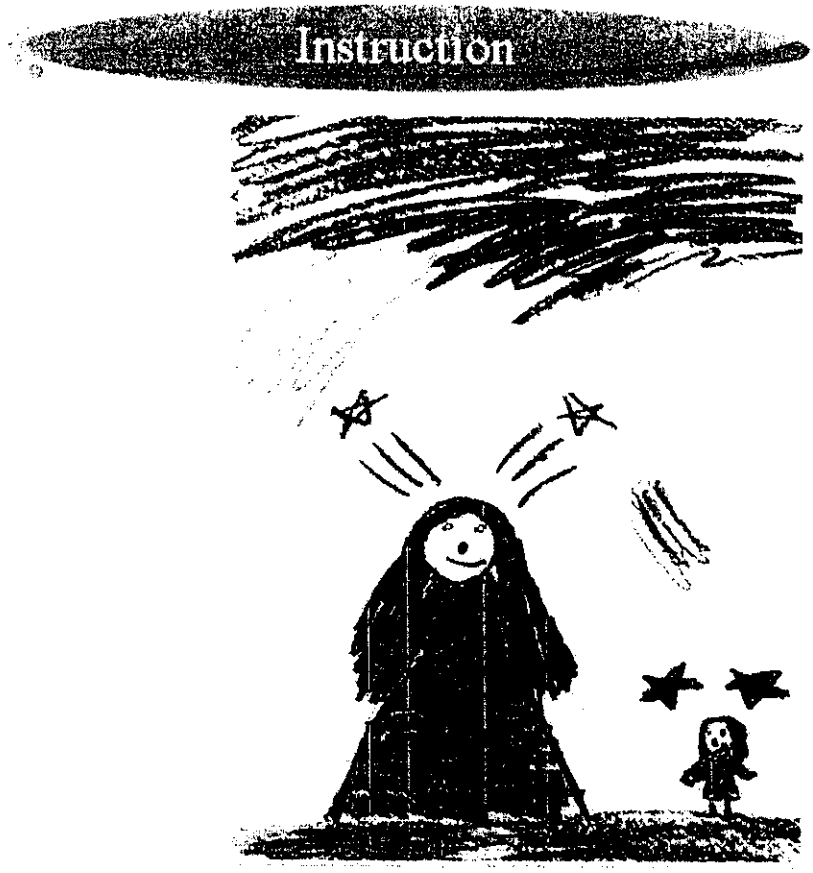
Introduction
Training Goals
Training Sites
Instruction
Administration
People

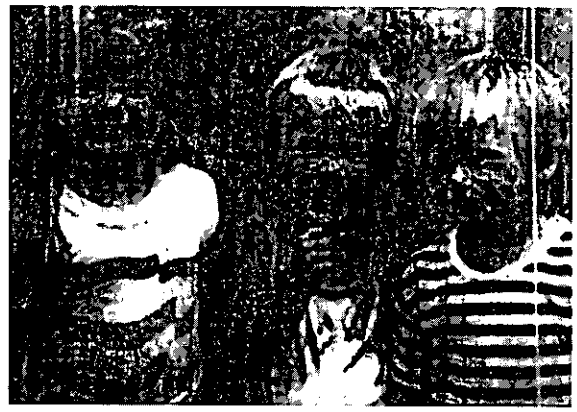



CORE-REQUIRED ROTATIONS

Training methods include formal seminars, clinical conferences, individual and group supervision, and rounds on each rotation. The first year focuses on ambulatory care and consultation. The residency class consists of six residents per year. Except for the site(s) of elective option(s), all residents will have the same core clinical and educational rotations.

The first year is divided into two six-month blocks. During one six-month period, residents will rotate through the MGH Consultation Liaison Service to Pediatrics. This, for labeling purposes, is called the "Pediatrics Consultation Half." In the other six-month block, the "Selective Half," residents will have rotations in the Boston Juvenile Court, the Taft School, and approximately 6-8 hours per week of elective ("selective" time). It is expected that two-thirds of this time will be centered at MGH or McLean Hospital, with residents' selecting from many activities available for specialized learning. The other third may be spent virtually anywhere among the affiliated institutions or in metropolitan Boston. In year two, there are approximately 30 hours per week for eight months on the McLean inpatient and partial hospital services. During the entire Year 2, twenty hours per week will be devoted to outpatient cases, clinical supervision, and academic seminars.

The following chart presents an overview of training experiences in Year 1 and Year 2:



