



# TTUHSC EL PASO

---

**PSYCHIATRY RESIDENCY PROGRAM**

**DEPARTMENT OF PSYCHIATRY - TRANSMOUNTAIN**

## Program Manual

Revised: February 19<sup>th</sup> 2024

# TABLE OF CONTENTS

<b>INTRODUCTION</b>	<b>4</b>
<b>PROGRAM AIMS</b>	<b>5</b>
<b>INSTITUTIONAL MISSION</b>	<b>5</b>
<b>ACGME CORE COMPETENCIES</b>	<b>6</b>
PROFESSIONALISM	7
PATIENT CARE AND PROCEDURAL SKILLS	7
MEDICAL KNOWLEDGE	8
PRACTICE-BASED LEARNING AND IMPROVEMENT	9
INTERPERSONAL AND COMMUNICATIONS SKILLS	9
SYSTEMS-BASED PRACTICE	10
<b>EVALUATION OF RESIDENTS</b>	<b>11</b>
<b>ROTATIONS</b>	<b>12</b>
<b>ACADEMIC PROGRAM</b>	<b>13</b>
<b>WELLNESS WEDNESDAY</b>	<b>13</b>
<b>GME &amp; HSC POLICIES AND PROCEDURES</b>	<b>14</b>
PROFESSIONALISM AGREEMENT AND ACCOUNTABILITY	14
STEP 3 POLICY	16
<b>RESIDENT SUPERVISION POLICY</b>	<b>17</b>
<b>CLINICAL AND EDUCATIONAL WORK HOURS POLICY</b>	<b>17</b>
RESIDENT DUTY HOURS	18
DIDACTICS AND GRAND ROUNDS ATTENDANCE	18
<b>LEAVE POLICY</b>	<b>19</b>
PERSONAL LEAVE POLICY	19
SICK LEAVE	19

<b>EMERGENCY LEAVE POLICY FOR RESIDENTS AND FACULTY</b>	<b>20</b>
LEAVE OF ABSENCE	21
<b><u>WELL-BEING POLICY</u></b>	<b><u>22</u></b>
<b>WELLNESS WEDNESDAY</b>	<b>22</b>
<b>FATIGUE MITIGATION</b>	<b>22</b>
<b>REPORTING CONCERNS</b>	<b>22</b>
<b>RESIDENT ASSISTANCE PROGRAM</b>	<b>23</b>
<b>MENTORSHIP PROGRAM</b>	<b>23</b>
<b><u>ACKNOWLEDGEMENT</u></b>	<b><u>25</u></b>

## INTRODUCTION

Welcome to the Psychiatry Residency Training Program – Transmountain Campus; Department of Psychiatry at Paul L. Foster School of Medicine, Texas Tech University Health Sciences Center El Paso.

As the field of mental health continues to grow and evolve, the demand for qualified psychiatrists is increasing. As such, a rigorous residency training in psychiatry has become a crucial stage of development for aspiring psychiatrists.

TTUHSC Psychiatry residency training is a comprehensive educational and professional experience designed to prepare medical doctors for a career in psychiatric care. The program emphasizes clinical diagnosis, treatment, and management of mental and behavioral disorders. Over the course of four years, residents gain hands-on experience in a variety of clinical settings, each with its unique patient population. Through rigorous training, residents develop the skills and expertise to care for patients with diverse needs.

This manual intends to be a resource for Psychiatry Residents throughout their training. We will explore the ACGME milestones and requirements, experiences of a residency training program, policies and procedures.

Every resident is expected to read these policies, rules, and regulations of the residency program and are responsible for understanding the entire contents of this manual. Every year, all residents must review the electronic Residency Manual posted on the TM Psychiatry Residency website. Residents are required to sign an acknowledgment statement at the beginning of each new academic year.

This handbook outlines the requirements for the resident's participation in the program. In addition, each resident is invited to participate in its growth and development by suggesting revisions as appropriate.

