiatric symptoms.

### **Specific Activities**

- Biopsychosocial evaluations of children, adolescents, and families in the inpatient child and adolescent psychiatric unit
- Participation in multi-disciplinary treatment team meetings
- Participation in care coordination with community mental health care providers
- Observation of inpatient groups
- Verbal feedback to patients and families regarding symptoms, diagnoses, and treatment
- Participation in family meetings
- Participation in supervision sessions with the Attending psychiatrist

### **Professionalism**

- Knowledge—Be familiar with the professional responsibilities of an inpatient unit, including confidentiality, team participation, and pursuing excellence in every patient who is assessed and treated.
- Skills—Develop high ethical standards, values, and professional behavior.
- Attitude—Value the input of other team members.
- Knowledge—Be familiar with the professional responsibilities of an inpatient unit, including confidentiality, team participation, and pursuing excellence in every patient who is assessed and treated.
- Skills—Develop high ethical standards, values, and professional behavior.
- Attitude—Value the input of other team members.

### **Patient Care and Procedural Skills**

- Knowledge—Gain knowledge and skills necessary for the assessment and treatment of the major psychiatric disorders of children/adolescents.
- Skills—Gain the ability to apply discrete treatment modalities in common practice on child and adolescent acute inpatient units.
- Attitude

- Demonstrate a responsible attitude in determining the appropriate interventions based on existing knowledge, thorough assessments, and receptivity to input from the patient, family, faculty, and the treatment team.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.
- Complete a thorough psychiatric assessment on all assigned patients.
- Perform at least one (1) psychiatric interview observed by Attending, and present the case, mental status exam, case formulation, and plan.
- Demonstrate the ability to integrate information obtained from assessments in an organized fashion.
- Write comprehensive, clear, and concise diagnostic and treatment summaries under review of the supervising physician.
- Employ various pharmacologic agents in the acute inpatient treatment of severely disturbed children/adolescents.
- Demonstrate the ability to educate parents about diagnosis and treatment, and help families resolve conflicts.
- Participate in the development of a behavioral plan for at least one (1) case.
- Develop knowledge of the signs and symptoms of mental illness in children and adolescents.
- Understand child and adolescent development.
- Incorporate interventions for addressing acute mental health symptoms in this population.

#### **Practice-Based Learning and Improvement**

- Knowledge—Gain sufficient knowledge concerning laws that affect inpatient treatment of children and adolescents.
- Skills
  - Use appropriate resources (journals, texts, information technology) to develop competence in evidence-based treatments of acute mental health problems in children and adolescents.
  - Use observation skills and incorporate feedback to improve clinical performance.
- Attitude—Demonstrate self-motivation to increase knowledge and skills through reading relevant literature, consulting experts in the field, etc.
- Observe the Attending on unit perform at least one (1) psychiatric interview and mental status exam.
- Participate in at least three (3) family meetings.
- Recognize and understand the feelings generated by clinical experiences, training, and supervision, and how these can be resolved in a way that fosters growth for all concerned.
- Understand the role of the psychiatrist in educating and modeling interactions with staff and patients.

#### **Interpersonal and Communication Skills**

- Knowledge—Demonstrate written and verbal communication with patients, families, colleagues, and other health care providers that is appropriate, efficient, concise, and pertinent.
- Skills
  - Gain skills to conduct sensitive and constructive assessment interviews with parents or families.
  - Successfully navigate relationships within a multidisciplinary treatment team.
  - Complete timely, effective medical record documentation.

- Attitude—Demonstrate a constructive attitude in working as a member of a multidisciplinary team and in shared decision making with patients and families.
- Participate as a therapist or co-therapist in family therapy of all assigned adolescents.
- Demonstrate abilities to educate parents about diagnosis and treatment and help families resolve conflicts.
- Demonstrate the ability to write comprehensive, clear, and concise discharge and transfer summaries.

### **Systems-Based Practice**

- Knowledge
  - Develop knowledge of when and how to appropriately involve other professionals in the adolescent's care.
  - Learn about differences in the admissions process, levels of care, and inpatient care.
  - Understand insurance coverage and how it impacts access to care and treatment.
- Skills
  - Coordinate referrals to improve patient care.
  - Advocate for appropriate clinical care for patients.
- Attitude—Participate in coordinating such referrals with the social worker, demonstrating a willingness to learn more about systems through being involved in the referral process.
- Incorporate input from other members of the team or request appropriate outside consultation as needed (e.g., pediatric or neurologic consultation).
- Liaise with social workers in coordinating follow-up care for inpatients.
- Learn about community systems of care, including residential treatment program.

## Youth Villages

### Key Personnel

Dr. Pearson, Attending,

### Location

4685 Dorsett Shoals Rd, Douglasville, GA 30135

### Frequency and Duration

Three (3) days per week, for six (6) weeks

### Overview and Goals

CAP fellows rotate at a behavioral health treatment network for a six- week rotation during the first year of their CAP fellowship. Youth Villages is a behavioral health treatment network for children and young adults suffering from severe emotional and psychological challenges. The youth served at Youth Villages are those considered at the highest risk and require the most intensive level of services. Youth Villages' clinicians provide combined therapeutic and educational programs to support the individual needs of each client based on their diagnosis, strengths, and interests. Services include intensive residential services, specialty foster care, and residential group homes.

### Objectives

#### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of completing a comprehensive evaluation.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

#### **Patient Care and Procedural Skills**

- The fellow will demonstrate the ability to perform a thorough clinical evaluation of children, adolescents, and families presenting to residential treatment for psychiatric emergencies, including both psychiatric and biomedical assessments.
- The fellow will demonstrate the ability to form a therapeutic alliance with children and parents.
- The fellow will demonstrate the ability to develop a thorough differential diagnosis, formulation, and treatment plan for children and adolescents in residential settings.
- The fellow will demonstrate the ability to direct and/or conduct intervention including a range of psychosocial and pharmacological therapeutics for children, adolescents, and parents.
- The fellow will demonstrate the ability to write concise chart notes regarding child and adolescent psychiatric conditions.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.

- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection.

### **Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to weigh the impact or trauma on psychiatric presentation and treatment.
- The fellow will demonstrate sufficient knowledge to identify common medical conditions.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will demonstrate knowledge of the major causes of psychiatric problems that present to residential treatment units.
- The fellow will be able to demonstrate an understanding of the basic forensic principles in residential care.

### **Practice-Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will assume a role in the clinical teaching of early learners.

### **Interpersonal and Communication Skills**

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively communicate with members of a multidisciplinary treatment team.

### **Systems-Based Practice**

- The fellow will be knowledgeable of the variety of dispositions available to children, adolescents, and families with psychiatric problems.
- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will work with the facility social worker to coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.
- The fellow will gain an appreciation for the decision-making process in determining suitability for residential, group home, and foster care placement.

# Second Year

## Children's Healthcare of Atlanta for Hughes Spalding - Autism

### **Key Personnel**

Anastasia Alvarado, MD, [anastasia.alvarado@choa.org](mailto:anastasia.alvarado@choa.org)  
Attending Supervisor

Trista Perez-Crawford, PhD, [trista.perezcrawford@choa.org](mailto:trista.perezcrawford@choa.org)  
Clinical Psychologist

Andrea Zawoyski, PhD, [andrea.zawoyski@choa.org](mailto:andrea.zawoyski@choa.org)  
Clinical Psychologist

Janice Price-Law, [janice.price-law@choa.org](mailto:janice.price-law@choa.org)  
Administration Contact

### **Location**

35 Jesse Hill Jr. Dr. SE, Atlanta, GA 30303

### **Frequency and Duration**

1/2 day per week, for six (6) months per academic year

### Overview

Fellows will learn to perform diagnostic assessments, develop treatment plans, and provide ongoing care for individuals with ASD. This rotation provides opportunities for fellows to collaborate with other healthcare professionals to provide comprehensive care. Fellows will also gain experience in community-based interventions and resources available for individuals with ASD and their families.

### Goals and Objectives

#### *Patient Care*

#### Knowledge:

- Develop knowledge and understanding of diagnostic criteria and assessment tools for autism spectrum disorder (ASD)
- Learn evidence-based treatments for ASD, including behavioral, pharmacological, and psychosocial and educational interventions
- Gain an understanding of the unique needs and challenges of individuals with ASD across the lifespan
- Become familiar with resources and services available to individuals with ASD and their families

#### Skills:

- Develop skills in conducting comprehensive assessments of individuals with suspected or diagnosed ASD
- Practice implementing evidence-based interventions for individuals with ASD
- Learn to effectively communicate and collaborate with other healthcare professionals and service providers involved in the care of individuals with ASD

- Develop skills in providing family-centered care and support to families of individuals with ASD
- Attitude:
- Foster a patient-centered and compassionate approach to care for individuals with ASD and their families
  - Recognize the importance of cultural competence in the care of individuals with ASD from diverse backgrounds
  - Maintain a commitment to lifelong learning and ongoing professional development in the field of ASD

Objectives:

- Conduct a comprehensive assessment of at least three individuals with suspected or diagnosed ASD, including a detailed developmental history, behavioral observations, and administration of diagnostic tools
- Implement evidence-based interventions for at least three individuals with ASD, utilizing a multidisciplinary approach and considering the individual's unique strengths, needs, and preferences
- Provide education and support to at least three families of individuals with ASD, addressing their concerns and helping them navigate available resources and services
- Collaborate effectively with other healthcare professionals and service providers involved in the care of at least three individuals with ASD
- Demonstrate an understanding of the ethical and legal issues related to the care of individuals with ASD and their families.

Medical Knowledge

Knowledge:

- Demonstrate knowledge of the diagnostic criteria and assessment tools for autism spectrum disorder (ASD).
- Understand the etiology and pathophysiology of ASD.
- Be aware of the medical comorbidities associated with ASD.
- Understand the various treatment options for ASD.

Skills:

- Perform a comprehensive evaluation of a patient with ASD, including a thorough medical and psychiatric history and physical examination.
- Conduct and interpret diagnostic assessments and screening tools used in the diagnosis of ASD.
- Formulate and implement a comprehensive treatment plan for patients with ASD, including both pharmacological and non-pharmacological interventions.
- Communicate effectively with patients, families, and other healthcare providers regarding the management of ASD.

Attitude:

- Develop a patient and family-centered approach to the care of patients with ASD.
- Demonstrate empathy and sensitivity to the unique needs of patients with ASD and their families.
- Emphasize the importance of interdisciplinary collaboration in the care of patients with ASD.

Objectives:

- Obtain proficiency in conducting a comprehensive evaluation and diagnosis of patients with ASD.
- Gain knowledge and experience in the management of medical comorbidities associated with ASD.
- Develop competence in the use of evidence-based treatments for ASD.
- Collaborate effectively with other healthcare providers in the management of patients with ASD.