## CLINICAL TRAINING PROGRAM
## YEAR 1

## PEDIATRIC CONSULTATION HALF (6 MONTHS)

| ACTIVITY | FREQUENCY | DURATION |
|---|---|---|
| 1. Pediatric Consultation Service cases, rounds, and supervision | 11 hours/week | 6 months |
| 2. Outpatient Clinic Services (MGH) | | |
| a. Outpatient psychotherapy cases: | | |
| children and adolescents | 4-6 hours/week | 12 months |
| family | 1 hour/week | 12 months |
| parent | 1 hour/week | 12 months |
| b. Diagnostic Evaluations Plus Supervision | 2 hours/every other week | 12 months |
| c. Psychopharmacology Clinic diagnostic evaluations, cases, and supervision | 4 hours/week | 12 months |
| d. Psychotherapy Supervision | | |
| individual psychotherapy | 3 hours/week | 12 months |
| family therapy (group) | 1.5 hours/week | 12 months |
| behavior & cognitive therapy | 1 hour/week | 12 months |
| group therapy | 1 hour/week | 12 months (6 mos required) |
| Weekly minimum clinical OPD hours = 10-12. | | |
| Weekly minimum supervisory hours = 9. | | |
| 3. Seminars and Case Conferences | | |
| | 3 hours/week | 12 months |
| | 8 hours/week | 10 months |
| | 1 hour/week | 6 months |
| | 2 hours/week | July & August |
| Totals: | 6 hours/week | July & August |
| | 10-12 hours/week | Sept - June |
| 4. Pediatric Neurology | 3 hours/week | July & August |
| 5. Primary Supervision | 1 hour/week | 12 months |
| 6. Administrative Meetings | | |
| a. Meeting with the Training Director | 1 hour/every other week | 12 months |
| b. Staff meeting | 1 hour/month | 12 months |
| 7. Normal Child Observation | 4 hours/week | July & August |
| TOTAL HOURS (Pediatric C/L Half): range = approximately 40-50 hours/week | | |

## SELECTIVE HALF (6 MONTHS)

| ACTIVITY | FREQUENCY | DURATION |
|---|---|---|
| 1. Outpatient Clinic | | |
| a. Outpatient Psychotherapy Cases | | |
| children and adolescents | 4-6 hours/week | 12 months |
| parent | 1 hour/week | 12 months |
| family | 1 hour/week | 12 months |
| b. Diagnostic Evaluations Plus Supervision | 2 hours/every other week | 12 months |
| c. Psychopharmacology Clinic diagnostic evaluations, cases, and supervision | 4 hours/week | 12 months |
| d. Psychotherapy Supervision | | |
| individual psychotherapy | 3 hours/week | 12 months |
| parent therapy (group) | 1 hour/week | 6 months |
| family therapy (group) | 1.5 hours/week | 12 months |
| behavior & cognitive therapy | 1 hour/week | 12 months |
| group therapy | 1 hour/week | 12 months (6 months required) |
| Weekly minimum clinical OPD hours = 10-12 | | |
| Weekly minimum supervisory hours = 9 | | |
| 2. Seminars and Case Conferences | 3 hours/week | 12 months |
| | 8 hours/week | 6 months |
| | 2 hours/week | July & August |
| Totals: | 6 hours/week | July & August |
| | 10-12 hours/week | Sept - June |
| 3. School Consultation | 4-5 hours/week | 4 months |
| 4. Court Consultation | 3 hours/week | 3 months |
| 5. Pediatric Neurology | 3 hours/week | July & August |
| 6. Primary Supervision | 1 hour/week | 12 months |
| 7. Administrative Meetings | | |
| a. Meeting with the Training Director | 1 hour/every other week | 12 months |
| b. Staff meeting | 1 hour/month | 12 months |
| 8. Normal Child Observation | 4 hours/week | July & August |
| 9. Selective | 6-8 hours/week | 6 months |
| TOTAL HOURS (Selective Half): range = approximately 42-50 hours/week | | |

## YEAR 2

| ACTIVITY | FREQUENCY | DURATION |
|---|---|---|
| 1. Outpatient Clinic | | |
| a. 4-6 psychotherapy cases | 4 hours/week | 12 months |
| b. psychopharmacology cases and supervision | 2 hours/week | 12 months |
| c. individual psychotherapy supervision | 2 hours/week (3 if desired) | 12 months |
| Totals: | 8 hours/week | |
| 2. Seminars and Conferences | 7 hours/week | 12 months |
| 3. Administrative Meetings | | |
| a. Meeting with Training Director | 1 hour/every other week | 12 months |
| b. Staff meeting | 1 hour/week | 12 months |
| 4. Commute to MGH for Outpatient Clinic | 30 minutes twice weekly | 12 months |
| 5. Inpatient and Partial Hospital Program | | |
| (Two four-month blocks on McLean Services: 4 months on acute residential treatment and partial hospital unit - McLean; 4 months on acute inpatient unit - Franciscan Children's Hospital) | | |
| a. Cases | | |

| | | |
|---|---|---|
| Inpatient: | 3 latency cases (admissions, diagnostics, and treatment) | |
| Acute Residential and Partial: | 2 adolescent cases (admissions, diagnostics and treatment) | |
| | 4 adolescent psychopharmacology cases | |
| b. supervision | 2.5 hours/week | |
| c. group therapy and supervision | | |
| d. partial hospitalization follow-up and consultation | | |
| e. psychopharmacology supervision | 1 hour/week | |
| f. family therapy and supervision | | |
| g. milieu therapies | | |
| Total: | 30 hours/week | 8 months |
| 6. Elective | 30 hours/week | 4 months |
| TOTAL HOURS (Year 2): approximately 50 hours/week | | |

