I. CHILD AND ADOLESCENT PSYCHIATRY PATIENT CORE COMPETENCIES.

A. GENERAL: Child and adolescent psychiatrists shall demonstrate the following abilities:

1. To perform and document a relevant history and examination on culturally diverse patients to include as appropriate:

Residents perform psychiatric histories and examinations on patients at all rotations sites. Specific sites where residents work with culturally diverse patients include Wasatch Canyons Child Residential and Day Treatment and The Children’s Center. Residents also receive instruction on cultural issues and how they can affect patient presentation in the didactics on normal development. Residents see patients from a variety of socioeconomic backgrounds, children in state custody, CHIPS, unfunded children, and self-pay patients.

- **Chief complaint:**
  - All psychiatric evaluations

- **History of present illness:**
  - All psychiatric evaluations

- **Medical history:**
  - Residents perform more detailed medical histories and evaluations at UNI Inpatient in the first year of training. During the second year, the Pediatric Neurology, Neurobehavior HOME Program, and the Pediatric Developmental Disabilities Clinic are sites, which focus on extensive medical histories.

- **A comprehensive psychiatric review of symptoms:**
  - All psychiatric evaluations. Residents learn to use a variety of screening questionnaires at a number of training sites. For example the Outpatient Clinic is initiating the use of the Youth Outcome Questionnaire, which includes a computerized analysis and printout.

- **A biological family history:**
  - All psychiatric evaluations. Residents have opportunities to do research, with dedicated time. Many of these projects involve intensive family history work, including genograms and structured questions.

- **A socio-cultural history:**
  - These issues are addressed at all sites, in particular at the Wasatch Canyons Child Residential and Day Treatment and The Children’s Center for preschool children with emotional and behavioral problems.

- **Prenatal, perinatal, and developmental history:**
  - Sites that emphasize this are the Pediatric Neurology rotation, Neurobehavior HOME Program, Pediatric Developmental Disabilities Clinic, and the Carmen B. Pingree School for Children with Autism rotation.

- **An educational history:**
  - Residents rotate through the Jordan School District and learn about the specifics of individualized education plans, 504 plans, and other school related issues. At Wasatch Canyons Child Residential and Day Treatment, the residents have the opportunity to sit in the classrooms, interact with the teachers, participate in IEP planning and observe neuropsychological testing.

- **A substance abuse history:**
  - This is taken in detail at Wasatch Canyons Adolescent RTC Chemical Dependency Program. At UNI Inpatient, residents manage detoxification of adolescents dependent upon substances. Residents with a keen interest in the treatment of substance abuse can add Odyssey House Residential Treatment as an elective.
• **Risk Factors:**
  The Evidence-Based Medicine Seminar includes reviewing many articles reviewing the epidemiology and risk factors for a number of disorders and outcomes.

2. **To delineate appropriate differential diagnosis:**

The Differential Diagnosis and Treatment Case Conference focuses on the interview of the child or adolescent, with emphasis on the differential diagnosis, and treatment planning.

3. **To evaluate, assess and recommend effective management of patients:**

The Outpatient Clinic experience gives the senior residents the opportunity to develop their own clinic including a psychotherapy practice. Senior residents have considerable autonomy in developing a management plan for each patient, with ample supervision from faculty.

**B. FOR CHILD AND ADOLESCENT PSYCHIATRY:** Child and adolescent psychiatrists shall demonstrate the following abilities:

1. **To develop a bio-psycho-social formulation:**

Residents perform differential diagnoses and case formulations and treatment plans on children and adolescents at all treatment sites. Residents work with preschool age children (3 and up) at The Children's Center and Carmen B. Pingree School. Residents learn about infant psychiatry and attachment at the annual Children's Center "Bridging the Gap" Symposia. Treatment at all sites is rooted in the biopsychosocial model. Residents specifically develop bio-psycho-social case formulations in the Outpatient Clinic and Wasatch Canyons Adolescent RTC. The Differential Diagnosis and Treatment Case Conference Seminar (2 years, monthly for 9 months/yr) involves a case formulation.

