

SUPERVISION

Clinical supervision is the single most critical element of training in psychiatry. Unlike anything found in other medical residencies, it is the principal means to discuss and develop patient evaluation and treatment skills. Supervision is the keystone of a quality psychiatry residency and is accomplished by providing residents with a combination of Clinical Supervisors, Caseload Managers, Individual and Group Psychotherapy Supervisors, and Career Advisors. According to ACGME requirements, each PGY-2, PGY-3 and PGY-4 must receive a minimum of two hours of formal, individual supervision each week (bedside teaching or “card-flip” rounds do not qualify as individual supervision). The supervisor must electronically sign-off on the resident’s notes in the EMR, and residents must document their supervision time with the Education Office.

A. Clinical Supervisors

Clinical supervisors are those faculty assigned to, or in charge of, clinical areas where the resident is assigned (e.g. inpatient, outpatient, consultation-liaison...). The clinical supervisor will meet at least one hour per week with each resident being supervised in formal, individual supervision. It is the responsibility of the clinical supervisor to:

1. Observe the resident's interviewing techniques and ability to utilize interviewing as a diagnostic and therapeutic tool;
2. Assist the resident in learning to gather information during interviews with patients, families and other personnel;
3. Assist the resident in developing diagnostic and therapeutic skills;
4. Assist the resident in understanding the broad repertoire of biological, dynamic and behavioral etiologies of mental illness;
5. Assist the resident in utilizing current somatic and psychological therapies;
6. Assist the resident in developing an awareness of when psychological and neuropsychological tests can be diagnostically or therapeutically useful;
7. Assist the resident in developing communication skills;
8. Supervise (as appropriate to the resident’s year of training) interactions between the residents and other health professionals;
9. Officially evaluate the resident at the end of each rotation, or monthly for PGY-1 residents rotating on non-psychiatry rotations;
10. Provide case supervision of all admissions and consultations; and,
11. Complete an evaluation form and discuss it verbally with the residents after each rotation or monthly for PGY-1s on non-psychiatry rotations.

B. Caseload Manager (CLM)—Military Residents

The caseload manager provides oversight for the residents’ outpatient clinical work. A caseload manager will be designated for each resident at each outpatient site. Responsibilities of the CLM include:

1. Assisting the resident in the selection of the resident’s treatment cases;
2. Monitoring the cumulative workload and logbook of the resident. The caseload manager will ensure a balance between adequate caseload for training and over-extension by an excessive caseload. The caseload manager will also ensure that the training logbook is current and reflects sufficient diversity in pathology;
3. Ensuring that PGY-3 residents have at least five long-term psychotherapy cases.
4. Providing clinical supervision of all patients under a resident’s care except for those patients being supervised by the Psychotherapy Supervisor; and,
5. Completing an evaluation form biannually (Dec and Jun).

C. Psychotherapy Supervisor

Assigned annually by the RED/DRED, each PGY-2 resident has a single psychotherapy supervisor and is expected to meet weekly beginning in July, and picking up at least one long-term patient by September. Each PGY-3 and PGY-4 resident will receive two supervisors for psychotherapy. Psychotherapy supervisors are rotated each July with the intent of providing residents with exposure to a broad variety of styles, interests, and psychotherapeutic models over the course of their residency. The psychotherapy supervisor will:

1. Assist residents in the selection of appropriate psychotherapy candidates;

2. Meet weekly with the resident to review the care of the patient, paying particular attention to those features of intrapsychic processes and interpersonal relationships which dynamic psychotherapy tends to bring into focus;
3. Ensure each PGY-2 resident has at least three psychotherapy patients and each PGY-3 and PGY-4 resident has at least five psychotherapy patients (medication management and supportive psychotherapy patients do not count towards this requirement).
4. Cultivate openness on the part of the resident to explore a variety of theoretical models;
5. Encourage the resident to use his/her own internal cues as evaluative and therapeutic tools in the management of their patients;
6. Assist the resident in assessing appropriate time for termination, or, in the case of forced termination, provide guidance as to how best to manage the transition; and,
7. Complete an evaluation form biannually (Dec and Jun).

D. Mentor and Career Supervision

Each resident will be assigned a mentor. (Initially these are assigned but can be changed at the resident's request.) This relationship serves to allow the resident a nonjudgmental role model to help in discussion of career decisions and in development as a psychiatrist. After the first year, the resident can ask for the same mentor or request new mentors as they see fit. Mentors will serve to assist the resident in selecting electives, establishing an academic project for graduation, and serve as a sounding board for any issue that comes up in the program.

The RED, DRED or AREDs will review at midyear and at the end of each year all evaluations and the progress of each resident toward graduation. Included in the review will be the patient log kept by each resident in order to ensure an adequate breadth and depth of training.