## RESIDENT ON-CALL DUTIES: YEARS 1 AND 2

### 1. FRANCISCAN CHILDREN'S HOSPITAL

On-call duties at the Franciscan Children's Hospital span a two-year period. On-call for Monday through Thursday night is shared by all twelve first and second-year residents. Each resident will have an on-call responsibility one-in-twelve nights on **Monday, Tuesday, Wednesday, and Thursday**. Their responsibilities include carrying the beeper from 5:00 p.m.to 8:00 a.m. Residents are required to call the Unit at 5:00 p.m. to see if a new admission has arrived. They will be called in to do new admissions that arrive between 5:00 p.m. and 11:00 p.m. on these days. Between 11:00 p.m. and 8:00 a.m., admissions will be done by the in-house attending pediatrician. For each admission performed by the in-house pediatrician, the on-call resident will be called to review clinical findings, overnight treatment, and orders. Similarly, the in-house pediatrician will cover any emergencies from 11:00 p.m. to 8:00 a.m. and call the on-call resident as needed. If the in-house pediatrician needs a child psychiatrist to come into the hospital between 11:00 p.m. and 8:00 a.m., one of the attending child psychiatrists will be called. **Residents will not be required to come into the hospital during these hours. Residents will be called for any problems with one of their own inpatients 24 hours daily.** There is an on-call staff member carrying a beeper to back-up the child psychiatry resident on-call every night of the week.

Residents are on-call every **weekend** of the year. This duty is divided among all twelve residents such that each resident will cover approximately 4-5 weekends per year. During the weekend, residents will come to the Franciscan Children's Hospital on Saturday and Sunday morning to round on all the inpatients. Residents will call the charge nurse prior to coming in to inform staff when they will arrive. Generally, rounds will occur 9:00-11:00 a.m. The resident will review each case with the charge nurse, write necessary orders, and see each child on the unit. The resident-on-call for the weekend will be responsible for all admissions and emergencies from 8:00 a.m.-11:00 p.m. on Saturday and Sunday. Residents are not required to stay in the hospital, but will be reached by beeper. As on weekdays, coverage for admissions and emergencies from 11:00 p.m.-8:00 a.m. will be provided by the in-house staff pediatrician. For all admissions done by the in-house pediatrician, the cases will be reviewed by phone with the on-call resident. Also, as on weekdays, if a child psychiatrist is required to come in between 11:00 p.m. and 8:00 a.m., the attending child psychiatrist will do so. As on weeknights, there is an on-call staff member carrying a beeper to back-up the child psychiatry resident-on-call every weekend.

2. MCLEAN ACUTE RESIDENTIAL UNIT (ART)

During weekend call, residents will admit any new patients to the McLean Partial Hospital and Residential Programs. These adolescents will first be admitted by the general psychiatry resident in the McLean Clinical Evaluation Center (Admission Unit). The child psychiatry resident-on-call must see each new admission within 24 hours. Hence, following rounds at the Franciscan Children's Hospital, the on-call resident will call the McLean Partial Hospital and Residential Program. If an adolescent was admitted Friday night, the resident will formally admit the adolescent after Saturday morning rounds at the Franciscan. Similarly, if a patient is admitted Saturday night, the on-call child psychiatry resident will admit the adolescent after Sunday rounds at the Franciscan. Any admissions to the McLean Partial Hospital and Residential Program on Sunday will be admitted by the resident on the Program during the day on Monday. The same staff member carrying the beeper to back-up the resident at the Franciscan will do so for any weekend admissions at McLean Hospital.

3. MGH ACUTE PSYCHIATRY SERVICE (APS)

During **weekend call**, residents will cover the Acute Psychiatry Service at Massachusetts General Hospital by back-up beeper call to the general psychiatry resident at MGH. There is also a staff MGH child and adolescent psychiatrist who is backing up the child psychiatry resident by beeper on weekends.

4. HOLIDAY WEEKENDS

Residents will treat Monday holidays as Sundays for their coverage of Franciscan Children's Hospital, the McLean Acute Residential Unit (ART) and MGH Acute Psychiatry Service (APS).

Each component of the Child and Adolescent Psychiatry Residency Training Program is described below:

PEDIATRIC CONSULTATION-LIAISON PSYCHIATRY

The Child and Adolescent Consultation-Liaison Service to Pediatrics has three basic patient care goals. The first is to consult with the pediatric staff in establishing an appropriate diagnosis. Second, guided by psychodynamic principles and a clinical understanding of the medical disorder, the Service works to ease the suffering of severely ill children and their families. The third goal is to understand and support the medical and nursing staff's sustained and stressful management of hospitalized children and their families. Under the leadership of David Herzog, M.D., Director, and Paula

Rauch, M.D., Associate Director, the Service provides the child and adolescent psychiatry resident with an understanding of the child psychiatry consultation-liaison process, common consultation requests, and various treatment interventions.

The MGH Children's Service has 83 beds spread over three floors, including a pediatric intensive care unit, a newborn intensive care unit, an adolescent unit and a younger children's unit. The Service is staffed by four staff psychiatrists: Dr. David Herzog, Dr. Michael Jellinek, Dr. Paula Rauch, and Dr. Lawrence Selter. In Year 1, one resident will be assigned to the adolescent ward and one will be assigned to the other pediatric inpatient units. Residents will switch assignments after three months to gain experience with pediatric patients of all ages. Since 1980, when the Consultation-Liaison Service was reorganized, the number of consults has increased to over 200 per year. All consult requests are called into the intake coordinator in the Consultation Service. He/she then informs the staff psychiatrist on each ward. The staff psychiatrist on each ward will oversee the case load of the resident assigned and attempt to limit the number of consultations to allow for maximal learning in the prescribed time period set aside for the rotation.