In no way should this manual be considered as the only, or final, source of information on the policies, procedures and practices of Texas Tech Health Science Center El Paso (TTUHSC EP) / The Hospitals of Providence (THOP). Residents are to refer to the specific TTUHSC EP Policies and Procedures Manuals ([https://elpaso.ttuhsoc.edu/som/gme/policies\\_procedures.aspx](https://elpaso.ttuhsoc.edu/som/gme/policies_procedures.aspx)) for all issues concerning employment or patient care, and are encouraged to ask their Program Director, the GME Office, and Human Resources for additional information or clarification on any such matters.

## PROGRAM AIMS

Our program aims are situated within those of the PLFSOM, focusing on training physicians to utilize knowledge of social determinants of health, positively impacting the health of the greater El Paso Del Norte area, reducing healthcare disparities, and contributing to a more just society.

We aim to accomplish these goals by training its residents in community-integrated sites, emphasizing psychiatry's focus on the intersection between medical/biological and psychosocial factors that lead to illness and impairment. We aim to train graduates who are prepared to obtain board certification in general psychiatry, as well as immediately begin clinical practice in our community, but who may pursue subspecialty training or careers in academic medicine.

## INSTITUTIONAL MISSION

The mission of the Paul L. Foster School of Medicine is to provide exceptional educational and development opportunities for our diverse learning community, advance knowledge through research and innovation, and serve the needs of our border region and beyond.

Values Based Culture – Advancement, Service, Accountability, Teamwork, Respect, and Integrity.

## ACGME CORE COMPETENCIES

The Accreditation Council for Graduate Medical Education “ACGME” is the accrediting body for our residency program. The ACGME is made up of employed staff and physician review committees that establish the basic requirements for all residencies and fellowship programs. Each specialty has a Review Committee “RC”; they determine the accreditation status at the residency and fellowship levels.

TTUHSC-EP / THOP GME training programs are expected to be in full compliance of the prescribed competencies for resident development as set forth by their accrediting body. GME programs accredited by ACGME must integrate into the curriculum the ACGME competencies as outlined in the Common Program Requirements as well as those further specified by the Review Committee.

The Competencies provide a conceptual framework describing the required domains for a trusted physician to enter autonomous practice. These Competencies are core to the practice of all physicians. The developmental trajectories in each of the Competencies are articulated through the Milestones for each specialty.



## Professionalism

Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate competence in:

1. Compassion, integrity, and respect for others.
2. Responsiveness to patient needs that supersedes self-interest.
3. Cultural humility.
4. Respect for patient privacy and autonomy.
5. Accountability to patients, society, and the profession.
6. Respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation.
7. Ability to recognize and develop a plan for one's own personal and professional wellbeing.
8. Appropriately disclosing and addressing conflict or duality of interest.

## Patient Care and Procedural Skills

Residents must be able to provide patient care that is patient- and family-centered, compassionate, equitable, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must be able to perform all medical and diagnostic procedures considered essential for the area of practice.

Residents must demonstrate competence in:

1. The evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds.
2. Forging a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds.
3. Formulating a clinical diagnosis for patients by conducting patient interviews.
4. Eliciting a clear and accurate history.
5. Performing a physical neurological and mental status examination, including use of appropriate diagnostic studies.
6. Completing a systematic recording of findings in the medical record.
7. Formulating an understanding of a patient's biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment.

8. Developing a differential diagnosis and treatment plan for patients with psychiatric disorders.
9. Managing and treating patients using pharmacological regimens, including concurrent use of medications and psychotherapy.
10. Managing and treating patients using both brief and long-term supportive, psychodynamic, and cognitive-behavioral psychotherapies.
11. Providing psychiatric consultation in a variety of medical and surgical settings.
12. Managing and treating chronically-mentally ill patients with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions.
13. Providing psychiatric care to patients receiving treatment from non-medical therapists and coordinating such treatment.
14. Recognizing and appropriately responding to family violence and its effect on both victims and perpetrators.

### Medical Knowledge

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, including scientific inquiry as well as the application of this knowledge to patient care.