2. **To comprehensively assess and document patient's potential for self-harm:**

- **An assessment of risk:**
  - Residents frequently assess suicide risk during the UNI Inpatient rotation and when on weekend call seeing new patients. They also assess the safety of their patients in their own outpatient clinic, where they have support, but greater autonomy.
- **Knowledge of involuntary treatment standards and procedures:**
  - This is addressed in the Ethics, Legal Issues, and Systems-Based Practice Seminar, and during the Outpatient Clinic (outpatient) rotation.
- **Ability to intervene effectively to minimize risk:**
  - Establishing inpatient and outpatient safety plans at multiple rotation sites. There are regular didactics on the assessment of the suicidal patient, including risk factors for suicide.
- **Ability to implement prevention methods:**
  - Didactics by suicidologists on the faculty at the University of Utah. Review of suicide prevention on an individual, an organizational and a statewide level.

3. **To assess, document, and intervene in suspected child abuse and neglect:**

Residents obtain expertise in this area through rotations on UNI Inpatient, PCMC C-L, and Safe and Healthy Families rotation. The Safe and Healthy Families Clinic is a specialized clinic focused on the evaluation and treatment of children who have been abused, physically or sexually.

4. **To conduct developmentally appropriate interviews:**
Wasatch Canyons Adolescent RTC, Outpatient Clinic, The Children's Center for preschoolers, and the Psychotherapy Seminar. Also at the Neurobehavior HOME Program, residents frequently encounter non-verbal or developmentally delayed patients where interviews with families are tailored appropriately.

5. To conduct a range of individual, group, and family therapy:

Psychotherapy Seminar, Family Therapy Case Conference Seminar, conducting supervised individual, family and group therapy at Wasatch Canyons Adolescent RTC and individual therapy at the Outpatient Clinic.

6. To recognize and treat psychiatric disorders:

UNI Inpatient, Outpatient Clinic

7. To develop psychopharmacological treatment plan:

Psychopharmacology Seminar, UNI Inpatient. Family involvement is addressed at all sites, in particular, at the residents' Outpatient Clinic. Evidence-based use is addressed in the Evidence-Based Medicine Seminar.

8. To monitor progress in treatment:

Residents have long-term contact with patients and adjust treatment plans at the Wasatch Canyons Child RTC for 5 months and at the Outpatient Clinic for 12 months.

9. To monitor the development of the child:

Outpatient Clinic

II. CHILD AND ADOLESCENT PSYCHIATRY MEDICAL KNOWLEDGE CORE COMPETENCIES

A. GENERAL:

1. Knowledge of major disorders:

   • Epidemiology:
     Introductory didactics, Normal Development Seminar, Abnormal Development Seminar
   
   • Etiology of the disorder:
     Differential Diagnosis and Treatment Case Conference, Normal Development Seminar, Abnormal Development Seminar
   
   • Phenomenology:
     Introductory didactics, Normal Development Seminar, Abnormal Development Seminar
   
   • Understanding the impact of physical illness:
     Residents see a variety of patients with chronic medical illnesses on the PCMC C-L service.
   
   • Experience, meaning, and explanation of illness:
     Outpatient Clinic and PCMC C-L service
   
   • Effective treatment strategies:
     Psychopharmacology Seminar and Psychotherapy Seminar, individual supervision at the Outpatient Clinic
   
   • Course and prognosis:
     Introductory didactics
2. **Knowledge of healthcare delivery:**

Administrative psychiatry is addressed in the PCMC C-L rotation; Ethics, Legal Issues, and Systems-Based Practice Seminar.

3. **Knowledge of application of ethical principles:**

Ethics, Legal Issues, and Systems-Based Practice

4. **Ability to utilize electronic systems:**

All University of Utah and PCMC training sites.