There are a wide range of cases. They include adjustment disorders, affective disorders, other psychiatric disorders, suicide gestures, behavior problems, and organic syndromes. The Service also consults routinely on all hematology/oncology admissions. Some patients are seen only for evaluation, some are seen for evaluation and disposition, and the majority are seen for diagnosis and inpatient management. Patients may be seen several times a week for a few months. the resident will have extensive opportunity to learn about working in multidisciplinary teams managing serious pediatric illness. They will have the opportunity to instruct pediatric house officers in the diagnosis and treatment of psychiatric disorders.

Supervision will be carried out through the following:

1. Each resident will have one hour of individual supervision per week with the ward staff psychiatrist.

2. The three residents on the Service will go on walk rounds with the Chief and/or Associate Chief of the Consultation-Liaison Service.

3. Residents will participate in the presentation of cases in Consultation-Liaison Rounds with other members of the Service.

Some of the weekly walk round meeting will be devoted to a Consultation-Liaison Seminar.

Although an independent service, the Child and Adolescent Psychiatry Consultation-Liaison Service has close collaborative clinical, research, and academic ties with the Adult Psychiatry Consultation Service, under the direction of Dr. Ted Stern. The Adult Consultation Service provides a weekly teaching conference, the Psychosomatic Conference, chaired by Dr. Stern and attended by the Service's general psychiatry residents and staff. Child and adolescent psychiatry residents are welcome to attend this seminar in their elective time. The principal goals of this conference are to familiarize participants with major psychosomatic conditions and psychiatric syndromes commonly affecting medical and surgical patients.

The Pediatric Consultation Service will be responsible for providing daytime consultation to the MGH Acute Psychiatry Service. Residents will serve to

assist the general psychiatry residents in child, adolescent and family emergencies which require evaluation, crisis intervention and treatment in the APS. In addition, residents will provide consultation to pediatrics in the MGH Emergency Department.

OUTPATIENT CLINIC SERVICES

Residents will spend most of their outpatient training in the MGH Outpatient Clinic, under the direction of Elyce Kearns, M.D. Elective time may be devoted to working in the McLean Hospital Outpatient Clinic, under the direction of Joseph Shrand, M.D. Both outpatient clinics provide diagnostic evaluation, psychotherapy, family therapy, group therapy, cognitive behavior therapy, pharmacotherapy, psychoeducation, parent guidance and community liaison programs.

Each clinic, besides serving as a general child and adolescent ambulatory clinic, has a number of subspecialty units as follows:

MGH OUTPATIENT CLINIC (Core Training Site)

| | |
|---|---|
| Adolescent Substance Abuse CoordinatoR | Marie Armentano, M.D. |
| Adoption and Custody Clinic | Steven Nickman, M.D. and Linda Forsythe, M.D. |
| Child and the Law Service | Ronald Schouten, M.D., J.D. Andrew Clark, M.D. |
| Early Child Development Clinic | Lynn Grush, M.D. Bina Patel, M.D. |
| Eating Disorders Unit | David Herzog, M.D. |
| Family Therapy Program | Lois Slovik, M.D. |
| Forensic Child & Adolescent Psychiatry Coordinator | Donald Condie, M.D. |
| Pediatric Behavioral Medicine Clinic | Bruce Masek, Ph.D. and Ross Greene, Ph.D. |
| Psychopharmacology Clinic | Joseph Biederman, M.D. |
| Perinatal Psychopharmacology Clinic | Lee Cohen, M.D. Lynn Grush, M.D. |

MCLEAN HOSPITAL OUTPATIENT CLINIC (Elective Training Site)

| | |
|---|---|
| Group Psychotherapy Clinic | Joseph Powers, Ph.D. |
| Learning Evaluation Clinic | Elsie Freeman, M.D. |
| Obsessive Compulsive Disorder Clinic | Daniel Geller, M.D. |
| Psychopharmacology Clinic | Barbara Coffey, M.D. |
| Tourette's Clinic | Barbara Coffey, M.D. |

In addition, both MGH and McLean Hospital have numerous faculty with subspecialty expertise for consultation, supervision, research projects and didactic presentations. (See faculty listing.)

The goal of the outpatient clinic rotation is to provide residents the knowledge and skill necessary for comprehensive diagnostic evaluations of children, adolescents, and families and treatment, under careful supervision, in a wide range of modalities.

OUTPATIENT INDIVIDUAL PSYCHOTHERAPY

Residents will have a variety of psychotherapy experiences in outpatient, consultation, and inpatient rotations. Child and adolescent psychotherapy training will be coordinated by Martin Miller, M.D. In Year 1, residents are expected to carry 4-6 long and short-term child and adolescent individual psychotherapy outpatient cases throughout the year and 1 parent therapy case. In Year 2, residents will carry 4-6 ongoing child and adolescent cases.

Each year, residents will have individual supervision for their therapy cases as follows: In Year 1, residents will have three hours per week of individual child and adolescent psychotherapy supervision from three senior child and adolescent psychotherapists. In addition, parent therapy will be directed and supervised by Carolyn Sprich, LICSW, at MGH. In Year 2, residents will have two hours per week of senior psychotherapy supervision. A third psychotherapy supervisor will be available for special training and educational needs. In Year 1, supervisors will be assigned from the on-site faculty at MGH. In Year 2, residents will have an opportunity to select supervisors from either the MGH and/or the McLean on-site facility.