Residents must demonstrate competence in their knowledge of:

1. Major theoretical approaches to understanding the patient-doctor relationship.
2. Biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle.
3. Fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions.
4. Diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice.
5. Reliability and validity of the generally-accepted diagnostic techniques.
6. Indications for and uses of electroconvulsive and neuromodulation therapies.
7. History of psychiatry and its relationship to the evolution of medicine.
8. Legal aspects of psychiatric practice.
9. Aspects of American culture and subcultures, including immigrant populations.
10. Medical conditions that can affect evaluation and care of patients.



## Practice-based Learning and Improvement

Residents 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.

Residents must demonstrate competence in:

1. Identifying strengths, deficiencies, and limits in one's knowledge and expertise.
2. Setting learning and improvement goals.
3. Identifying and performing appropriate learning activities throughout their training.
4. Systematically analyzing practice using quality improvement methods, and implementing changes with the goal of practice improvement.
5. Incorporating feedback and formative evaluation into daily practice.
6. Locating, appraising, and assimilating evidence from scientific studies related to their patients' health problems.

## Interpersonal and Communications skills

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

1. Communicating effectively with patients, families, and the public in a timely manner, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
2. Communicating effectively with physicians, other health professionals, and health-related agencies in a timely manner.
3. Working effectively as a member or leader of a health care team or other professional group.
4. Educating patients, families, students, residents, and other health professionals.
5. Acting in a consultative role to other physicians and health professionals.
6. Maintaining comprehensive, timely, and legible medical records, if applicable.
7. Communicating with patients and families to partner with them to assess their care goals, including, when appropriate, end-of-life goals.

## Systems-based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of healthcare, including the structural and social determinants of health, as well as the ability to call effectively on other resources to provide optimal care. Residents must demonstrate competence in:

1. Working effectively in various health care delivery settings and systems.
2. Coordinating patient care across the health care continuum and beyond.
3. Advocating for quality patient care and optimal patient care systems.
4. Participating in identifying system errors and implementing potential systems solutions.
5. Incorporating considerations of value, equity, cost awareness, delivery and payment, and risk benefit analysis in patient and/or population-based care as appropriate.
6. Understanding health care finances and its impact on individual patients' health decisions.
7. Advocating for patients within the health care system to achieve the patient's and family's care goals, including, when appropriate, end- of-life goals.

## EVALUATION OF RESIDENTS

Graduate medical education is based on the principle of progressively increasing levels of responsibility in caring for patients, under the Direct and Indirect supervision of the faculty. The Faculty is responsible for evaluating the progress of each resident in acquiring the skills and competencies necessary for the resident to progress to the next level of training.

Factors considered in this evaluation include the resident's clinical experience, judgment, professionalism, cognitive knowledge, and technical skills.

Residents are evaluated at the end of every rotation via an evaluation form sent to supervising faculty and preceptors. The evaluation is kept in the resident's permanent file and reviewed with the resident during the advisor meeting and during the meetings with the Program Director. The evaluating physician should provide appropriate feedback to the resident at the end of each rotation. All written evaluations are reviewed by the Program Director. If a rotation evaluation is unsatisfactory, the Program Director will meet with the resident to review the evaluation and decide on a plan of action.

The Clinical Competency Committee (CCC) meets to assign level of milestone competency to each resident in a report which is given to the Program Director. Advancement to the next level or graduation decisions are made by the CCC and Program Director.

All residents are required to take the PRITE (Psychiatry Residency In-Training Exam) yearly. The exam and results are utilized for educational purposes and as a training tool to prepare residents for the ABPN (American Board of Psychiatry and Neurology) Certification Exam.

## ROTATIONS

### PGY-1

2 Months	2 Months	2 Months	6 Months
FM Wards	IM	Neurology	Inpatient Psychiatry

### PGY-2

12 Months
Outpatient Psychiatric Clinic

### PGY-3

3 Months	2 Months	2 Months	2 Months	1 Month	1 Month	1 Month
Consultation Liaison	Addiction	Sleep Medicine	Forensic Psychiatry	Psychiatric Emergency Service	TCHAT/CPAN	Geriatric Psychiatry

Longitudinal: 6 Months	Community Psychiatry (EHN)
Longitudinal: 12 Months	Psychotherapy
Longitudinal: 12 Months	Continuity Care Clinic

### PGY-4

Longitudinal: 12 Months	Outpatient Clinic
Longitudinal: 12 Months	Psychotherapy
Longitudinal: 12 Months	Research
Longitudinal: 12 Months	Electives

All rotations subject to change based on program development and clinical needs, except core rotations.