**B. FOR CHILD AND ADOLESCENT PSYCHIATRY**

1. **Human growth and development:**

Introductory didactics, Normal Development Seminar, Abnormal Development Seminar. Rotation sites that provide exposure to normal development are the Developmental Disabilities Clinic and the Jordan School District

2. **Behavioral science and social psychiatry:**

   - Learning theory: Normal Development Seminar
   - Theories of normal family organization: Family Therapy Case Conference
   - Theories of group dynamics: Psychotherapy Seminar
   - Anthropology, sociology, religion: Normal Development Seminar
   - Transcultural psychiatry: Normal Development Seminar
   - Community mental health: Carmen B. Pingree School
   - Epidemiology: Introductory didactics, Research Seminar
   - Research methods: Research Seminar
   - Psychodynamic theory: Psychotherapy Seminar

3. **Patient evaluation and treatment selection:**

   - Diagnostic interview and mental status exam: Every rotation site
   - Psychological testing: Jordan School District rotation, Wasatch Canyons Child Residential and Day Treatment
   - Medical/laboratory testing: UNI Inpatient, Outpatient Clinic
   - Imaging studies: Child Neurology rotations
• Use of clinical rating scales:
  UNI Inpatient, Outpatient Clinic
• Treatment comparison and selection:
  Evidence-Based Medicine Seminar
• Various therapies, including specific forms of psychotherapies:
  These are covered in the Psychotherapy Seminar, and with individual supervision from psychologists/LCSWs at the Outpatient Clinic and Wasatch Canyons Adolescent RTC. Play therapy is taught at Wasatch Canyons Child Residential and Day Treatment and The Children's Center.

4. All delivery systems of psychotherapies:

• Individual:
  Psychotherapy Seminar, Outpatient Clinic, Wasatch Canyons Adolescent RTC
• Group:
  Wasatch Canyons Adolescent RTC
• Family:
  Family Therapy Case Conference, Wasatch Canyons Adolescent RTC
• Residential:
  Wasatch Canyons Adolescent RTC
• Inpatient treatment:
  UNI Inpatient

5. Somatic treatments:

• Pharmacotherapy:
  Psychopharmacology Seminar and supervision; especially through the Outpatient Clinic

III. INTERPERSONAL AND COMMUNICATION SKILLS

A. GENERAL: Receive supervision and feedback on the resident's interpersonal and communication skills:

1. On a regular, individual basis:
   Individual supervision

2. In a peer group setting, led by a faculty member:
   In weekly Psychotherapy Seminar and monthly Family Therapy Case Conference; videotapes of resident psychotherapy sessions are also reviewed for the purposes of teaching therapeutic communication.

3. On an individual basis with skills observed and critiqued by a faculty member:
   The CSV is another tool used to evaluate and provide feedback to residents on their ability to assess a patient and communicate this information professionally, concisely, and effectively with their colleagues.

4. In a graduated manner based on the resident's level of training:
   Throughout our residents' training, there are many opportunities to follow children, adolescents, and young adults for individual psychotherapy at most of the rotation sites. During the first year, residents are more closely supervised and these patients are also
followed by multiple team members. During the second year, residents function more autonomously where they meet with their supervisors on a weekly basis to review the psychodynamics of their psychotherapy cases. These supervisors are always available as needed. Residents also have opportunities to do family therapy and group therapy at several of the sites throughout their training where, again, the second-year residents are given more autonomy.