The thrust of the outpatient psychotherapy experience will be long-term cases the resident can follow throughout his or her training. A variety of short-term therapies are also required for experience in this modality. Each resident will be required to keep a log of all cases with their ages, diagnoses, and the therapeutic modalities used. The log will be reviewed with the outpatient service chiefs and the Training Director at regular intervals. Psychotherapy cases are closely coordinated with activities in the child's home, school, and community. With the cooperation of the child's parents, residents and staff in the outpatient clinic work with extended family members, teachers, counselors, school administrators, policemen, and probation officers, nurses, agency staff, clergy, club leaders, friends, and others. Administrative and ethical issues of professional responsibility and financial accountability are discussed in supervision regularly. Efforts are made by the outpatient director to assign long-term cases that can be followed over two years as well as time-limited cases.

FAMILY THERAPY

Under the direction of Lois Slovik, M.D., family therapy training is provided in both outpatient and inpatient rotations. In the outpatient rotation in Year 1, residents participate in a core, ten-month Beginning Family Therapy Seminar for 1 hour per week. They may then elect to take a more advanced family therapy seminar. Families are referred to MGH and McLean from various sources: self-referral, courts, school systems, community and hospital. Clinic referrals include referrals from the inpatient medical, pediatric, and psychiatric units and from outpatient departments. Each resident is required to treat at least one ongoing case. In addition, in Year 1, 1 1/2 hours per week, year-long, are reserved for multidisciplinary team supervision and diagnostic evaluation. The team consists of three trainees and a faculty supervisor. Diagnostic evaluations are done every other week, with alternate weeks used for direct ongoing case supervision. Cases for diagnostic evaluation encompass a wide range of families, including those in which a child is depressed, psychotic, has a conduct disorder, attention deficit disorder, personality disorder, phobic, psychotic, or eating disorder. The family is interviewed either by the supervisor or resident using the one-way mirror. The family is videotaped and the tape is reviewed.

In the inpatient rotations, family therapy is taught in both the McLean Inpatient Units and Partial Hospital Programs.

OUTPATIENT DIAGNOSTIC EVALUATIONS

The task of outpatient diagnoses of child and adolescent psychiatric disorders challenges the child and adolescent resident to establish evidence of psychopathology, to recognize disturbances and strengths in development, to identify maladaptations in the family and surrounding environment, to estimate the degree of impaired function, to recommend ancillary physical, laboratory and/or psychological examinations, to arrive at recommendations for treatment, and help arrange appropriate dispositions. For outpatients as well as inpatients, the residents use the diagnostic classification of the American Psychiatric Association, DSM IV.

The diagnostic evaluation program is under the close supervision of Drs. Elyce Kearns and Jacqueline Olds at MGH. In Year 1, residents will be scheduled for a new diagnostic evaluation every other week, though extended evaluations are sometimes necessary as dictated by clinical judgement. Evaluations are conducted by a team consisting of a resident and Dr. Larry Selter or a senior faculty member both in the room together. Early in training, the evaluations are performed by the faculty member with the resident observing. After a few evaluations, the resident conducts the evaluation with the faculty member observing. The resident is then responsible for ordering additional psychological, educational, speech and language, laboratory, medical, and family assessments, writing up the formal evaluation, developing a treatment plan, arranging disposition, and providing necessary consultation to the family, schools, courts, and/or social agencies. On the following week, two hours are set aside to be used by the team for follow-up and supervision of the case seen. A year-long observational diagnostic evaluation seminar is conducted weekly by Dr. Olds. Residents are encouraged to pick up outpatient cases from their diagnostic assignments.

SEXUAL ABUSE AND ADOPTION AND CUSTODY EVALUATIONS

During Year 1, each resident is expected to perform a minimum of one sexual abuse or trauma evaluation, under the direction of the Child and the Law Service and one adoption and custody evaluation, under the supervision of Steven Nickman, M.D. These specialized evaluations often require setting aside one-two hours per week for one month. There is ample time to make these arrangements on an individual basis.

PSYCHOPHARMACOLOGY

Pediatric psychopharmacology is taught in both outpatient, inpatient, and partial hospital rotations. Residents will spend four hours per week in the Pediatric Psychopharmacology Clinic at MGH in Year 1 and two hours per week in the Clinic in Year 2.

The Pediatric Psychopharmacology Clinic, under the direction of Dr. Joseph Biederman, is committed to the evaluation and treatment of children and adolescents with major, often chronic, psychiatric disturbances (DSM IV Axis I Diagnoses). In addition, the clinic evaluates and treats children and adolescents with developmental disorders, who also require psychiatric care. The emphasis in the clinic is in long-term follow-up and continuous reassessment of treatment strategies for severely psychiatrically disturbed children. It provides specialized consultation to local psychiatrists, social agencies, community residential schools, and other mental health organizations, on issues of pediatric psychopharmacology.

Teaching in pediatric psychopharmacology is based on three components: a) clinical experience, b) supervision, and c) didactic seminars.

PSYCHOPHARMACOLOGY CLINICAL ROTATIONS

1. Diagnostic evaluations consist of a minimum of one hour with the parent and one hour with the child. These evaluations frequently include neuropsychological, social, metabolic, EEG and neuroimaging evaluations. Structured interviews are used as adjuncts to the clinical evaluations.