### Interpersonal and Communication Skills

#### Knowledge:

- Understand the unique communication and social interaction challenges that individuals with autism spectrum disorder (ASD) face
- Familiarize with the various communication methods and assistive technologies that can be used to enhance communication in individuals with ASD

#### Skills:

- Develop effective communication strategies to use with individuals with ASD and their families/caregivers
- Learn how to effectively engage with individuals with ASD during diagnostic and treatment sessions
- Practice active listening and nonverbal communication skills to build rapport with individuals with ASD

#### Attitude:

- Demonstrate empathy, patience, and understanding towards individuals with ASD and their families/caregivers
- Acknowledge the importance of clear and effective communication in building strong therapeutic relationships

#### Objectives:

- Conduct at least one diagnostic evaluation for ASD with supervision
- Develop at least one treatment plan that includes strategies to improve communication and social interaction skills in individuals with ASD
- Practice effective communication techniques during at least three treatment sessions with individuals with ASD and their families/caregivers, and receive feedback from supervisors on communication style and effectiveness.

### Practice Based Learning and Improvement

#### Knowledge:

- Understand the principles of evidence-based practice and quality improvement in the care of patients with autism spectrum disorder (ASD)
- Understand the current state of research on ASD, including emerging trends and new interventions

#### Skills:

- Develop the ability to critically appraise and integrate evidence-based information into patient care for individuals with ASD
- Develop the ability to identify areas for improvement in clinical practice and participate in quality improvement initiatives

#### Attitude:

- Embrace a lifelong commitment to learning and professional growth in the field of ASD

- Recognize the importance of collaboration and teamwork in the care of patients with ASD
- Objectives:
- Participate in at least one quality improvement initiative related to the care of patients with ASD Complete a literature review on a relevant topic related to ASD and present findings to the team
  - Reflect on personal learning and identify areas for continued growth in the care of patients with ASD.
  - Understand the racial and ethnic disparities in access to ASD resources

### Professionalism

#### Knowledge:

- Understand the ethical principles and professional standards relevant to the care of individuals with Autism Spectrum Disorder (ASD)
- Understand the importance of maintaining professional boundaries while working with individuals with ASD and their families
- Understand the roles and responsibilities of other professionals involved in the care of individuals with ASD

#### Skills:

- Develop effective communication strategies with individuals with ASD and their families
- Demonstrate appropriate professional behavior in interactions with individuals with ASD and their families
- Demonstrate effective time management and organizational skills in the provision of care for individuals with ASD

#### Attitude:

- Value the importance of providing compassionate and culturally sensitive care to individuals with ASD and their families
- Value the importance of ongoing professional development and staying up-to-date with advancements in the field of ASD

#### Objectives:

- Demonstrate professional behavior in all interactions with individuals with ASD and their families
- Communicate effectively and respectfully with individuals with ASD and their families
- Collaborate effectively with other professionals involved in the care of individuals with ASD
- Identify opportunities for professional growth and development in the field of ASD

### Systems Based Learning

#### Knowledge:

- Understanding of the systems involved in the care of patients with autism, including educational, community, and healthcare systems
- Familiarity with relevant laws and regulations related to the care of patients with autism
- Familiarity with national organizations and local community resources available to patients with ASD

#### Skills:

- Ability to navigate and collaborate with various systems involved in the care of patients with autism
- Ability to coordinate and advocate for appropriate services for patients with autism, including educational and community-based interventions

Attitude:

- Appreciation for the role of interdisciplinary collaboration in the care of patients with autism
- Commitment to ongoing education and improvement in the care of patients with autism

Objectives:

- To develop an understanding of the various systems involved in the care of patients with autism
- To develop skills in coordinating and advocating for appropriate services for patients with autism
- To cultivate an attitude of interdisciplinary collaboration and ongoing learning in the care of patients with autism.

## **Barton Child Law and Policy Center at Emory University School of Law**

### Key Personnel

Randee Waldman, JD, Policy Center Clinical Law Professor and Supervising Attorney; [rwaldm2@emory.edu](mailto:rwaldm2@emory.edu)

Melissa Carter, JD, Policy Center Clinical Law Professor and Supervising Attorney; [melissa.d.carter@emory.edu](mailto:melissa.d.carter@emory.edu)

Sarah Y. Vinson, MD, Clinical Attending (remote); [svinson@msm.edu](mailto:svinson@msm.edu)

### Location

1784 N. Decatur Road Suite 100, Atlanta, GA 30322 (See directions at the end of this rotation description.)

Phone: (404) 727-6664

### Frequency and Duration

One (1) day per week, for three (3) months (January through March) during the fellow's second academic year for advocacy; and variable hours during the fellowship's second academic year for forensic consultation.

### Overview and Goals

CAP fellows complete two (2) rotations at the Barton Child Law and Policy Center, one (1) rotation for legal consult and the other for advocacy.

The legal consult rotation involves working with various aspects of legal and court systems involved with children, adolescents, and families. The child residents work with personnel associated with the DeKalb and Fulton County Juvenile Courts and Emory Law's Barton Juvenile Defender Clinic director and attorney Randee Waldman, law students, and the supervising faculty, Sarah Vinson. The resident will attend the semester clinical orientation and various legal activities throughout the semester. During their time, they will also complete at least one forensic evaluation. Activities may include participation/observation of manifestation hearings, juvenile delinquency court proceedings, or individualized educational plan meetings. The advocacy rotation involves working with lobbyists, physician advocates, nonprofit advocacy organizations, and state legislators to design and advance policies impacting children, adolescents, and families. The residents work with Emory Law's Barton Child Law and Policy Center Director and attorney Melissa Carter, and law and other graduate students enrolled in the Center's Legislative Advocacy Clinic. The schedule is one day per week for 3 months and may include additional activities such as observing testimony before state legislative committees. There is scheduled monthly supervision with Dr. Vinson as well as additional consultation as needed.

### Specific Activities

#### **Forensic Rotation**—Barton Juvenile Defender Clinic/DeKalb County Juvenile Court

- This rotation can include:
  - Forensic psychiatric evaluation of youth as appropriate with recommendations to the Juvenile Defender Clinic legal team
  - Participation in the work and various activities of the Juvenile Defender Clinic attorney and law students
  - Observation of and participation in juvenile court proceedings as appropriate

- Attendance at Juvenile Defender Clinic weekly clinic meetings and individual case supervision meetings, time to be determined, and as possible
- Attendance at court, interviews in the client's home, IEP meetings, etc., as fellows' clinical duties and service demands permit
- During the rotation, fellows coordinate with Attorney Waldman to attend:
  - At least one IEP meeting
  - One morning in observing juvenile court in DeKalb County
  - A "Know Your Rights" educational session
- During the rotation, fellows meet with additional stakeholders in the juvenile court process, including a probation officer, a district attorney, and/or a judge.
- At the beginning of the law school semester during which the fellow is assigned to the juvenile defender clinic, the fellow rotating at the Juvenile Defender Clinic that semester should attend the clinic orientation that Randee Waldman holds for the incoming Juvenile Defender Clinic law students.
- Variable activities depend on Dr. Vinson's schedule and obligations. Possible activities include:
  - Custody, mitigation or competency evaluations;
  - Preparing for litigation;
  - Reviewing juvenile facilities; or
  - Other child forensic activities.

Each fellow is expected to participate in at least one (1) forensic evaluation during the academic year.

#### **Advocacy Rotation—Barton Legislative Advocacy Clinic**

- This rotation can include:
  - Participation in briefings regarding state legislation that impacts children and families with Barton Child Law and Policy Center legislative team
  - Participation in the work and various activities of the Barton Center faculty, fellows, and law students
  - Observation of and participation in state legislative proceedings
  - Attendance at weekly clinic meeting each Friday from 8:30 a.m. - 10:00 a.m. in the Barton Center conference room, as possible
- During the rotation:
  - Fellows coordinate with the child forensic fellow and Professor Carter to attend at least one Georgia state legislature subcommittee and/or committee meeting.
  - During the rotation, fellows meet with lobbyists from the Georgia Psychiatric Physicians Association.

#### Expected Previously Acquired Information, Abilities, Knowledge, Skill

- Basic understanding of the state juvenile justice and child welfare systems
- Basic understanding of the state legislative system
- Ability to perform a clinical psychiatric assessment of children, adolescents, and families
- Basic understanding of and ability to use DSM-5 classification and psychiatric disorders of children and adolescents
- Basic understanding of and ability to use pharmacological, therapeutic, and psychosocial psychiatric interventions for youth and families
- Basic understanding of and ability to negotiate systems of care relevant to children, adolescents, and families

#### Objectives

### **Professionalism**

- Exhibit attitudes and behaviors consistent with the roles and responsibilities of a child and adolescent psychiatrist.
- Develop positive working relationships with legal and legislative team members.
- Acquire the competencies to be an engaged professional.

### **Patient Care and Procedural Skills**

- Learn about the impact of unmet educational needs on psychiatric symptoms and the presentation of psychiatric illness in children and adolescents with mental illness and learning and or developmental disorders.
- Learn juvenile justice/forensic-related consultation and liaison skills.

### **Medical Knowledge**

- Expand and broaden knowledge of children, adolescents, and families involved in juvenile court or forensic systems and of the frequently encountered psychiatric diagnosis.
- Expand and broaden knowledge of the prevalence of trauma in juvenile justice-involved youth.
- Learn about the manifestations of trauma and how they place youth at increased risk of juvenile justice system involvement.
- Learn the basics of providing consultation and liaison services in juvenile court or forensic systems.

### **Practice-Based Learning and Improvement**

Demonstrate initiative and consistency in learning through required and independent educational activities.

### **Interpersonal and Communication Skills**

- Tailor psychiatric assessment and documentation skills for juvenile court and defense attorney consultations.
- Learn how to conduct and document a child forensic assessment.
- Learn how to communicate information regarding psychiatric illness and symptoms in children and adolescents to court personnel.
- Learn skills for effectively communicating with legislators regarding the impact of legislation on the mental health of children.
- Learn how to effectively interact with representatives of the legal and legislative systems such as lobbyists, community advocates, legislators, defense and prosecution attorneys, and judges.
- Give feedback to judges and juvenile court personnel.
- Learn about skills in presenting to state legislators for the purposes of child advocacy.
- Work effectively with children advocacy organizations to provide quality presentations and advocacy materials to inform legislation.
- Work effectively with child defense attorneys to provide high-quality consultation and liaison services.
- Demonstrate leadership skills in working with multidisciplinary groups.

### **Systems-Based Practice**

- Learn about consultation with juvenile courts, defense attorneys, and other individuals working in forensic and juvenile justice systems.

- Obtain an understanding of processes and structures of juvenile court, legal, and forensic systems.
- Obtain an understanding of processes and the structure of the Georgia state legislative system.
- Learn about the major child advocacy organizations operating in the state of Georgia.
- Improve skills in advocating for children, adolescents, and families with the juvenile justice system and/or child welfare system involvement.
- Improve skills for tracking and evaluating policies with potential impacts on children's mental well-being.
- Improve skills in advocating for improvements in systems that impact the mental well-being of children and families.
- Learn about the relationship between mental health care access in the community and child welfare and juvenile justice system involvement.
- Understand the role of education and the unique, scholastic challenges of children and adolescents with learning, emotional, and behavioral problems.
- Understand the interplay between school advocacy and risk for juvenile justice system involvement and/or recidivism.
- Gain a better understanding of how systems such as juvenile court, juvenile justice, and child protective services work.