B. FOR CHILD AND ADOLESCENT PSYCHIATRY: Sites, seminars, and didactics which provide training in specific areas are as follows:

1. Developing and maintaining a therapeutic alliance with patients and families:
   - Didactic:
     Psychotherapy Seminar, Family Therapy Case Conference, individual supervision, group supervision
   - Rotation sites:
     UNI Inpatient, Outpatient Clinic, Wasatch Canyons Child Residential and Day Treatment, Wasatch Canyons Adolescent RTC, PCMC C-L, The Children’s Center, Neurobehavior HOME Program

2. Understanding the impact of physician's own feelings and behaviors so that it does not interfere with treatment:
   - Didactic:
     Psychotherapy Seminar, Family Therapy Case Conference, individual supervision, group supervision
   - Rotation sites:
     UNI Inpatient, Outpatient Clinic, Wasatch Canyons Child Residential and Day Treatment, Wasatch Canyons Adolescent RTC, PCMC C-L, The Children’s Center, Neurobehavior HOME Program

3. Communication with allied healthcare professionals and teachers:
   - Treatment team participants:
     Social workers, psychologists, nurses, medical assistants, case managers, behavioralists, and educators
   - Multidisciplinary team settings:
     UNI Inpatient, Wasatch Canyons Child Residential and Day Treatment, Wasatch Adolescent RTC, PCMC C-L, Neurobehavior HOME Program, and Jordan School District

4. Consultation Skills:
   Outpatient Clinic, PCMC C-L, The Children’s Center, Carmen Pingree School, Neurobehavior HOME Program, Autism Clinic, Jordan School District, Safe & Healthy Families, Child Neurology

IV: PRACTICE BASED LEARNING AND IMPROVEMENT

A. GENERAL: Learning how to improve skills, knowledge and patient care is as critical a component of residency education as learning the fundamentals of child psychiatry.
   - Purpose:
     Feedback, suggestions, and tools to improve a resident's ability to take care of his or her patients and be a valuable member of their professional community
• Process: With a supervisor, residents review patient records and videotapes of their psychotherapy sessions with patients

2. Peer/attending group learning:
Monthly Evidence-Based Medicine Seminar for residents, and journals reviewed in the Outpatient Clinic professional meetings

3. Individual project:
Residents design a research project to improve their ability to review the medical literature and practice evidence-based medicine

B. FOR CHILD AND ADOLESCENT PSYCHIATRY: Sites, seminars and didactics which provide training in specific areas of this process are as follows:

1. Recognizing the need for lifelong learning:
Individual supervision, group supervision, attendance at the annual Children's Center "Bridging the Gap" Symposium, opportunity to attend annual APA and AACAP conferences or other relevant conferences of interest and CME-related conferences

2. Participation in educational courses, conferences:
Teaching medical student lectures, presenting at Grand Rounds, presenting at the Interdisciplinary Case Conference

3. Developing skills for obtaining and evaluating up-to-date information from scientific and practice literature and other sources to assist in quality care of patients:

   • Individual experiences:
     Developing an area of expertise through research and Grand Rounds preparation, literature reviews with the support of attendings to discuss patient issues during supervision at all rotation sites.

   • Peer/attending group learning:
     The monthly Journal Club and Evidence-Based Medicine Seminar also provide residents with the tools to evaluate literature in directing clinical decisions.

4. Obtaining evaluations from patients:
Outpatient Clinic, UNI Inpatient, PCMC C-L

5. Critically evaluating relevant medical literature:
Journal Club, individual and group supervision, Evidence-Based Medicine Seminar

V. PROFESSIONALISM
A. GENERAL: In most training sites, the residents take primary responsibility for patient care under the supervision of an attending.

1. Expectations: Appropriate medical documentation, well-dressed, well-groomed, responds to patient requests in a timely manner, and respecting confidentiality according to the AACAP code of ethics and HIPAA.

   Reviewed by the attending

2. Review process:
• Individual and ongoing:
  Discussed with the attending during individual supervision
• Feedback from patients, support staff, and faculty members at the completion of a rotation:
  A patient/parent satisfaction survey and a 360 degree evaluation are performed to provide residents with feedback on issues regarding professionalism. Components of the 360 degree evaluation are provided by faculty members in the disciplines of psychiatry, psychology, and nursing.