2. Patients meeting diagnostic criteria for specific disorders and for whom the use of psychotropic is indicated are accepted into the Clinics for treatment. Treatment plans follow a multimodality approach addressing the psychosocial and familial, as well as the biological aspects of the child.

3. The residents will be running a small pediatric psychopharmacology practice. The core curriculum of four hours per week will be used as two hours for evaluation of new patients and an hour for follow-up. Residents will be evaluating approximately one new patient every other week.

Those patients treated through the Clinic will be followed by the evaluating resident throughout his or her residency training. Those residents interested in spending more elective time in the Clinic will be able to do so and will run larger practices

4. The resident will follow patients requiring psychopharmacological management. He or she will have the choice of focusing exclusively on pharmacological management or assuming other additional therapeutic roles, such as conducting family therapy, individual or behavioral psychotherapies. Residents will be encouraged to assume more than one role in the management of their cases.

5. Residents will be able to function as consultants for other units within and outside the MGH and McLean Child and Adolescent Program.

6. Three types of supervision will be offered depending on the resident's interest and case load: a) individual, b) research, and c) group.

Psychopharmacology will be taught in inpatient and partial hospital rotations. On the McLean Inpatient Unit at Franciscan Children's Hospital, supervision will be provided by Drs. Roy Boorady, Thrassos Calligas, Andrew Stromberg, and Jean Frazier. On the McLean Partial Hospital Service, supervision will be provided by Dr. Joseph Shrand.

DEVELOPMENTAL EVALUATION CLINIC (Children's Hospital)

Early in Year 1, all residents will spend two days in the Developmental Evaluation Clinic, directed by Ludwik Szymanski, M.D. This clinic consists of a multidisciplinary team designed for the intensive diagnostic evaluation of children with mental retardation and pervasive developmental disorder. Residents will spend one day as members of the team evaluating mental retardation and one day evaluating children with disorders in the autistic spectrum. They will participate in and/or observe individual meetings with the children and parents and neuropsychological testing and additional assessments of these children. Residents will attend the team meetings in which the many evaluative components of these complex cases are discussed and integrated. Residents will participate in two half-day seminars on Developmental Neuropsychiatry led by Dr. Szymanski.

SCHOOL CONSULTATION

During Year 1, residents will spend one morning per week for four months in local schools, under the direction of Jeff Bostic, M.D., Ed.D. and Gil Noam, Ed.D. Residents will continue their training in normal development by observing children as they participate in schools. School expectations for each grade level will be identified so that residents will be able to recognize when special school services may be needed for their patients. Accordingly, Chapter 766 and PL 92-142 provisions will be reviewed and examined as residents visit normal therapeutic schools, residential schools, and alternative schools for 8 weeks, under the supervision of Dr. Jeff Bostic.

For another 8 weeks, residents will train in a local middle school (Taft School) as part of a multidisciplinary team with teachers, school administrators, psychologists, social workers, prevention practitioners, and other relevant school personnel, under the direction of Dr. Gil Noam. Residents will develop their consultative role and techniques in this setting as they evaluate identified students and collaboratively devise Individualized Educational Plans (IEP) and educational interventions, treat common school problems, and assist with enhancing function of the school system. In addition, residents will have the opportunity to participate in time-limited groups, on-site, for selected students. The Taft School Program is an innovative model with an emphasis on prevention, early detection of high risk children and clinical intervention within school structures. In this model, there is opportunity to work with families as well as students. Appropriate triage to community health and mental health services is a core part of the program.

Residents will review contemporary directions in school development with attention to prevention and resilience factors and health promotion, as schools of the future are modified to better facilitate the development of each child and adolescent.

The morning sessions will include a didactic seminar, review of brief readings, relevant school experiences, and on-site supervision with Drs. Bostic and Noam. Group therapy supervision will occur at McLean Hospital with Dr. Joe Powers, Ph.D. in a separate seminar session.

COURT CONSULTATION

Through MGH, there has been increasing collaboration between the Law and Psychiatry and Children and the Law Services, directed by Ronald Schouten, M.D., J.D., and the Boston Juvenile Court Clinic, directed by Richard Barnum, M.D. Both services see a broad range of traumatized youth, conduct disorders, custody disputes, and many other forms of severe psychopathology. This three month rotation in Year 1 involves three hours each Wednesday morning at the Boston Juvenile Court Clinic.

Three residents at a time in Year 1 will attend this three-month rotation, one morning per week, for three hours. Under supervision of Dr. Richard Barnum and Dr. Richard Famularo, a forensic child psychiatrist, residents will have formal exposure to the evaluation of delinquency, status offense, child abuse, custody in children with a high incidence of anxiety and mood disorders, disruptive behavior disorders, learning disorders, substance abuse problems, and personality disorders. Residents will also be expected to visit the courtroom, consult to attorneys, probation officers, judges, social service agency workers, and learn basic principles of forensic report writing and serving as an expert witness. They will also have exposure to interviewing youths in lock-up. All of these activities are under close supervision. Dr. Barnum and his staff will teach by example and use videotapes, selected readings, and discussions.