#### Location and Directions

*Forensic and DeKalb Juvenile Court Assessments and Supervision*  
Emory Briarcliff Campus, Building A, 3<sup>rd</sup> floor, South wing

#### *Barton Center Activities*

- Emory Law School Building  
**Note:** the Barton Center offices are located at 1784 N. Decatur Road in suite 100, not the main law school building (Gambrell Hall)
- Georgia State Capitol, DeKalb County Juvenile Court, and other locations depending on the case

#### References

Martin A & Volkmar F (eds). (2007). *Lewis's Child and Adolescent Psychiatry A Comprehensive Textbook*, 4<sup>th</sup> edition, Lippincott Williams & Wilkins, Philadelphia.

Dulcan M. (2015). *Dulcan's Textbook of Child and Adolescent Psychiatry*, American Psychiatric Publishing, Inc, Washington DC.

## Families First

Paula Moody, LCSW, MS, [paula.moody@familiesfirst.org](mailto:paula.moody@familiesfirst.org)

Site Director and Administrative Contact

Danae Evans, MD, [danevans@msm.edu](mailto:danevans@msm.edu)

Attending

### Location

80 Joseph E. Lowery, Blvd, NW, Atlanta, GA, 30314

### Requirement

All Fellows will need to obtain their DEA license and have it incorporated to their profile on D First by December of their 1st year of Fellowship. This aids in their training and development of autonomy as a goal and objective of the rotation.

### Frequency and Duration

The CAP fellowship year two rotation will have a rotation/assignment of one fellow, for one day per week, 8:00 AM – 5:00 PM, for 6 months.

## Overview for Families First CAP Fellowship Year 2 Rotation

### Description of Clinical Services

This rotation is designed to equip fellows with advanced knowledge and skills for the evaluation and treat child and adolescent psychiatry patients in an outpatient setting; knowledge and skills for providing clinical supervision and knowledge and skills for the creation and delivery of educational content for adult mental health clinician learners.

### Clinical Population and Experience

CAP Fellows evaluate children and adolescent patients and their families who require community psychiatric treatment. This clinic will include an attending psychiatrist, a child psychiatry fellow, and a PGY2 general psychiatry fellow. Under the attending's supervision, the child psychiatry fellow will operate in a supervisory and teaching role with the general psychiatry fellows. In this clinic, the patients are seen for thirty to sixty minutes for medication management, parenting and family therapeutic interventions, and other psychosocial interventions. This rotation begins at 9:30 AM with the first 45 minutes dedicated to lecture and discussion. The following 45 minutes will be a review of notes from the previous week. Lunch will be from 11:10 AM to 12 PM. Starting at 12 PM, the attending, CAP fellow and general psychiatry fellow will evaluate and treat children and adolescents in a psychopharmacology clinic. The CAP fellow and general psychiatry fellow will see the patient first and present to the Attending Physician in a hand-off format, including the assessment and plan. The fellow documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, and Autism Spectrum Disorder. The vast majority of patients seen in this clinic will either have Medicaid or no insurance.

### Average Case Load

CAP Fellows are responsible for 1 lecture and providing supervision to his/her assigned general psychiatry fellow supervisees.

## Goals

The goal of this rotation is to provide an advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients; experience and feedback in teaching and supervising adult learners; experience and feedback in the development of educational content for adult learners.

### Patient Care

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PC1).
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation (PC1).
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1).
- The fellow will assess patient safety (PC1).
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations (PC2).
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2).
- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection (PC3).
- The fellow will appropriately prescribe commonly used psychopharmacologic agents (PC5).

### Medical Knowledge

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others (MK2).
- The fellow will identify sufficient knowledge to identify common medical conditions (MK2).
- The fellow will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms. (MK5).
- The fellow will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5).
- The fellow will be able to list situations that mandate reporting or breach of confidentiality (MK6).

### Systems-Based Practice

- The fellow will describe systems and procedures that promote patient safety (SBP1).
- The fellow will demonstrate a knowledge of the relative cost of care, for example, medication costs (SBP2).
- The fellow will coordinate patient access to community and system resources (SBP2).
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups (SBP3).

### Practice-Based Learning and Improvement

- The fellow will regularly seek and incorporate feedback to improve performance (PBLI1).
- The fellow will assume a role in the clinical teaching of early learners (PBLI3).

### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity (PROF1).
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROF1).
- The fellow will notify the team and enlists back-up when fatigued or ill (PROF2).
- The fellow will recognize the importance of participating in one's professional community (PROF2).
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care (PROF2).

### **Interpersonal and Communication Skills**

- The fellow will develop a therapeutic relationship with patients in uncomplicated situations (ICS1).
- The fellow will sustain working relationships in the face of conflict (ICS1).
- The fellow will consistently engage patients and families in shared decision making.

## **Georgia Department of Juvenile Justice**

### Key Personnel

- Sarah Vinson, MD, Site Director and Attending; [svinson@msm.edu](mailto:svinson@msm.edu)
- Shawn Allen, MD, administrative contact; [shawnallen@djj.state.ga.us](mailto:shawnallen@djj.state.ga.us)

### Location

3408 Covington Hwy, Decatur, GA 30032  
(404) 508-6500

### Frequency and Duration

One (1) day every other week for six (6) months

### Description of Clinical Services

This rotation is designed to equip residents with the knowledge and skills to evaluate and treat child and adolescent psychiatry patients in an juvenile correctional setting.

### Clinical Population and Experience

With attending supervision, residents evaluate detained adolescents who require psychopharmacology assessment and treatment. The patients are seen for thirty to sixty minutes. Clinical sessions begin at 8:00 a.m. and conclude at approximately noon. The resident will see the patient and present to the Attending Physician including the assessment and plan. The resident documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression, BIF and or Mild Intellectual Disability.

### Average Case Load

Residents are responsible for the treatment of 3-8 patients per session.

## **Goals**

### **Medical Knowledge**

- The resident will identify sufficient knowledge to identify common medical conditions
- The resident will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria
- The resident will be able to list situations that mandate reporting or breach of confidentiality
- The resident will be able to conceptualize the adolescent's presenting issue in the context of family and social dynamics under a psychological theoretical framework.
- The resident will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations

### **Patient Care**

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints
- The resident will select an appropriate psychopharmacologic modality for providing treatment

- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances
- The resident will assess patient safety
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account

### **Interpersonal Skills and Communication**

- The resident will develop rapport with patients and families for the purpose of effective assessment and treatment
- The resident will verbally communicate treatment goals and progress to patient families and, when relevant, other decision makers
- The resident will consistently engage patients and families in shared decision making.

### **Practice Based Learning and Improvement**

- The resident will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The resident will receive written feedback from families to improve performance

### **Professionalism**

- The resident will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity
- The resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy
- The resident will notify the team and enlists back-up when fatigued or ill
- The resident will recognize the importance of participating in one's professional community
- The resident will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient /family receives an excellent evaluation

### **Systems Based Care**

- The resident will demonstrate a knowledge of the relative cost of different patient care options
- The resident will work collaboratively with other members of the DJJ mental health team to coordinate patient access to community and system resources  
The resident will coordinate care with community mental health agencies, including case managers and self-help groups

## **AUCC Student Health and Wellness Center**

### Key Personnel

Danae Evans, MD, Attending, [danevans@msm.edu](mailto:danevans@msm.edu)

### Location

455 Lee St SW, Third Floor, Ste. 300A, Atlanta, GA 30310

### Frequency and Duration

One-half (1/2) day per week for six (6) months

### Overview and Goals

#### Description of Clinical Services

This rotation is designed to equip residents with advanced knowledge and skills for the evaluation and treatment of emerging adult and adult psychiatry patients in a counseling center setting; knowledge and skills for providing clinical supervision and knowledge and skills for the creation and delivery of educational content to staff clinicians.

#### Clinical Population and Experience

CAP Residents evaluate emerging adult and adult patients at a University Counseling Center who require psychiatric treatment. This clinic will include a contracted attending psychiatrist, and a child psychiatry resident. In addition, there are social workers, psychologists, and counselors who provide mental health services to students. The resident will see patients for psychiatric assessments and follow-up appointments. In addition, they will provide one (1) integrated health case conference per semester to the integrated health team consisting of health care providers, mental health clinicians, and nutritionists. In this clinic, patients are seen for a 45-50 minute initial psychiatric appointment followed by 30-minute follow-up medication management appointments. This rotation is on Thursdays and will begin at 8:00 a.m. and end at 12 p.m. The resident will see the patient and present the information in supervision or as needed in between patients to the attending. Supervision will take place each week for 1 hour. The resident documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression and Autism Spectrum Disorder. The majority of patients seen in this clinic will either have Medicaid or no insurance. There is no fee for service at this clinic as long as the patient is a registered AUCC student. Students must be in individual counseling to be seen at this clinic. This enables consultation and coordination of care between therapist and psychiatrist.

#### Average Case Load

CAP Residents are responsible for seeing 1-5 patients per week and for providing 1 case conference per semester to the integrated health team of practitioners.

### **Goals**

The goal of this rotation is to provide an advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in a college counseling center psychiatry setting serving emerging adult and adult patients; experience and feedback in the development of educational content for integrated health practitioners.

## **Objectives**

### Patient Care

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PC1)
- The resident will select laboratory and diagnostic tests appropriate to the clinical presentation (PC1).
- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1).
- The resident will assess patient safety (PC1).
- The resident will develop a basic differential diagnosis for common syndromes and patient presentations (PC2).
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2).
- The resident will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection (PC3).
- The resident will appropriately prescribe commonly used psychopharmacologic agents (PC5).

### Medical Knowledge

- The resident will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others (MK2).
- The resident will identify sufficient knowledge to identify common medical conditions (MK2).
- The resident will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms (MK5).
- The resident will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5).
- The resident will be able to list situations that mandate reporting or breach of confidentiality (MK6).

### System-Based Practice

- The resident will describe systems and procedures that promote patient safety (SBP1).
- The resident will demonstrate a knowledge of the relative cost of care, for example, medication costs (SBP2).
- The resident will coordinate patient access to community and system resources (SBP2).
- The resident will coordinate care with community mental health agencies, including case managers and self-help groups (SBP3).

### Practice-Based Learning and Improvement

- The resident will regularly seek and incorporate feedback to improve performance. (PBL1)
- The resident will assume a role in the clinical teaching of integrated health practitioners. (PBL3)

### Professionalism

- The resident will demonstrate the capacity for self-reflection, empathy, curiosity about and openness to different beliefs and points of view, and respect for diversity (PROF1).

- The resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROF1).
- The resident will notify the team and enlists back-up when fatigued or ill (PROF2).
- The resident will recognize the importance of participating in one's professional community (PROF2).
- The resident will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care (PROF2).