3. Addressing persistent problem behavior:
Continued problems are addressed by the training director and if necessary, by the RTC

4. Didactics on Ethics:
Discussed during the Ethics, Legal Issues, and Systems-Based Practice Seminar

B. FOR CHILD AND ADOLESCENT PSYCHIATRY:
Sites, didactics, and seminars which provide training in specific areas of this process are as follows:

1. Establishing and communicating backup arrangements and providing coverage when unavailable:
Outpatient Clinic

2. Providing for continuity of care:
Outpatient Clinic, PCMC C-L, Neurobehavior HOME Program and UNI Inpatient

3. Medical documentation:
• Inpatient service:
  Medical documentation is reviewed by medical records staff for any missing or inappropriate documentation. This information is passed on to the attending and subsequently the resident during supervision.
• Outpatient setting:
  Residents participate in random chart reviews in the Outpatient Clinic as well as receive feedback on their documentation from their attending during supervision.

4. Safety issues including acknowledging and remediating medical errors:
Individual supervision, especially in the Outpatient Clinic where residents experience their greatest autonomy during residency training

5. Cultural competency in regards to child development, identification of mental health problems, and willingness to accept psychosocial and pharmacologic treatment:
Didactics, Outpatient Clinic, Psychotherapy Seminar, Family Therapy Case Conference

6. Involuntary commitment procedures that may involve contacting child protection authorities:
UNI Inpatient, on call for UNI Inpatient, Outpatient Clinic

7. Assent and Consent Principles regarding research with minors and other issues with the IRB:
Research Seminar and during supervision for resident research experience

VI. SYSTEMS-BASED PRACTICE
A. GENERAL: Several opportunities to learn systems of care are provided during the two-year curriculum.

1. Working within a treatment team is an inherent part of child psychiatry practice and a typical setting for a resident during training in this program: HOME, Wasatch Adolescent RTC, UNI Inpatient

2. Developing an understanding of the use of systems as part of a comprehensive system of care in general and as part of a comprehensive individualized treatment plan: HOME, Wasatch Adolescent RTC, UNI Inpatient

3. Experiencing exposure to systems-based practice:
   - Inpatient: Observing other professionals (social workers, psychologists) while on inpatient/residential/consult services
   - Outpatient: Taking on the responsibility, with the assistance of a supervisor, of identifying and advocating for needed community services

B. FOR CHILD AND ADOLESCENT PSYCHIATRY: Sites, didactics, and seminars which provide training in specific areas of this process are as follows:

1. Community resources for people with developmental disabilities:
   Neurobehavior HOME Program. In addition to regular participation on a transdisciplinary treatment team, residents spend a day with a case worker from the Department of Services for People with Disabilities (DSPD) visiting sheltered workshops, group homes, and meeting clients. This rotation also requires residents to write an advocacy letter to DSPD Services for one of the patients they see in this clinic.

2. Scheduling:
   Residents design their own schedule within an existing framework. As their outpatient year progresses, they adapt their own schedule for more follow up visits and fewer new evaluations.

3. Recognizing limitations of healthcare resources:
   PCMC C-L, Outpatient Clinic, and supervision; often patients admitted to the children’s hospital who require psychiatric consultation have experienced a failure in receiving earlier intervention. This failure is commonly the result of poor access to care, both psychiatric and medical.

4. Legal aspect of psychiatric and neurological diseases as they impact patients and families:
   Safe and Healthy Families, Jordan School District, Neurobehavior HOME Program, Developmental Disabilities Clinic. The Safe and Healthy Families rotation, which includes assessment and treatment of abused children, addresses legal and forensic issues in child psychiatry. The Jordan School District rotation teaches residents about the school system and laws affecting children’s education, such as the IDEA; and to apply this knowledge in their second year with individual patients.

5. Interaction with managed health systems:
UNI Inpatient, Outpatient Clinic. During the outpatient and inpatient rotations, residents participate in utilization reviews and advocate for patients' access to care and affordable medications.

6. **Cross-coverage:**

Outpatient Clinic with attending support

7. **Risk management:**

After reviewing with an attending, residents are asked to contact the risk management team at the University of Utah Medical Center.