## ACADEMIC PROGRAM

The Department of Psychiatry provides a comprehensive didactic curriculum for both Transmountain and Alberta Residency Programs.

Every Wednesday afternoon, residents have protected educational time. Before attending didactics residents must sign off to their clinical team, and if needed, residents might go back to finish clinical responsibilities after didactics.

The sessions take place at El Paso Psychiatric Center - room 131. The didactic curriculum is delivered through the following methods: Journal Club, Case Presentation, Lecture series, Q&A Board Review and Psychotherapy Group Supervision.

In addition to regularly scheduled didactic sessions. Residents are required to take safety trainings. Each of its major training site provides safety training. EPBH hospital, EPPC hospital and the Emergence Health Network (EHN) all have mandatory safety training as part of their onboarding process. These trainings emphasize personal safety, staff safety, patient safety, and working as an interdisciplinary team. The department of psychiatry at TM has safety training during orientation and now have added annual refreshers with residents during Wellness Wednesday. In this training they are taught how to report safety concerns including near misses to immediate supervisors, hospital leadership, APD and PD. They are encouraged to be proactive and identify problems before they happen. For those times that are unavoidable, the Residents are provided training to deal with them. Such as leaving the area of agitated patient, approaching agitated patients and working as a team with nursing to keep patients and staff safe. All interview rooms in the TM office have panic buttons. The staff is trained on how to deal with the panic button is pushed. We have appointed two chief residents to help instructing and being available to the Residents for immediate concerns. Residents are invited to participate in interdisciplinary safety committees at the EPBH and EPPC hospitals when they are on those rotations. If the resident wants to but the site supervisor will not release them from their clinical duties for the meeting, the PD will meet with the site supervisor for faculty development around roles residents should be playing at their site. During didactics, time is set aside to have in depth, root cause analysis morbidity and mortality rounds.

### Wellness Wednesday

For the Transmountain Psychiatry Residency Program it is crucial to prioritize the well-being of our residents and leadership by implementing wellness programs and promoting a cohesive team environment. Wellness and cohesion are vital components of any successful team, and is important in the maintenance of a workforce that is healthy, engaged and motivated to work together towards a common goal. When team members are happy and feel a sense of belonging, they are more likely to communicate honestly, collaborate effectively and share their unique perspectives and skills. In turn, this fosters a positive work culture that enhances trust and mutual respect, and leads to increased productivity and overall success. With this in mind, our program is proud to introduce the platform “Wellness Wednesday”; a monthly 8-hour rally series of administrative meetings, cohesive and wellness activities, and our own in-house program tailored lecture series.

## GME & HSC Policies and Procedures

It is the resident's responsibility to read and comply with ALL guidelines in the HSC Operating Policies and Procedures (<http://www.ttuhs.edu/hsc/op/OP70/>) and the GME Policies and Procedures ([http://el Paso.ttuhs.edu/fostersom/gme/policies\\_procedures.aspx](http://el Paso.ttuhs.edu/fostersom/gme/policies_procedures.aspx).)

Residents are expected to be especially familiar with the following HSC Operating Policies and Procedures:

- HSC OP 51.01 – Affirmative Action and Equal Employment Opportunity
- HSC OP 70.14 – Sexual Harassment
- HSC OP 76.08 – Violence in the Workplace
- House staff Policies and Procedures: Appendix A – Resident Impairment.

TTUHSC El Paso supports the prevention of behavior that is likely to undermine the dignity, self-esteem, or productivity of any student, resident, faculty, or staff member. This institution is committed to upholding a position of zero tolerance for sexual harassment or discrimination of any kind.