## **Grady Infectious Disease Program Clinic**

### Key Personnel

Nicole King Cotton, MD, Site Director and Attending; [ncotton@msm.edu](mailto:ncotton@msm.edu) (404) 756-5716

### Location

341 Ponce De Leon Avenue NE, Atlanta, GA 30308  
(404) 616-2440

### Frequency and Duration

One (1) day per week for three (3) months

### Overview and Goals

The Grady Hospital Infectious Disease Program (IDP) clinic is a medical specialty outpatient clinic within a community hospital system. The patient population receives treatment for HIV along with mental health and social interventions within the same clinical setting. Fellows are part of a multidisciplinary treatment team and provide psychiatric consultation and direct patient care for select clinic patients. Fellows are embedded in the IDP clinic. They also provide consultations on patients for whom they do not serve as the primary clinician, with an emphasis on treatment planning and referral to the most appropriate community mental health and psychosocial resources through collaboration with the clinic social worker.

### Objectives

#### *Child/Family Assessment Clinic*

#### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of completing a comprehensive evaluation.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient /family receives a thorough evaluation.

#### **Patient Care and Procedural Skills**

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints or the consulting clinician's question.
- The fellow will select laboratory and diagnostic tests appropriate to the clinical presentation.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will develop a basic differential diagnosis for common syndromes and patient presentations.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

- The fellow will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection or treatment recommendations.

### **Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.
- The fellow will have sufficient knowledge to identify common medical conditions.
- The fellow will identify psychiatric symptoms associated with HIV infection and that may be side effects of treatments for HIV.
- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.

### **Practice-Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The fellow will incorporate the results of written feedback from multidisciplinary team members to improve performance.
- The fellow will assume a role in the consulting psychiatrist to other multidisciplinary treatment team members.

### **Interpersonal Skills and Communication**

- The fellow will develop a rapport with patients and families for the purpose of conducting a comprehensive evaluation.
- The fellow will verbally communicate preliminary impressions and findings on the day of the evaluation to members of the multidisciplinary treatment team.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to multidisciplinary treatment teams.

### **Systems-Based Practice**

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of various patient care options.
- The fellow will coordinate patient access to community and system resources.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups.

## **KIPP Woodson Park Academy—School Consultation**

### Key Personnel

Adrianna Woolley, Site Director and Lead Counselor; [awoolley@kippmetroatlanta.org](mailto:awoolley@kippmetroatlanta.org)  
Jenika Hardeman, PhD, Attending (remote), [jhardeman@msm.edu](mailto:jhardeman@msm.edu)

### Location

1605 Donald L. Hollowell Parkway, Atlanta, GA 30318  
(470) 453-3873

### Frequency and Duration

One (1/2) half day every week, for four (4) months per academic year

### Overview and Goals

Fellows rotate for one (1) half day a week every week for four (4) months. The fellow may provide client-centered, staff development, or rarely, program-oriented consultation. Supervision with the rotation Attending occurs during scheduled group supervision sessions. Fellows do not provide any direct patient care during this rotation.

The rotation setting is an urban charter school that serves over 90% of African-American students from under-resourced communities. This school is part of a group of charter schools that has distinguished itself as one with high academic expectations and intensive educational programs such as extended hours and Saturday school.

### Objectives

#### **Professionalism**

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while still maintaining an ethical role as a child psychiatric consultant.
- Attitude
  - Clarify role with school personnel.
  - Arrive at work on time.
  - Demonstrate flexibility in addressing needs.
- Discuss ethical considerations which arise during the consultation process, including issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship.
- Understand the limits to this relationship.

#### **Patient Care and Procedural Skills**

- Knowledge
  - Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
  - Understand the school as a system.
- Skills—Have sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with public schools.

- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a representative urban charter school through interaction with school personnel, which may include psychologists, and teachers, guidance counselors, school nurses, and administrative personnel, as well as the children and families they serve.

### **Medical Knowledge**

- Knowledge—Extend knowledge of basic consultation theory in application to schools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning school systems.
- Read or review assigned readings concerning basic consultation theory.
- Attend lectures and complete assigned readings concerning laws applying to public education.
- Learn about issues of organization and systems such as Individualized Educational Plans (IEPs) from school personnel and participate in student intervention team meetings.

### **Practice-Based Learning and Improvement**

- Knowledge—Learn to provide written consultations.
- Skills—Learn how to be an effective facilitator during intervention meetings.
- Attitude
  - Appreciate feedback from school personnel and from supervision.
  - Understand the importance of seeking out opportunities to maximize the educational experience.
- Employ skills to provide useful consultation to one or more consultees who work within a public school setting including writing a consultation report in easily understood language, without medical jargon.
- Help consultees understand the scope of one's experience.
- Model problem-solving skills which consultees can then apply to similar situations.

### **Interpersonal and Communication Skills**

- Knowledge—Understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while still maintaining an ethical role as a child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss during group supervision the function of the consultee in the school system, including the hierarchy of key personnel within the school and their interactions with key personnel within the district.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

## **Systems-Based Learning**

- Knowledge
  - Understand the limitations of resources available in school systems, and how these impact available interventions.
  - Understand relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liaise with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of the school as a system which impacts consultation, including availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, and pressure from administration.

## **Morehouse Healthcare Family Therapy – East Point Clinic**

### **Key Personnel**

LeRoy Reese, PhD, [lreese@msm.edu](mailto:lreese@msm.edu)

Attending

Jenika Hardeman, PhD, [jhardeman@msm.edu](mailto:jhardeman@msm.edu)

Attending

### **Location**

1513 Cleveland Ave, Atlanta, GA 30344, Building 500

### **Frequency and Duration**

1/2 day per week, for three (3) months per academic year

### **Caseload**

Minimum of 1 family therapy case per fellow for the rotation

### **Overview**

The family therapy rotation is designed to provide fellows with a comprehensive understanding of the principles and practices of family therapy. The rotation aims to equip fellows with the skills and knowledge necessary to provide effective family therapy services to children and adolescents with mental health issues. The rotation involves exposure to a wide range of family therapy modalities, including cognitive-behavioral therapy, structural family therapy, and narrative therapy. Through the rotation, fellows will gain an understanding of the role of family dynamics in the development and maintenance of mental health issues, as well as how to effectively engage families in the treatment process. Additionally, fellows will learn about the unique challenges of providing family therapy to diverse populations, including families from different cultural backgrounds and those with complex medical or psychosocial issues. The rotation also aims to enhance fellows' skills in documentation, communication, and interdisciplinary collaboration. {Primary care setting – upstream pt population; demo info. - primarily publicly insured, family medicine residency – cross learning opp.s w/ family med residents.}

### **Goals and Objectives**

#### ***Patient Care***

##### **Knowledge:**

- Understand the theoretical and empirical foundations of family therapy.
- Learn about the different models of family therapy and their respective strengths and weaknesses.
- Gain knowledge about the developmental stages and challenges of families, including blended and multicultural families.

##### **Skills:**

- Conduct family assessments and formulate a treatment plan that includes the participation of all members.
- Develop skills to engage and involve families in the treatment process, including identifying and addressing resistance and conflict.

- Implement evidence-based family therapy techniques, such as structural, strategic, solution-focused, and narrative approaches.
- Attitude:
- Demonstrate a non-judgmental and respectful attitude towards families, recognizing their unique strengths and challenges.
  - Show an openness to cultural and individual diversity in families.
  - Foster a collaborative and empathic therapeutic alliance with families.
- Objectives:
- Conduct a comprehensive family assessment, identifying the systemic factors that contribute to the identified problem(s).
  - Develop and implement a treatment plan that incorporates family members' goals and strengths, and addresses relational, developmental, and emotional challenges.
  - Demonstrate competency in various family therapy techniques through supervised practice and feedback.

### ***Medical Knowledge***

- Knowledge:
- Understand the principles of family therapy and its application in the treatment of child and adolescent psychiatric disorders.
  - Develop an understanding of the current evidence-based treatment approaches in family therapy.
- Skills:
- Develop proficiency in conducting family assessments, including genograms, ecomaps, and family mapping.
  - Learn to formulate and implement a comprehensive family treatment plan.
  - Acquire the skills to conduct effective family therapy sessions, including techniques for improving communication and resolving conflicts.
- Attitude:
- Appreciate the importance of working with families as a vital component of child and adolescent psychiatric care.
  - Recognize the role of family dynamics in the development and maintenance of psychiatric disorders in children and adolescents.
- Objectives:
- Demonstrate an understanding of family therapy theories and apply them in clinical practice.
  - Develop competence in conducting family assessments and formulating comprehensive treatment plans.
  - Gain proficiency in conducting family therapy sessions and evaluating treatment outcomes.
  - Engage in ongoing self-reflection and seek supervision to improve clinical skills and enhance professional growth.

### ***Interpersonal and Communication Skills***

- Knowledge:
- Understand the principles of effective communication in family therapy
  - Understand the role of culture, race, ethnicity, and other diversity factors in family dynamics

- Understand the importance of family members' roles, relationships, and interactions in mental health and illness
- Skills:
- Develop effective communication skills for engaging and interacting with family members
  - Demonstrate effective listening skills to facilitate understanding and empathy in family sessions
  - Develop skills to identify and manage conflicts and emotions within families
  - Develop skills to engage and collaborate with families in treatment planning and decision-making
- Attitude:
- Value and respect family members' perspectives and experiences
  - Embrace and celebrate diversity in family dynamics and cultural backgrounds
  - Recognize the importance of building trust and rapport with families
- Objectives:
- Use effective communication skills to engage and collaborate with families in treatment planning and decision-making
  - Demonstrate the ability to identify and manage conflicts and emotions within families
  - Demonstrate cultural competence and sensitivity in working with families from diverse backgrounds
  - Use active listening skills to facilitate understanding and empathy in family sessions
  - Develop the ability to build and maintain trust and rapport with families.

### ***Practice Based Learning and Improvement***

- Knowledge:
- Understanding and integration of evidence-based family therapy practices
  - Knowledge of available resources for continued learning and professional development
- Skills:
- Ability to conduct family assessments and implement evidence-based family therapy interventions
  - Ability to evaluate treatment outcomes and modify treatment plans as needed
- Attitude:
- Openness to feedback and willingness to reflect on personal and professional growth
  - Commitment to ongoing learning and improvement in family therapy practice
- Objectives:
- To conduct at least 2 family assessments and develop appropriate treatment plans
  - To provide evidence-based family therapy interventions to at least 5 families
  - To participate in case discussions and receive regular feedback on clinical skills
  - To evaluate treatment outcomes and modify treatment plans as needed

## ***Professionalism***

### Knowledge:

- Understanding ethical and legal issues in family therapy
- Familiarity with professional codes of conduct and regulations

### Skills:

- Developing effective communication with families and colleagues
- Maintaining confidentiality and privacy in clinical settings
- Demonstrating accountability and responsibility in clinical practice

### Attitude:

- Recognizing the importance of professional behavior in clinical settings
- Emphasizing patient-centered care and respect for families and their beliefs
- Embracing the value of ongoing professional development and self-reflection

### Objectives:

- Demonstrate ethical and legal awareness in family therapy practice
- Develop effective communication strategies with families and colleagues
- Adhere to professional codes of conduct and regulations in all aspects of clinical practice
- Recognize and address personal biases and attitudes in clinical practice
- Engage in ongoing professional development and self-reflection to enhance clinical skills and knowledge.

## Systems Based Learning

### Knowledge:

- Understand the importance of collaboration and coordination with other professionals involved in a patient's care, such as primary care physicians, social workers, and educators.
- Learn about the healthcare system and resources available to families in need.