PEDIATRIC NEUROLOGY

Residents have core training in pediatric neurology in Year 1. In July and August, all residents will spend three hours per week in a clinical pediatric neurology rotation led by Elizabeth Dooling, M.D., a Board-certified pediatric neurologist at MGH. Residents will attend pediatric neuroradiology rounds, along with pediatric neurology and radiology residents, viewing scans and neuroimaging studies of children and adolescents with neurologic disorders. They will then visit the patients whose scans were viewed, taking histories and performing neurologic examinations, under supervision. The goals in this rotation are threefold: to learn history-taking of common and uncommon pediatric neurologic problems; to learn techniques of pediatric neurologic examinations; and to correlate radiologic findings with clinical and historical data. The cases for teaching include cerebral palsy, mental retardation, seizures, learning disabilities, movement disorders, headaches, brain tumors, and post-infectious, post-traumatic and metabolic encephalopathies.

NORMAL CHILD AND ADOLESCENT OBSERVATION

A core training experience in Year 1 is for all residents to observe children and understand and recognize normative features of behavior. During July and August, one morning per week for four hours, Paula Rauch, M.D., a Board-certified child and adolescent psychiatrist and Norman Sherry, M.D., a Board-certified pediatrician, will conduct a series of supervised observational experiences of children and their interaction with parents, teachers, and camp counselors. Through field trips and office interviews, Drs. Rauch and Sherry will integrate normal aspects of physical and emotional development. Since residents will be visiting public high schools in their school consultation rotation, emphasis will be placed on toddlers and younger children. After observation periods, there will be ample time for active discussion to consider differentiating normal variables from pathological behavior and interactions.

INPATIENT AND PARTIAL HOSPITAL CARE

In Year 2, residents devote approximately 30 hours per week for eight months toward inpatient, acute residential and partial hospital care at McLean and the Franciscan Children's Hospitals. In recent years, there have been changes in hospital-based evaluations and treatment nationwide. Under the leadership of Mona Bennett, M.D., Director of the Child and Adolescent Program at McLean, the program has made numerous modifications in its health care system to provide the highest quality of care for its youth and families. Guiding principles in implementing these changes have been utilization of a strong multidisciplinary team; provision of a continuum of care involving close collaboration between inpatient care and use of partial hospital programs, recreational facilities, outpatient clinics, psychoeducational programs and the Arlington Day School; and finally, development of close working relationships with community public sector agencies, residential treatment programs and health maintenance organizations. The essence of care is continuity of treatment. Thus, the goal of the hospital care rotation is for the resident to learn principles of evaluation, multimodal treatment, and disposition planning in the context of a continuous care plan. All of these principles and skills are taught through the highly supervised hospital care rotations.

The judicious use of the McLean inpatient facilities has enabled the development of short-term treatment plans that otherwise could not have been formulated and implemented in the high-risk population that McLean serves.

Hospitalization has enabled the inpatient service to diagnose and treat children and families when other resources have failed and failed repeatedly to do so. Hospitalization has permitted the unit to collect essential diagnostic and treatment data through detailed observations of patient and family. Hospitalization has provided for the child, perhaps for the first time, a structured, protective, holding, and limiting social and educational environment.

Care in the hospital settings facilitate efficient and effective evaluation and treatment, when there has been such disorganization in the family that child and family have been unavailable to describe, demonstrate, and consider their difficulties. Hospitalization has been critical when the behavior or feelings of child or family members became unmanageable and presented a threat to the safety of person or property in family and community.

While on their four-month, 30-hour/week inpatient rotation at Franciscan Children's Hospital, second-year residents will provide intensive evaluation and treatment planning for latency age children and their families. At Franciscan's, residents provide coverage for admissions during the day, on a rotating basis. They follow 2-3 cases as providers of comprehensive treatment for children, adolescents and families, along with members of the multidisciplinary team, under the supervision of attending staff child psychiatrists, Drs. Boorady, Calligas and Stromberg. As the physicians responsible and accountable for the planning, multimodal treatment, disposition, and after care of their patients, the residents participate in the multidisciplinary team which synthesizes the psychiatric, pediatric/neurologic, psychoeducational, and community resources. Treatment includes psychotherapy, pharmacotherapy, psychoeducation, family therapy, cognitive behavior therapy, group therapies, activity therapy, and cognitive control therapy. In addition to child psychiatry attending supervision by the physician-in-charge (PIC) overseeing each case, residents have additional supervision on the inpatient unit for psychopharmacology, group therapy and behavior and cognitive therapy as needed. The residents on the unit attend Dr. Joseph Powers's Group Therapy Seminar, as well as a weekly multidisciplinary case conference. They attend daily rounds on all patients, community meetings and treatment review conferences.

Residents will spend 30 hours/week for four months in the McLean partial hospital and acute residential rotation. The ART and Partial Hospital Program offers an intensive treatment experience for adolescents who do not require inpatient hospitalization (i.e., adolescents who require psychiatric or chemical dependency treatment) but need a more structured, in-depth form of treatment than is possible in an outpatient setting. The program treats moderately to severely disturbed adolescents diagnosed with a range of psychiatric disorders, including mood and anxiety disorders, severe character disorders, and post traumatic stress disorder. The mission of the program is to increase resilience and functioning within the family and community.

Participants in the partial hospital program follow a core schedule from 9:00 a.m. to 3:00 p.m., including individual, family and group psychotherapy. Additional activities available after that time can serve as after-school programs, when appropriate. Participants have access to psychotherapy groups and activities that cover academic performance, addiction and recovery, parenting, arts and creative activities such as cooking, young men's and young women's issues, and sports. Partial hospitalization is cost effective and allows for a deliberate process of integration into the community, which many patients find beneficial.