### Professionalism agreement and accountability

The following professionalism agreement outlines the TTUHSC EP / THOP Psychiatry Residency Program's expectations. Residents are expected to adhere to the following, in addition to Texas Tech Health Science Center at El Paso Graduate Medical Education Standard policy on Disruptive Behavior (7/1/2009) ([https://el Paso.ttuhs.edu/som/gme/\\_documents/disruptive\\_behavior.pdf](https://el Paso.ttuhs.edu/som/gme/_documents/disruptive_behavior.pdf))

1. Work hard and put forth best effort at all times.
2. Be on time to all rotations, educational opportunities, meetings, patient care activities, rounds, etc. If a resident anticipates being late due to an unavoidable circumstance, they are expected to notify the person in charge as soon as is reasonably possible regarding the late arrival and when they are expected to arrive.
3. Be diligent in patient care activities and EMR documentation with a goal of note completion within 48 hours of patient contact. Address issues in a timely fashion.
4. When away on vacation, make sure your clinic is blocked, you are marked as "away" in the relevant EMRs and Outlook, and coverage is scheduled for a fellow resident.

5. Be attentive and actively engaged in all educational activities
6. Do not use electronic devices during conference time.
7. Be prepared and ready for discussions related to your patients.
8. Complete assignments in a timely fashion.
9. Read and respond to emails within one business day.
10. Treat patients, medical students, residents, staff, and faculty with courtesy, respect and dignity.
11. Praise others in public, provide constructive feedback in private, and avoid gossip.
12. Commit to total honesty and integrity:
  - a. Be where you are supposed to be.
  - b. Document only what has been performed and what occurred.
  - c. Do what is right even when nobody is looking.
  - d. Be accountable for what you do and do not do.
  - e. Do not blame others.
  - f. Do not lie.
  - g. Do what is best for the patient, not what is expedient.
  - h. Show up prepared.
13. Commit to teamwork:
  - a. As part of a functioning team, be responsible for work first.
  - b. If someone needs help, willingly assist.
  - c. Show up with the team, and leave with the team.
  - d. Recognize and appreciate contributions of all team members.
  - e. Help set and understand team goals.
  - f. Learn how to give and receive feedback graciously.
14. Strive for excellence in communication.
15. Commit to excellence in patient care.
16. Demonstrate “ownership” of patients.
17. Place the safety of patients first and before own personal interests.
18. Conduct safe and complete patient handoffs.
19. Read medically-related literature daily to foster lifelong learning.
20. Only use sick leave for which it is intended.
21. Read and follow all policies as outlined in the Residency Policy & Procedure Manual.
22. Sign the attestation at the end of the manual.

### Professional Dress Code

1. Residents are expected to wear neat professional attire.
2. Residents are to wear clean white coats, with name and Psychiatry stitched on the pen pocket, while on duty.
3. The Texas Tech I.D. should be worn at all times, at all locations, attached to your white coat or on a lanyard.
4. Residents are expected to be groomed in a professional manner appropriate for patient care and to maintain an acceptable standard of personal hygiene.

### Electronic Devices

A cell phone or other electronic devices such as tablets, laptops, etc. are part of our daily lives. However, at no time, should your attention to personal or business calls interfere with your obligations to patients, fellow residents, staff, or faculty.

DO NOT interrupt patient visits, presentation of cases, discussions with fellow residents, or conference lectures to accept or make personal calls. It is expected that you will be fully engaged in the activities related to your training. Additionally, completion of patient charting during such activities is considered unprofessional. During conference, electronic devices must be on SILENT mode.