### Skills:

- Develop skills in effectively communicating with and advocating for patients and their families within the healthcare system.
- Practice navigating complex healthcare systems and community resources to provide comprehensive care to families.

### Attitude:

- Appreciate the impact of larger social and cultural systems on patients and their families.
- Develop a collaborative and interdisciplinary approach to patient care.

### Objectives:

- Build the ability to collaborate with other healthcare providers, including primary care physicians, social workers, and educators, to provide comprehensive care to families.
- Learn to navigate complex healthcare systems and community resources to provide optimal care to patients and their families.
- Understand the larger social and cultural systems that impact patients and their families and develop an appreciation for the importance of interdisciplinary collaboration in addressing these systems.

## **Child and Adolescent Fellowship Patient Safety Quality Improvement**

### Key Personnel

Danae Evans, MD, Rotation Director; [danevans@msm.edu](mailto:danevans@msm.edu)

Kamille Williams, MD, Rotation Co-Director; [kwiliams@msm.edu](mailto:kwiliams@msm.edu)

### Location

Morehouse School of Medicine, 720 Westview Drive SW, Atlanta, GA 30310

### Frequency and Duration

The course is based on the “Plan-Do-Check-Act” quality improvement cycle. More sessions may be added as scheduling permits.

	<b>Topic</b>	<b>Activities</b>
	Didactic session: QI overview	<ul style="list-style-type: none"><li>• Presentation on QI basics.</li><li>• Aim Statement assignment given</li></ul>
	Check in with Dr. Dr. Evans	<ul style="list-style-type: none"><li>• Review Aim statements in class</li><li>• Submit revised Aim statement one week later</li><li>• Plan for further defining problem: process mapping, baseline data, etc.</li></ul>
	Plan: Design Intervention	<ul style="list-style-type: none"><li>• Review baseline data</li><li>• Plan intervention</li><li>• Plan how pre/post data will be measured</li></ul>
	Do: Implement Intervention	<ul style="list-style-type: none"><li>• Touch base on progress and troubleshooting</li></ul>
	Check: Data analysis	<ul style="list-style-type: none"><li>• Analyze results</li></ul>
	Act: Lessons learned, poster	<ul style="list-style-type: none"><li>• Review results and lessons learned</li><li>• Start poster for end of the year presentation</li></ul>

### Milestones:

- End of first month: Review lecture and readings; explore PSQI project options.
- End of second month: Complete project plan and gather baseline data.
- End of third month: Deploy the intervention.
- March 2024: Present findings: written report or grand rounds.

### Overview and Goal

Fellows have protected times for the development of a quality improvement project at one of their clinical sites. It is then implemented over the remainder of the academic year. Additionally, fellows receive feedback and instruction on applying specific quality improvement methods to their project.

The goal of this course is to learn quality improvement methods by applying them to a real-life problem in the fellow's clinical setting. Some projects will have fantastic results. Some projects may lead to publications or further research. Some projects may run into barriers and not get the desired result. That's OK. The point is to learn the process.

## MedCura School Based Health Center at McNair Academy

### Key Personnel

- Jenika Hardeman, PhD, Educational Supervisor; [jhardeman@msm.edu](mailto:jhardeman@msm.edu)

### Location

### Frequency and Duration

One- half (1/2) day, every week, for four (4) months

### Overview and Goals

For the school consultation aspect of the rotation, the fellow may provide client-centered, staff development, or rarely, program-oriented consultation as negotiated. Supervision occurs during scheduled group supervision sessions with the site director.

For the psychotherapy aspect of the rotation, fellows provide trauma focused Cognitive Behavioral Therapy for up to two (2) students at a time. The students must be patients of the primary care clinic and this service will be delivered under the supervision of the site director.

The rotation setting is a school-based health center with an urban charter school that serves over 90% African-American students from historically marginalized and under-resourced communities. This school is part of a group of charter schools that has distinguished itself as one with high academic expectations and intensive educational programming such as extended hours and Saturday school.

### Objectives—School Consultation

#### **Professionalism**

- Knowledge—Be familiar with ethical issues which may arise as part of the school consultation process.
- Skills—Function in the role of child advocate while still maintaining an ethical role as child psychiatric consultant.
- Attitude:
  - Clarify the fellow's role with school personnel.
  - Arrive at work on time.
  - Demonstrate flexibility in addressing needs.
- Be able to discuss ethical considerations which arise during the consultation process, including issues related to confidentiality, consent, and the ability of the consultee to provide sanction.
- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

#### **Patient Care and Procedural Skills**

- Knowledge
  - Understand the role of the child psychiatrist in providing client-centered consultation in a school system.
  - Understand the school as a system.

- Skills—Acquire sufficient knowledge and skills necessary to establish and maintain effective consultation relationships with public schools.
- Attitude—Respect professional boundaries and only consult on individual children with the permission of the parents or legal guardians.
- Acquire and/or extend knowledge concerning the structure and functioning of a representative urban charter school through interaction with school personnel, which may include psychologists, teachers, guidance counselors, school nurses, school-based health center personnel, and administrative personnel, as well as the children and families they serve.

### **Medical Knowledge**

- Knowledge—Extend knowledge of basic consultation theory in application to schools.
- Skills—Develop the necessary skills to effectively advocate for appropriate interventions for individual patients in the school system as well as for consultation to school staff and programs.
- Attitude—Demonstrate self-direction and motivation in seeking to acquire rotation-specific knowledge.
- Attend lectures and complete assigned readings concerning schools as systems.
- Read or review assigned readings concerning basic consultation theory.
- Attend lectures and complete assigned readings concerning laws applying to public education.
- Learn about issues of organization and systems such as Individual Education Plans (IEPs) from school personnel, and participate in student intervention team meetings.

### **Practice-Based Learning and Improvement**

- Knowledge—Learn to provide written consultations.
- Skills—Learn how to be an effective facilitator during intervention meetings.
- Attitude
  - Appreciate feedback from school personnel and from supervisor.
  - Understand the importance of seeking out opportunities to maximize the educational experience.
- Employ skills to provide useful consultation to one or more consultees who work within a public school setting to include:
  - Writing a consultation report in easily understood language, without medical jargon;
  - Helping consultees understand the scope of one's experience;
  - Modeling problem-solving skills which consultees can then apply to similar situations.

### **Interpersonal and Communication Skills**

- Knowledge—Understand the hierarchy of personnel in the school and its relevance for the consultant to the school.
- Skills—Function in the role of child advocate while still maintaining an ethical role as child psychiatric consultant.
- Attitude—Provide consultation without undermining the sense of value and need for the consults.
- Discuss, during group supervision, the function of the consultant in the school system, including hierarchy of key personnel within the school and their interactions with key personnel within the district.

- Maintain an appropriate consultation relationship, understanding the limits to this relationship.

### **Systems-Based Practice**

- Knowledge
  - Understand the limitations of resources available in school systems and how these impact available interventions.
  - Understand relationship issues between teachers and administration.
- Skills—Apply this knowledge to effectively liaise with parents, teachers, and administrators for effective consultation.
- Attitude—Demonstrate respect for the roles of parents, teachers, administration, guidance counselors, and nurses in the school systems.
- Discuss aspects of the school as a system which impacts on consultation including availability or scarcity of resources, attitude toward outside consultants, relationships between teachers and administration, and pressure from administration.

### Objectives—Psychotherapy

#### *Specific Activities*

- Biopsychosocial evaluation of children and adolescents
- Time-limited, manualized psychotherapy with adolescents
- Participation in supervision sessions with clinical social worker and educational supervision sessions with psychologist
- Clinical documentation of all patient encounters

### **Professionalism**

- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.
- The fellow will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient/family receives a thorough evaluation.

### **Patient Care and Procedural Skills**

- The fellow will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints.
- The fellow will provide Trauma-Focused CBT for select patients.
- The fellow will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances.
- The fellow will assess patient safety.
- The fellow will organize formulations around comprehensive models of phenomenology that take etiology into account.

### **Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others.

- The fellow will demonstrate an understanding of psychopathology and the corresponding DSM-5-TR diagnostic criteria.
- The fellow will be able to list situations that mandate reporting or breach of confidentiality.
- The fellow will be able to conceptualize child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The fellow will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations.

### **Practice-Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback from the supervising clinician and educational supervisor to improve performance.
- The fellow will receive written feedback from families to improve performance.

### **Interpersonal and Communication Skills**

- The fellow will develop a rapport with patients and families for the purpose of conducting psychotherapy.
- The fellow will verbally communicate treatment goals and progress to patient families.
- The fellow will consistently engage patients and families in shared decision making.
- The fellow will effectively provide feedback to primary care providers.

### **Systems-Based Practice**

- The fellow will describe systems and procedures that promote patient safety.
- The fellow will demonstrate a knowledge of the relative cost of different patient care options.
- The fellow will coordinate patient access to community and system resources.

## Objectives—Integrated Care

### **Professionalism**

- Knowledge—Understand the professional standards pertaining to psychiatric care of youth, including reporting cases to DFCS/Law Enforcement, and confidentiality issues.
- Skills
  - Set appropriate boundaries.
  - Deal with difficult families.
  - Provide continuity of care.
- Attitude—Demonstrate a consistently professional attitude that demonstrates responsibility in record keeping and communication with patients, families, and staff.
- Gather information from other relevant sources for a comprehensive evaluation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Incorporate patient preferences when consistent with excellent care.
- Develop skills for dealing with issues of confidentiality and parental involvement.
- Demonstrate responsible behavior in scheduling issues, returning calls, and providing continuity of care.

### **Patient Care and Procedural Skills**

- Knowledge—Gain an understanding of the interaction between biological, psychological, social, and spiritual/cultural factors in the development and maintenance of psychopathology.

- Skills
  - Gain skills necessary for the evaluation of the major psychiatric disorders of childhood and adolescence, and effectively communicate recommendations to the primary care clinician.
  - Gain skills for making appropriate referrals for psychological testing.
- Attitude
  - Participate as part of a team.
  - Be willing to take on challenging cases.
- Employ evaluation techniques and rating scales in outpatient psychiatric consultation.
- Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Incorporate patient preferences when consistent with excellent care.
- Incorporate appropriate boundaries and limit setting in patient care.

### **Medical Knowledge**

- Knowledge—Develop a technical and practical understanding of the major psychiatric disorders of childhood and adolescence.
- Skills
  - Employ results of rating scales and assessment outcomes to determine when further evaluation is needed for the treatment of mentally ill children and adolescents.
  - Make appropriate referrals, as indicated.
- Attitude
  - Be self-directed in learning.
  - Be willing to share knowledge with the team.
  - Be open about areas in which learning is needed.
- Attend required seminars and complete assigned readings on therapeutic issues.
- Employ psychological testing and diagnostic testing for complete evaluation.

### **Practice-Based Learning and Improvement**

- Knowledge
  - Use current texts, journals, and web-based resources to increase knowledge about diagnosis and evaluation.
  - Learn about assessment inventories and tools, and appropriate outcome measures for a primary care treatment setting.
- Skills—Interact as a team player, receiving feedback constructively and providing open feedback to others.
- Attitude—Seek out supervision and incorporate feedback in working with difficult families.
- Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.