### Step 3 Policy

USMLE Step 3 or COMLEX level 3, as applicable, must be taken and passed by the end of the 2<sup>nd</sup> year to be considered for promotion. The program must notify the resident in writing that **contract renewal is contingent upon passage of Step 3 or Level 3.**



## RESIDENT SUPERVISION POLICY

- I. Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care.
- II. Appropriate supervision is essential for patient safety and high-quality teaching. Supervision is also contextual. The degree of supervision for a resident is expected to evolve progressively as the resident gains more experience, even with the same patient condition or procedure.
  - a. Regardless of PGY level, residents must communicate with supervising faculty members when the following circumstances or events arise during a clinical encounter:
    - i. Resident interviewing violent or aggressive patients in outpatient clinic.
    - ii. Outpatients threatening immediate violence to anyone.
    - iii. At the request of the resident for any reason, at any time during the patient interaction.
    - iv. Acutely suicidal patient.
- III. To promote appropriate resident supervision while providing for graded authority and responsibility, the program uses the following classification of supervision according to ACGME program requirements.
  - a. **Direct Supervision:** the supervising physician is physically present with the resident during the key portions of the patient interaction. This is formal supervision. PGY-1 residents are supervised directly. They should progress to being supervised indirectly with direct supervision available only after demonstrating competence in: the ability and willingness to ask for help when indicated, gathering an appropriate history, the ability to perform an emergent psychiatric assessment and presenting patient findings and data accurately to a supervisor who has not seen the patient.
  - b. **Indirect Supervision:** the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. This is formal supervision.
  - c. **Oversight:** the supervising physician is available to provide review of encounters with feedback provided after care is delivered. This is formal supervision.
  - d. **Individual supervision:** Residents will be provided with one hour weekly of one-to-one supervision with a faculty member. In addition to formal supervision during clinical rotations (average 1-8 hr. a week)
- IV. Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.
- V. Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. Residents and faculty members must inform each patient of their respective roles when providing direct patient care.

## CLINICAL AND EDUCATIONAL WORK HOURS POLICY

## Resident duty hours

- I. This program complies with ACGME and AAMC rules concerning resident duty hours. The rules are as follows:
  - a) Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.
  - b) Residents should have 8 hours off between scheduled work (including clinical and education periods).
  - c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call.
  - d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.
  - e) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments.

## Didactics and Grand Rounds Attendance

- II. Residents are provided with protected time to participate in core didactic activities. Each resident must participate in a minimum of 80 percent of regularly scheduled didactic sessions. Attendance will be recorded via a sign-in sheet at each session, and a leave form must be utilized if residents miss a session.
- III. Content of lectures and recordings will be available online via TTUHSC EP Box after each didactic session.

# LEAVE POLICY

## Personal Leave Policy

- I. Vacations and educational leaves need to be approved in advance by the Program Director. All requests must go through a Chief Resident. A leave request form must be submitted at least three months in advance. Vacation time is non-cumulative and must be taken in the academic year that it is provided. Unused vacation days will be lost if you wait until the last minute to schedule your leave and others are already approved for vacation during that timeframe.

### *a) Vacation Leave*

PGY-1 and PGY-2 Residents can take up to 15 days of vacation leave per academic year.

PGY-3 and PGY-4 Residents can take up to 20 days of vacation leave per academic year.

Residents may not take vacation leave during rotations that last only one month.

Residents may not take vacation leave during July due to transition of academic year and scheduled orientations.

Residents may not take more than 5 consecutive business days of Vacation leave per rotation.

Holiday Leave shall be equally distributed among residents. For example, if one resident is taking leave during thanksgiving, they will not be allowed to take leave during Christmas or New Year.

### *b) Educational leave*

Administrative leave: To attend interviews for fellowship or upcoming jobs. Residents shall submit proof of invitation to interviews to the program as soon as the trainee receives it.

CME leave: Trainees can take up to 5 days to attend conferences as long as they have their scholarly activity accepted for presentation in that conference.

## Sick Leave

- II. Trainees shall have sick leave for up to 12 working days per academic year. Sick leave does not roll over to the next academic year. Residents might need to provide medical note or work excuse.
- III. Sick leave is to be used for maintenance of the resident's own physical and mental health, including time off required for the recovery of an illness and scheduled medical appointments.
- IV. The use of sick leave for an immediate family member is strictly limited to the time necessary to provide care and assistance as a direct result of a documented medical condition.

- V. Sick Leave taken for three consecutive workdays or on days on either side of vacation leave requires a physician's statement/work excuse. Otherwise, the leave will be counted as vacation or leave without pay if all vacation leave has been exhausted.
- VI. The process to request sick leave varies according to specific situations
  - a. Medical appointments: Please fill out leave form in advance, as soon as you schedule your medical appointment so we can ensure coverage and block clinic schedules. Hand form to chief resident. All forms can be found on TTUHSCEP BOX.
  - b. Same-day "call in sick" is used to inform us that you need to be absent from your rotation due to any type of illness or malaise. Residents must email chief resident, program coordinator, program director, associate program director, attending and senior team member or administrative staff. Same procedure must be followed when a resident is already rotating and needs to leave due to illness.

### Emergency Leave Policy for Residents and Faculty

- VII. On rare occasion an emergency<sup>1</sup> arises that requires urgent leave to address. Emergency leave is applicable to immediate family<sup>2</sup> only and it is granted at the discretion of the Chairman or Training Director.
  - 1. Emergency: "An emergency is an urgent, unexpected, and usually dangerous situation that poses an immediate risk to health, life, property, or environment and requires immediate action". Most emergencies require urgent intervention to prevent a worsening of the situation, although in some situations, mitigation may not be possible and agencies may only be able to offer palliative care for the aftermath.
  - 2. Immediate Family Member: "Immediate family" is defined as those individuals who reside in the same household and are related by kinship, adoption, or marriage, as well as foster children certified by the Texas Department of Protective and Regulatory Services; and minor children of the employee, whether or not living in the same household.
- VIII. All unexpected absences (due to illness or other personal/family emergency) are to be reported immediately via email to the program coordinator, program director, and to the supervising attending on the service on which you are rotating. It is recommended to notify a peer in the same rotation to ensure adequate transfer of care. A leave form must be turned in within 48 hours of the unexpected absence. If the absence is during an IM/FM rotation, the resident must follow the above procedures plus report the absence to that service following their guidelines.

## Leave of Absence

- IX. In accordance with ACGME policies, residents may take up to 6 weeks of paid leave for qualifying medical, parental, and caregiver concerns. Additional leave may be approved by the Program Director, depending on circumstance.
- X. Prior to taking leave, residents must be provided with accurate information regarding the potential impact of extended leave of absence upon the criteria for satisfactory completion of the program.
- XI. Residents may request further information about leaves of absence, including the steps necessary to apply for one, at any time by emailing the Program Coordinator.

# WELL-BEING POLICY

## Wellness Wednesday

- I. It is crucial for the Transmountain Psychiatry Residency Program to prioritize the well-being of our residents and leadership by implementing wellness programs and promoting a cohesive team environment. Wellness and cohesion are vital components of any successful team, and is important in the maintenance of a workforce that is healthy, engaged and motivated to work together towards a common goal. When team members are happy and feel a sense of belonging, they are more likely to communicate honestly, collaborate effectively and share their unique perspectives and skills. In turn, this fosters a positive work culture that enhances trust and mutual respect, and leads to increased productivity and overall success. With this in mind, our program is proud to introduce the platform “Wellness Wednesday”; a monthly 8-hour rally series of administrative meetings, cohesive and wellness activities, and our own in-house program tailored lecture series.
- II. In addition to Wellness Wednesday, residents and faculty members are expected to be familiar with the HSC Operating Policies and Procedures pertaining to physician wellness:
  - a. Texas Tech University Health Sciences Center at El Paso Graduate Medical Education Well-Being Policy (9/13/2019) ([https://elpaso.ttuhscc.edu/som/gme/\\_documents/Well-Being%20Policy%2020190913.pdf](https://elpaso.ttuhscc.edu/som/gme/_documents/Well-Being%20Policy%2020190913.pdf)).

## Fatigue Mitigation

- III. The program, in partnership with its Sponsoring Institution, must ensure safe transportation options for residents who may be too fatigued to safely return home. Residents and faculty must recognize signs of fatigue and sleep deprivation, in the event that a resident may be unable to perform patient care responsibilities due to excessive fatigue the program will provide safe transportation options, please contact your chief resident, program coordinator and program director in order to receive paid transportation. Chief resident and program director shall find appropriate coverage if needed.