### **Interpersonal and Communication Skills**

- Knowledge—Learn about family dynamics in the interview/assessment process through observation and supervision.
- Skills—Develop the ability to work with patients from a variety of socio-economic, spiritual, and cultural backgrounds.
- Attitude
  - Demonstrate respect for patients, their families, and staff.
  - Communicate any concerns directly to the relevant staff.
- Provide direct patient care and develop skills in psychiatric evaluation.

- Develop skills for addressing issues of confidentiality and parental involvement.

### **Systems-Based Practice**

- Knowledge
  - Demonstrate self-motivation to increase knowledge and skills through reading relevant literature and consulting other professionals.
  - Demonstrate a basic understanding of the pediatric primary care clinical setting and care delivery system.
- Skills
  - Gather information from other relevant sources for a comprehensive evaluation.
  - Seek avenues to use community resources to help promote resiliency.
- Attitude—Demonstrate willingness to learn about community resources.
- Gather information from other relevant sources for a comprehensive evaluation, following HIPPA guidelines, to:
  - Adequately document behavioral/emotional problems and previous evaluations and interventions, and
  - Coordinate, with the assistance of faculty as needed, the appropriate referral of youth who require interventions beyond the capability of the clinic.

## **MedCura School Based Health Center**

### Key Personnel

- Kamille Williams, MD, Attending Pharmacotherapy (virtual), [kwilliams@msm.edu](mailto:kwilliams@msm.edu)

### Location

### Frequency and Duration

1/2 day per week, for four (4) months, per academic year

### Overview

MedCura is a major mental health safety net provider in the Atlanta Metro. Area. This 2<sup>nd</sup> year outpatient psychopharmacology experience is designed to further develop and expand fellows' knowledge and skills in the evaluation and treatment of child and adolescent psychiatry patients in an outpatient setting that is school based. Fellows evaluate child and adolescent patients and their families who are being seen in an outpatient school based health clinic. The patients are seen for a minimum of thirty minutes for follow-ups and sixty minutes for initial evaluations, which will include varying degrees of additional parenting and family therapeutic interventions. There will be one resident at a time in an afternoon clinic session. The resident documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression and Autism Spectrum Disorder. The vast majority of patients seen in this clinic are publicly insured. The fellows are responsible for the treatment of 3-8 patients/families per session.

### Goals

The goal of this rotation is to provide an advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient community psychiatry setting serving child and adolescent patients.

### Objectives

#### Patient Care

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PC1)
- The resident will select laboratory and diagnostic tests appropriate to the clinical presentation (PC1)
- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1)
- The resident will assess patient safety (PC1)
- The resident will develop a basic differential diagnosis for common syndromes and patient presentations (PC2)
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2)

- The resident will apply an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection (PC3)
- The resident will appropriately prescribe commonly used psychopharmacologic agents (PC5)
- Medical Knowledge
- The resident will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others (MK2)
- The resident will identify sufficient knowledge to identify common medical conditions (MK2)
- The resident will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms. (MK5)
- The resident will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications (MK5)
- The resident will be able to list situations that mandate reporting or breach of confidentiality (MK6)

#### Systems Based Practice

- The resident will describe systems and procedures that promote patient safety (SBP1)
- The resident will demonstrate a knowledge of the relative cost of care, for example medication costs (SBP2)
- The resident will coordinate patient access to community and system resources (SBP2)
- The resident will coordinate care with community mental health agencies, including case managers and self help groups (SBP3)

#### Practice Based Learning and Improvement

- The resident will regularly seek and incorporate feedback to improve performance. (PBLI1)
- The resident will assume a role in the clinical teaching of early learners (PBLI3)

#### Professionalism

- The resident will demonstrate the capacity for self reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity (PROF1)
- The resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations (PROF1)
- The resident will notify the team and enlists back-up when fatigued or ill (PROF2)
- The resident will recognize the importance of participating in one's professional community (PROF2)
- The resident will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care (PROF2)
- Interpersonal and Communication Skills
- The resident will develop a therapeutic relationship with patients in complicated situations (ICS1)
- The resident will sustain working relationships in the face of conflict (ICS1)
- The resident will consistently engage patients and families in shared decision making

## **Emory Autism Center**

### **Key Personnel**

Patricia Aguayo, MD, MPH, MBA  
Clinical Supervisor

Miche'l Jones  
Operation Director and Administrative Contact

Mikle South, PhD  
Site Director

### **Location**

1551 Shoup Court, Decatur, GA 30033

### **Frequency and Duration**

1/2 day per week for 6 months per year (Ideally, 2 fellows will rotate per year.)

### **Overview**

This 2nd year outpatient psychopharmacology experience is designed to further develop and expand residents' knowledge and skills in the evaluation and treatment of child and adolescent psychiatry patients in an outpatient setting. Residents evaluate child and adolescent patients and their families who are being seen in an outpatient psychopharmacology clinic that serves patients with neurodevelopmental and related disabilities. The patients are seen for a minimum of thirty minutes for follow-ups and sixty minutes for initial evaluations, which will include varying degrees of additional parenting and family therapeutic interventions. There will be one resident at a time in an morning clinic session. The resident documents in the electronic health record with links for the Attending Physician to review and approve the documentation. It is anticipated that the most common diagnoses seen at the clinic will be Attention Deficit Hyperactivity Disorder, Anxiety Disorder, Post-Traumatic Stress Disorder, Depression and Autism Spectrum Disorder. The residents are responsible for the treatment of 3-8 patients/families per session.

### **Goals**

The goal of this rotation is to provide an advanced base of clinical knowledge and practice in the diagnosis, care, and management of common psychiatric conditions in an outpatient psychiatry setting that specializes in supporting patients with neurodevelopmental and other related disabilities including autism spectrum disorder.

### **Objectives**

#### **Patient Care**

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints (PC1)
- The resident will select laboratory and diagnostic tests appropriate to the clinical presentation (PC1)
- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances (PC1)
- The resident will assess patient safety (PC1)

- The resident will develop a basic differential diagnosis for common syndromes and patient presentations (PC2)
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account (PC2)
- The resident will apply an understanding of psychiatric, neurologic, and medical comorbidities to treatment selection (PC3)
- The resident will appropriately prescribe commonly used psychopharmacologic agents (PC5)

#### Medical Knowledge

- The resident will demonstrate the knowledge of and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others. (MK2)
- The resident will identify sufficient knowledge to identify common medical conditions. (MK2)
- The resident will demonstrate an understanding of psychotropic selection based on current practice guidelines or treatment algorithms. (MK5)
- The resident will describe the physical and lab studies necessary to initiate treatment with commonly prescribed medications. (MK5)
- The resident will be able to list situations that mandate reporting or breach of confidentiality. (MK6)

#### Systems Based Practice

- The resident will describe systems and procedures that promote patient safety. (SBP1)
- The resident will demonstrate a knowledge of the relative cost of care, for example medication costs. (SBP2)
- The resident will coordinate patient access to community and system resources. (SBP2)
- The resident will coordinate care with Emory Autism Center faculty, staff, and internal programs when appropriate.
- The resident will coordinate care with community mental health agencies, including case managers and self-help groups when appropriate. (SBP3)

#### Practice Based Learning and Improvement

- The resident will regularly seek and incorporate feedback to improve performance. (PBLI1)
- The resident will assume a role in the clinical teaching of early learners. (PBLI3)

#### Professionalism

- The resident will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view. The resident will demonstrate a respect for diversity. (PROF1)
- The resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations. (PROF1)
- The resident will notify the team and enlist back-up when fatigued or ill. (PROF2)

- The resident will recognize the importance of participating in one's professional community. (PROF2)
- The resident will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient receives the best possible care. (PROF2)

#### Interpersonal and Communication Skills

- The resident will develop a therapeutic relationship with patients in complicated situations. (ICS1)
- The resident will sustain working relationships in the face of conflict. (ICS1)
- The resident will consistently engage patients and families in shared decision making

## GA Lend Rotation

### Key Personnel

Mark Crenshaw, MTS  
Mcrenshaw@gsu.edu  
Site Director

Megan Douglas, JD  
[Mdouglas@msm.edu](mailto:Mdouglas@msm.edu)  
MSM Coordinator

Kamille Williams, MD  
Kwilliams@msm.edu  
MSM Supervisor

### Location

Ga State University Campus, for Wednesday evening class and Friday afternoon class  
Via Zoom for Supervision with Dr. Williams on Monday afternoon

### **Frequency and Duration**

Both CAP Fellows will spend 10 months/1 academic year attending the GA Lend Program with time carved out to attend classes. Each Fellow will also have 6 months of time carved out to dedicate towards their advocacy and academic projects. During those 6 months, the designated Fellow will meet with Dr. Williams biweekly for supervision. For the 6 months without dedicated project time, the Fellow and Dr. Williams will coordinate a time to meet for supervision on alternating biweekly schedule.

### **Evaluation**

Each CAP Fellow is required to participate in the PAR Project, minimum 2 Advocacy activities, the Center for Start Services Series, and prepare and submit an academic/advocacy project for presentation at the AUCD Conference or a supervisor approved conference that will take place during the academic year. Each CAP Fellow is also evaluated on their participation in classes and activities throughout the academic year.

Updates on the projects and participation shall be submitted via a form provided at the beginning of the rotation. It can be found [here](#).

### **Goals**

The goal of this rotation is to provide a solid base of clinical knowledge and practical experience of the systems of care and advocacy surrounding individuals with neurodevelopmental disabilities.

The Ga Lend Program comprises several 4 courses along with other activities that provide exposure to the healthcare system that works with individuals with neurodevelopmental disabilities. Assignments and coursework through the program provide opportunities for interdisciplinary collaboration and development of Leadership qualities. The Fellows will gain a better understanding of the services in place that support individuals with neurodevelopmental disabilities. Throughout the experience, Fellows will explore *formal and informal supports, funding mechanisms, policy, and systems change strategies toward the goal of more accessible, effective, and equitable services for diverse populations across the lifespan.* Taken from Ga Lend Syllabus

**Professionalism**

- The Fellow will recognize the importance of participating in one's professional community
- The Fellow will recognize the importance of leveraging one's privilege as a physician for advocacy
- The fellow will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity.
- The fellow will recognize ethical issues in practice and be able to discuss, analyze, and manage these in common clinical situations.
- The fellow will notify the team and enlist back-up when fatigued or ill.
- The fellow will recognize the importance of participating in one's professional community.