## Reporting concerns

- IV. If a resident has a concern about any aspect of the residency program, there are multiple methods to notify the leadership.
  - a. Residents are encouraged to address concerns directly with PD or APD
  - b. Qualtrics Anonymous Box: For online anonymous reporting. A venue for reporting complaints or concerns without fear of retaliation. The coordinator monitors this box and notifies the PD or APD of concerns. If the concern is about the APD the coordinator will only notify the PD. If the concern is about the PD, the coordinator will give it to the Graduate Medical Education office, specifically to the GME Assistant Dean Sudhagar Thangarasu, MD, or GME Associate Dean Armando Meza, M.D. The latter is also the Designated Institutional Official.
  - c. Ombudsman: Dr. A. Peter Catinella, MD, MPH, has been appointed as ombudsman (Chairman of Family Medicine). Dr. Catinella’s office is located on the same floor as the psychiatry

department. He is available to the residents for them to voice concerns outside the psychiatry department.

## Resident Assistance Program

- V. TTUHSCEP recognizes that personal problems can have a direct and adverse impact on an individual's educational or job performance. Confidential, on-site, and telehealth counseling services are offered to residents, fellows, and their immediate family members living in their households. The program is intended to help with a variety of personal issues, including relational, family, cognitive, emotional, and behavioral concerns. (Services not included: Counseling for substance use or addiction, legal advice and financial services).
- VI. **How does the program work?** The participant will receive up to five psychotherapy services free of charge. If further intervention is recommended by the clinician, resources will be provided. Cost of counseling or treatment beyond the five RAP sessions are the responsibility of the individual.
- VII. **What happens if the participant requires medication?** The participant is referred to a physician on their insurance panel or to a physician in the TTUHSCEP Department of Psychiatry, based on the participant's preference.
- VIII. **Are RAP services confidential?** Patient's privacy is respected. RAP records do not become part of personal records. In matters where disclosure is not required by law, confidential information will not be released without the participant's written authorization.
- IX. **How many sessions are participants entitled to?** Total of five sessions for each resident or fellow, and immediate family members under the same household per fiscal year. (Sept. 1 – Aug. 31)
- X. **Referral process:** You can refer yourself or a program director may refer you. For appointments, call 915-215-TALK (8255).

## Mentorship Program

- XI. The Transmountain Psychiatry Residency mentorship program is designed to provide residents at all levels with faculty support and guidance throughout residency training. This program is voluntary on the part of both residents and faculty. The goals are as follows:
  - a. Provide interested residents with a faculty mentor whom they can turn to for advice and support throughout training.
  - b. Enhance the development of meaningful professional relationships between residents and faculty.
- XII. The length of the mentorship program is one year (12 months). Mentorship will change annually to ensure exposure to different mentors with different academic and personal strengths.

Mentees/mentors may continue the relationship on a voluntary basis. Meetings may be in person, email, text, or via video for up to, but not exceeding one hour (60 min).

- XIII. The faculty mentor serves as an advisor on career goals and development, advocate, role model, guide to aid with professional development and networking, and facilitator in establishing contacts and potential future mentorship opportunities from other faculty.
- XIV. The resident mentee should note the mentorship process is not a passive process and demonstrate willingness to invest time and energy into the relationship with the faculty mentor. The resident mentee is expected to identify their own short and long-range goals for their relationship with the faculty mentor.
- XV. The mentorship program is evaluated at biannual reviews and formal feedback is obtained annually from mentors and mentees.



## ACKNOWLEDGEMENT

I hereby acknowledge receipt of the Psychiatry Resident Manual. By signing below, I further acknowledge and agree that it is my responsibility to read and understand the Manual and agree, as a condition of my residency, to be bound by and comply with the guidelines set forth in the Manual.

---

**Signature of resident**

---

**Printed name of resident**

---

**Date signed**

**PGY 1:**

**PGY 2:**

**PGY 3:**

**PGY 4:**

Addendums will be further added to the manual, you will be contacted for updated signatures.