**Systems Based Care**

- The fellow will incorporate a lens of structural humility in all activities.
- The fellow will develop a broader understanding of social and structural determinants of mental health for individuals with neurodevelopmental disabilities.
- The fellow will demonstrate a knowledge of the relative cost of care, particularly for services that aid individuals with neurodevelopmental disabilities.
- The fellow will understand patient access to community and system resources for neurodevelopmental disabilities.
- The fellow will coordinate care with community mental health agencies, including case managers and self-help groups

**Medical Knowledge**

- The fellow will demonstrate the knowledge of, and ability to perform thorough literature reviews regarding systems of care
- The fellow will identify sufficient knowledge to identify common medical conditions and common treatments for such conditions

**Practice- Based Learning and Improvement**

- The fellow will regularly seek and incorporate feedback to improve performance

**Interpersonal and Communication Skills**

- The fellow will sustain working relationships in the face of conflict
- The resident will develop rapport with the community and institutional collaborators

**Key Assignments:**

- PAR Project
- Advocacy/Academic Elective Projects\*
- LinkedIn Activities
- Journal Prompts
- Clinical/Community Observations and Experiences
- Appreciative Inquiry Assignments
- Class participation

- Case study
- Family mentor experiences
- National Center for START Services Series
- 1 Advocacy Day at the Capital

**\*Advocacy Elective Projects Instructions**

**One page paper on experience**

**Academic Elective Project Instructions**

<b>Type of Scholarship</b>	<b>Purpose</b>	<b>Type of Scholarship</b>
<b>Discovery</b>	Build new knowledge through hypothesis- driven original basic, clinical, epidemiological, or other research on health or disease	Present a peer-reviewed poster at a regional or state meetings Publish an original research paper in a peer- reviewed state or national medical journal Present a report of original research in grand rounds at another institution, or in a regional or national professional conference
<b>Integration</b>	Synthesize current knowledge so as to make it useful to other researchers, clinicians, patients, policy-makers, and/or educators	Publish a clinical review paper in a peer-reviewed national medical journal Publish a focused review (e.g., a “POEM”) regarding a clinical question in a peer- reviewed online journal Testify in the state legislature or to a state commission regarding strategy to manage a public health problem Present a review of evidence-based guidelines for management of a clinical problem in a statewide or national continuing medical education (CME) meeting
<b>Application</b>	Use knowledge to improve health care, medical practice, health systems operation, public health, or policy	Present the results of a clinical quality improvement program implemented in a group of practices at a regional professional meeting Serve on a state or national professional committee developing and implementing programs to improve children’s mental health practice or

		<p>education</p> <p>Obtain foundation, state, or federal government funding for a grant to implement practice improvement or redesign</p>
<b>Teaching</b>	<p>Develop, implement, and evaluate educational programs, rotations, courses, materials, or other resources to educate students, health care professionals, patients or the public</p>	<p>Develop, implement, and report a new curriculum for a national professional educational course or module and present to a national psychiatric education organization</p> <p>Evaluate a new skill-building workshop for students, faculty members, or residents; present a curriculum and results at another residency program, presented at a state or national professional meeting</p>

## **East Point Psychotherapy**

### **Key Personnel**

Kamille Williams, MD, Attending; [kwilliams@msm.edu](mailto:kwilliams@msm.edu)

### **Location**

1513 Cleveland Ave, Building 500  
Atlanta, GA 30344

### **Overview**

CAP fellows will be at MHC East Point for their outpatient psychotherapy experience. Under the guidance and supervision of Dr. Reese, Licensed Psychologist and MHC East Point director, CAP fellows will start working with psychotherapy patients during the first year of CAP fellowship, allowing for the opportunity to work longitudinally with their patients over a period of approximately 18 months years. They will have clinical supervision from the Dr. Reese and document in the MHC East Point.

### **Specific Activities**

- Biopsychosocial evaluation of children and adolescents
- Long-term psychotherapy with children and adolescents
- Participation in supervision sessions with clinical child psychologist
- Clinical documentation of all patient encounters
- Treatment summaries and transfer notes at the conclusion of treatment

### **Goals**

#### Medical Knowledge

- The resident will demonstrate the knowledge of, and ability to weigh risks and protective factors for parental abuse or neglect and patient danger to self and/or others
- The resident will identify sufficient knowledge to identify common medical conditions
- The resident will demonstrate an understanding of psychopathology and the corresponding DSM-5 diagnostic criteria
- The resident will be able to list situations that mandate reporting or breach of confidentiality
- The resident will be able to conceptualize the child and/or family presenting issue in the context of family dynamics under a psychological theoretical framework.
- The resident will have a basic understanding of possible psychotherapeutic approaches and assess the appropriate approach based on patient and family needs and presentations

#### Patient Care

- The resident will consistently and efficiently obtain complete and accurate history relevant to the patient's complaints
- The resident will select an appropriate psychotherapeutic modality for providing treatment
- The resident will follow clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances
- The resident will assess patient safety

- The resident will gain skill in the application of psychotherapeutic techniques in the treatment of patients and families
- The resident will organize formulations around comprehensive models of phenomenology that take etiology into account

#### Interpersonal Skills and Communication

- The resident will develop rapport with patients and families for the purpose of conducting psychotherapy
- The resident will verbally communicate treatment goals and progress to patient families
- The resident will consistently engage patients and families in shared decision making.
- The resident will effectively provide feedback to primary care providers

#### Practice Based Learning and Improvement

- The resident will regularly seek and incorporate feedback from supervising clinicians to improve performance.
- The resident will receive written feedback from families to improve performance

#### Professionalism

- The resident will demonstrate the capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity
- The resident will recognize ethical issues in practice and be able to discuss, analyze, and manage these in the course of conducting psychotherapy
- The resident will notify the team and enlists back-up when fatigued or ill
- The resident will recognize the importance of participating in one's professional community
- The resident will accept the role of the patient's physician and take responsibility (under supervision) for ensuring that the patient /family receives an excellent evaluation

#### Systems Based Care

- The resident will describe systems and procedures that promote patient safety
- The resident will demonstrate a knowledge of the relative cost of different patient care options
- The resident will coordinate patient access to community and system resources
- The resident will coordinate care with community mental health agencies, including case managers and self-help groups

## Forensics

### Key Personnel

Jenika Hardeman, PhD, Site Director and Attending; [jhardeman@msm.edu](mailto:jhardeman@msm.edu)

### Location

Fulton County Juvenile Court  
Regional Youth Detention Center(s)  
Supervision - virtual

### **Overview**

The forensic evaluation rotation involves working with various aspects of the legal and court systems involved with children, adolescents, and families. The child psychiatry residents work with personnel associated with the Department of Behavioral Health and Developmental Disabilities, namely Fulton County Juvenile Courts, the supervising faculty, Jenika Hardeman, and relevant school, attorney, or treatment personnel related to the evaluation. The resident will attend the 3-month rotation and conduct various clinical or assessment related activities throughout the duration of the rotation. During their time, they will also complete at least three forensic evaluation(s) over the course of the 3-month rotation. Activities may include participation/observation of meetings, juvenile delinquency court proceedings, record review (i.e., medical, educational, mental health treatment, criminal history, court documents, etc.), interpretation of assessment results, and conducting interviews. Residents are also expected to observe administration of psychological tests in the course of evaluation. Residents will conduct competency to stand trial, behavioral health, and transfer forensic assessments for juveniles in Fulton County. The schedule is four hours per week for 3-months. There is scheduled weekly supervision with Dr. Hardeman as well as additional consultation as needed.

**Specific Activities describe the three different types of evaluations, how much psychological testing they should observe, and how many evaluations they should expect to complete vs observe.**

### **Forensic Rotation – DBHDD Juvenile Defender Forensic Evaluation Rotation/ Fulton County Juvenile Court**

- Forensic evaluation of youth as appropriate and available with recommendations to the Fulton County Juvenile Court
- During the rotation, residents should coordinate with Dr. Hardeman to schedule evaluations and observations of psychological test administration, scoring, and interpretation
  - at least one DBHDD juvenile forensic evaluation report
  - at least three collateral interviews
  - access to case related documents and records to be reviewed
- Variable activities depending on cases assigned by DBHDD Fulton County Juvenile Court
  - Possible evaluations include mitigation or competency evaluations, behavioral health evaluations, or transfer evaluations. Each fellow is expected to participate in at least one forensic evaluation during the academic year.

## **Expected Prior Information/Abilities**

### Knowledge/ Skills

- Basic understanding of the state juvenile justice and child welfare systems
- Basic understanding of the state legislative system
- Ability to perform a clinical psychiatric assessment of children, adolescents, and families
- Basic understanding of and ability to use DSM V-TR classification of psychiatric disorders of children and adolescents
- Basic understanding of and ability to use pharmacological, therapeutic, and psychosocial psychiatric interventions for youth and families
- Basic understanding of and ability to negotiate systems of care relevant to children, adolescents, and families

## **Goals**

### **Medical Knowledge**

- Expand and broaden knowledge of children, adolescents, and families involved in juvenile court or forensic systems and the frequently encountered psychiatric diagnoses
- Expand and broaden knowledge of the prevalence of trauma in juvenile justice involved youth
- Learn about the manifestations of trauma and how they place youth at increased risk of juvenile justice system involvement
- Learn the basics of providing consultation and liaison services in juvenile court or forensic systems

### **Patient Care**

- Learn about the impact of unmet educational needs on psychiatric symptoms and the presentation of psychiatric illness in children and adolescents with mental illness and learning and/or developmental disorders
- Learn juvenile justice/ forensic related consultation and liaison skills

### **Interpersonal Skills and Communication**

- Tailor psychiatric assessment and documentation skills for juvenile court and defense attorney consultations
- Learn how to conduct and document a child forensic assessment
- Learn how to communicate information regarding psychiatric illness and symptoms in children and adolescents to court personnel
- Learn how to effectively interact with representatives of the legal system such as community advocates, defense and prosecution attorneys, and judges
- Give feedback to judges and juvenile court personnel
- Work effectively with child defense attorneys to provide high-quality consultation and liaison services
- Demonstrate leadership skills in working with multidisciplinary groups

### **Practice-Based Learning and Improvement**

- Demonstrate initiative and consistency in learning through required and independent educational activities

### **Professionalism**

- Exhibit attitudes and behaviors consistent with the roles and responsibilities of a child and adolescent psychiatrist
- Develop positive working relationships with legal team members
- Acquire the competencies to be an engaged professional

### **Systems-Based Care**

- Learn about consultation with juvenile courts, defense attorneys, and other individuals working in forensic and juvenile justice systems
- Obtain an understanding of processes and structure of juvenile court, legal, and forensic systems
- Improve skills in advocating for children, adolescents and families with juvenile justice system and/or child welfare system involvement
- Improve skills in advocating for improvements in systems that impact the mental well-being of children and families
- To learn about the relationship between mental health care access in the community to child welfare and juvenile justice system involvement
- To understand the role of education and the unique, scholastic challenges of children and adolescents with learning, emotional and behavioral problems
- To understand the interplay between school advocacy and risk for juvenile justice system involvement and/or recidivism
- Obtain a better understanding of how systems such as juvenile court, juvenile justice, and child protective services work

### **Assessment**

- Faculty observation of verbal forensic consultation, advocacy, and assessment skills
- Review of forensic evaluations
- Faculty reviews of fellows' ability to establish working relationships with legal teams
- Faculty evaluations

### **Location/ Directions**

#### DBHDD Fulton County Juvenile Court Assessments and Supervision

Fulton County Juvenile Court

Regional Youth Detention Center(s)

Supervision - virtual

#### References

Dulcan M. (2015). Dulcan's Textbook of Child and Adolescent Psychiatry, American Psychiatric Publishing, Inc, Washington DC.

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Heilbrun, K., DeMatteo, D., King, C., & Filone, S. (2017). *Evaluating juvenile transfer and disposition: Law, science, and practice*. Routledge/Taylor & Francis Group.

Kruh, I., & Grisso, T. (2013). Evaluation of competence to stand trial in juveniles. In R. Roesch & P. A. Zapf (Eds.), *Forensic assessments in criminal and civil law: A handbook for lawyers* (pp. 222–236). Oxford University Press.

Martin A & Volkmar F (eds). (2007). *Lewis's Child and Adolescent Psychiatry A Comprehensive Textbook*, 4<sup>th</sup> edition, Lippincott Williams & Wilkins, Philadelphia.

**Child and Adolescent Psychiatry  
Policies, Procedures, Processes, and Program Template**

## **Child and Adolescent Fellowship Program Policies and Procedures 2025-2026**

The Child and Adolescent Fellowship Program follows and complies with all policies, procedures, and processes of Morehouse School of Medicine MSM Human Resources and Graduate Medical Education.

All residents are responsible for reviewing and adhering to policies, procedures, and processes of the MSM and affiliate training sites.

The Graduate Medical Education policy manual can be found [here](#).

## **Fellow Concern, Complaint, and Due Process Policy**

### **I. PURPOSE:**

- I.1. The Child and Adolescent Psychiatry Fellowship Program follows all MSM and GME policies for resident due process, concerns, and complaints available in the [GME policy manual](#) on the MSM website.
- I.2. Refer to the online version of the [MSM GME Policy Manual](#) for detailed information regarding the Adverse Academic Decisions and Due Process policy.

### **II. RESIDENT CONCERN AND COMPLAINT PROCESS:**

To ensure that residents are able to raise concerns, complaints, and provide feedback without intimidation or retaliation, and in the confidential manner as appropriate, the following options and resources are available and communicated to residents and faculty annually.

#### **II.1. Step One**

Discuss the concern or complaint with your chief resident, clinical service director, program manager, associate program director and/or program director as appropriate.

#### **II.2. Step Two**

If the concern or complaint involves the program director and/or cannot be addressed in Step One, residents have the option of discussing issues with the Department Chair, Dr. Sarah Vinson ([svinson@msm.edu](mailto:svinson@msm.edu) or (404) 756-1440 or chief of service of a specific hospital as appropriate.

#### **II.3. Step Three**

If you are not able to resolve your concern or complaint within your program, the following resources are available:

- II.3.1.** For issues involving program concerns, training matters, or work environment, residents can contact the Graduate Medical Education Director, Jason Griggs ([jgriggs@msm.edu](mailto:jgriggs@msm.edu), 404-752-1011).
- II.3.2.** For problems involving interpersonal issues, the Resident Association president or president elect may be a comfortable option to discuss confidential informal issues apart and separate from the Psychiatry Department.
- II.3.3.** Residents can provide anonymous feedback/concerns/complaints to any department at MSM by completing the online [form](#)—GME Feedback. Comments are anonymous and cannot be traced back to individuals.
- II.3.4.** Personal follow-up regarding how feedback/concerns/complaints have been addressed by departments and/ or GME will be provided only if residents elect to include their name and contact information in the comments field.
- II.3.5.** MSM Compliance Hotline, 1 (888) 756-1364 is an anonymous and confidential mechanism for reporting un-ethical, noncompliant, and/or illegal activity. Call the Compliance Hotline to report any concern that could threaten or create a loss to the MSM community including:
  - Harassment—sexual, racial, disability, religious, retaliation
  - Environment Health and Safety—biological, laboratory, radiation, laser, occupational, chemical and waste management safety issues
  - Other misuse of resources, time, or property assets; accounting, audit and internal control matters; falsification of records; theft, bribes, and kickbacks

## Clinical Experience and Education Policy

### I. PURPOSE:

- I.1. Duty hours are defined as all clinical and academic activities related to the program, including inpatient and out-patient patient care assignments, administrative duties, call, scheduled activities such as conferences and moonlighting.
- I.2. Duty hours do not include reading and preparation time spent away from the duty site.
- I.3. Residents must adhere to all duty hour restrictions and requirements as outlined below:
  - I.3.1. Duty hours must be limited to 80 hours/week, averaged over a four-week period.
  - I.3.2. Residents must have one (1) day in seven (7) free from all educational and clinical responsibilities, averaged over a four (4) week period.
  - I.3.3. Residents should have 10 hours, must have eight (8) hours, free between all daily duty periods and call assignments.
  - I.3.4. In-house call must occur no more frequently than every fourth night for psychiatry rotations (no more frequently than every third night for medicine rotations), averaged over a four (4) week period.
  - I.3.5. Continuous on-site duty must not exceed 24 consecutive hours. Residents may remain on duty for up to four (4) additional hours to maintain continuity of medical care as needed.
  - I.3.6. No new patients may be accepted after 24 hours of continuous duty.
  - I.3.7. Moonlighting is permitted for PGY-4 residents in good standing, with an independent medical license, and proper malpractice coverage. Residents wishing to moonlight must obtain written permission from the program director. See Moonlighting Policy for additional details. Moonlighting must not interfere with the ability of the resident to achieve the goals/objectives of the educational program nor interfere with duty hours. Internal moonlighting is considered part of the duty hour limitations.
  - I.3.8. Residents must log duty hours daily into MedHub. Failure to log for five (5) days out of seven (7) will result in an e-mail notification of non-compliance to the program director and manager. Logging requirements include:
    - I.3.8.1. Logging should be consistent with no gaps (for example, for lunch or travel).
    - I.3.8.2. Conferences should be logged consistently as other duties with no gaps in between.
    - I.3.8.3. Log "Call" duty type for in house call.
    - I.3.8.4. For back-up call assignments, if the resident has to go into the hospital, use "Back Up-Called In" duty type. Back-up residents do NOT log if they do not go into the hospital.
    - I.3.8.5. If your 24-hour shift is extended duty to post call transitions of patient care or mandatory conferences, avoid a violation by logging the following two duty types (1) post call and (2) conferences for the hours that extend beyond the 24 hour period.
    - I.3.8.6. Log appropriate duty types for moonlighting, vacation, holiday/day off, or sick days.
    - I.3.8.7. Each resident must enter written Justification or Cause in the event of a violation. Justifications apply to violations of 24+ or short break rule. Causes apply to any violation. Make sure to submit to the program director

## **II. PROTOCOL FOR EPISODES WHEN RESIDENTS REMAIN ON DUTY BEYOND SCHEDULED HOURS:**

- II.1. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient.
- II.2. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must:
  - II.2.1. Appropriately hand over the care of all other patients to the team responsible for their continuing care.
  - II.2.2. Document the reasons in MedHub for remaining to care for the patient in question.
  - II.2.3. The program director reviews each submission of additional service and tracks both individual resident and program-wide episodes of additional duty.
- II.3. Failure to Comply
  - II.3.1. In all cases the program director should be informed of the occurrence and nature of the situation in which the respite rule might have been an issue regarding duty hour standards compliance.
  - II.3.2. All duty hour violations are monitored and recorded in MedHub. Violations are automatically reported to the program director, chair, and manager electronically.
- II.4. For residents at the PGY-2 level and above, 2011 ACGME requirements include duty hours work limit of 24 continuous hours on duty.
  - II.4.1. Residents may stay beyond that period for four (4) additional hours in order to carry out an effective patient care transfer.
  - II.4.2. Beyond a 24-hour period of duty in the hospital the resident must have at least 14 hours free from duty.
  - II.4.3. If a resident is in the situation where she or he will be out of compliance with the policy, the resident is required to document the reasons for remaining to care for the specific patient and submit the information into MedHub.
  - II.4.4. This documentation will allow the program director and/or the program manager to discuss the resident's schedule with the resident with the goal of preventing future occurrences. In the short term, however, duty hour restrictions should not serve as a reason to jeopardize patient safety.
  - II.4.5. Repeated instances of non-compliance will be regarded as failure to adhere to accepted standards of professionalism.
- II.5. MedHub notifies the program director of duty hour violations automatically. The residents are then asked to submit a justification for the violation into MedHub. The program director notes if the justification is acceptable, the program director, chief resident(s), and resident meet to review the cause for the violation. The program director and chief resident then work with the resident(s) and service administrator to resolve future duty hour violations.
- II.6. Reference the [MSM GME policy handbook](#) for all eligibility, selection and appointment requirements and policies that include:
  - Technical standards and essential functions for appointment and promotion
  - Non-immigrant applicants to residency programs

## **Fatigue Management and Mitigation Policy**

### **I. PURPOSE:**

This policy is designed to increase awareness of the faculty and residents in recognizing the signs of fatigue and sleep deprivation, the negative effects of sleep deprivation and fatigue on their ability to provide safe and effective patient care, and to identify strategies to minimize the effects of fatigue.

### **II. DEFINITION:**

- II.1. Fatigue is defined as a feeling of weariness, tiredness, or lack of energy than can impair a physician's judgment, attention, and reaction time.
- II.2. Signs and symptoms of fatigue include, but are not limited to: moodiness, depression, irritability, apathy, impoverished speech, flattened affect, impaired memory and confusion, difficulty focusing on tasks, sedentary nodding off during conferences or while driving, and repeatedly checking work. These harmful effects can lead to medical errors and compromise patient safety.

### **III. POLICY ON PROGRAM RESPONSIBILITIES:**

- III.1. The resident and faculty will be educated on the hazards of sleep deprivation and fatigue in the workplace and in their personal lives during GME and Departmental Orientations annually, Semi-Annual Departmental Patient Safety Didactics, and through the completion of Professionalism and Patient Safety modules at least annually, faculty presentations during the Annual Program Review, and/or Faculty Meetings.
- III.2. Residents will be provided with sound didactic and clinical education planned and balanced with concerns for patient safety and resident wellbeing. The program will ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of resident's time and energy.
- III.3. Faculty will assess if residents are sleep-deprived and make appropriate recommendations for the resident to correct this problem.
- III.4. Faculty members are to assist in enforcing the limitations of the role of a resident under the duty hour mandates.

### **IV. POLICY ON RESIDENT RESPONSIBILITIES:**

- IV.1. The resident is expected to:
  - IV.1.1. Adopt habits that will provide him or her with adequate sleep in order to perform the daily activities required by the program.
  - IV.1.2. Adhere strictly to Duty Hour limitations.
  - IV.1.3. Discuss time and stress management with their faculty advisors at least monthly.
- IV.2. In the event that the resident is at the end of a work period and is too sleepy to drive home, he or she is encouraged to use another form of transportation or nap prior to leaving the training site. The program will reimburse the resident as indicated when alternative transportation methods are utilized.
  - IV.2.1. The resident should contact the chief resident, program director, or associate program director for assistance if neither of the aforementioned options is feasible.
  - IV.2.2. MSM provides access to appropriate and confidential counseling and medical and psychological support services. Residents are encouraged to utilize EAP or their own physician and the Office of Disability Services when indicated.

ACGME Program Requirements for Graduate Medical Education in Child  
and Adolescent Psychiatry  
(Subspecialty of Psychiatry)



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