As an adjunct to the Partial Hospital Program, acute residential services are

available to adolescents who require 24-hour care. This is an unlocked setting with a more relaxed structure than an inpatient unit. It is licensed by the Office for Children. The weekday hours of operation for the residential program are from 3:00 p.m. to 9:00 a.m. the following morning. There is 24-hour coverage on weekends and holidays. The goal is to use the short-term respite stay as a transition to home.

While in the partial hospital and acute residential rotation, residents will serve as psychiatrists in an intensive multidisciplinary milieu. They will provide psychopharmacologic evaluations and treatment for all adolescents, run two groups, conduct diagnostic evaluations, and participate in individual and family treatment of patients. They will each have individual and group supervision. Specialized supervision for group therapy is provided by Dr. Joseph Powers. In addition, they have supervision in chemical dependency from Dr. John Rodolico and in Trauma from Dr. Maxine Alchek.

During their second year, residents are associated with the psychoeducation program in both the inpatient and partial hospital programs which provides psychological and educational assessment and treatment through individual and classroom work. Behavior and cognitive therapy is provided to all patients. In this treatment, the developmental stages of processing information, building learning skills, and expressing emotions are retraced. Remedial techniques are used to strengthen weak areas and to rehabilitate lagging functions.

Child and adolescent psychiatry residents and staff provide 24-hour on-call services, which include emergency and crisis consultation services for all hospitalized McLean patients. Night call duties are described in a previous section "Resident On-Call Duties: Years 1 and 2."

The child and adolescent psychiatry resident is assigned the responsibility of two-three acute latency aged inpatients at a time.

Residents may elect to follow one-two cases discharged to an after-care facility on the the McLean grounds, which might include the partial hospital program, the Adolescent Day Service, the Arlington Day School, and/or the outpatient clinic. They also may choose to follow discharged patients at the Franciscan Children's Hospital or at MGH. Under supervision, this experience will provide the resident an opportunity to engage in a variety of after-care settings and to participate in the child and family's continuity of care.

The child and adolescent psychiatry residents working on the inpatient unit and partial hospital program receive weekly individual supervision from the directors of the services, a child psychopharmacologist, and senior child and adolescent psychiatry supervisors. They also receive supervision in family and group therapies.

COMMUNITY PSYCHIATRY AND INTERAGENCY WORK

During both years and in both outpatient, inpatient, and partial hospital rotations, residents are expected to work closely with a variety of other professionals in the hospital and in the community. They will frequently consult with teachers, the courts, social agencies, clinical psychologists, social workers, occupational and physical therapists, speech and language therapists, audiologists, nurses, and other physicians. The multidisciplinary approach to childhood and adolescent disorders is a crucial part of the child and adolescent psychiatry training in this program.

Principles of primary and secondary prevention and other aspects of

community psychiatry are taught in the Social and Community Psychiatry Seminar. The role of the child and adolescent psychiatrist as teacher of parents, the lay population, and other professionals is also emphasized in the seminar and in all components of supervised interdisciplinary work.

CRISIS INTERVENTION AND EMERGENCY PSYCHIATRY

Child and adolescent psychiatry residents will have both inpatient, partial hospital, and outpatient experience in psychiatric emergencies and crisis intervention. In Year 1, a core seminar will present principles of emergency psychiatry. Clinically, residents will have on-call duties as follows:

Outpatient Emergencies: The Child and Adolescent Psychiatry Service at MGH provides emergency consultation to Ambulatory Pediatrics and the Pediatric Emergency Ward. First call for psychiatric emergencies is the responsibility of the general psychiatry residents on rotation in the Department's Acute Psychiatry Service (APS). Pediatric psychiatry emergencies will first be seen by the general psychiatry resident, who will then call the child and adolescent psychiatry resident for consultation. The child and adolescent psychiatry resident will evaluate the patient and receive supervision from the staff child and adolescent psychiatry backup. It is expected that each case written up by the child and adolescent psychiatry resident will be reviewed by the assigned faculty backup. First year child and adolescent residents will share on-call daytime duties for the MGH outpatient service during weekdays. First and second-year residents will share on-call responsibilities for the MGH Acute Psychiatry Service (APS) every 12th weekend(4-5X per year) by beeper - Friday at 5:00 p.m. until Sunday at 6:00 p.m. Faculty will cover the backup services for the MGH APS from 6:00 p.m. until 8:00 a.m., Sunday through Thursday. On-call duties will be monitored to avoid excessive service demands. Staff coverage will be utilized to maintain a reasonable workload. (In the past, the rate of emergency telephone calls has been under four per month.) Some emergencies will simply involve a consultation to the general psychiatry resident. Others will require personally interviewing the child and/or family. All cases of attempted suicide must be seen directly by a child and adolescent resident or staff child and adolescent psychiatrist within 18 hours of admission to MGH pediatric ward.

Inpatient Coverage:

1. MGH: Emergencies on the pediatric wards during the day will be the responsibility of the staff child and adolescent psychiatrists and residents covering their own patients. Nights and on weekends, the APS, with the child and adolescent psychiatry residents and staff child psychiatrist as backup, will provide emergency consultations to the pediatric wards.

2. McLean Hospital and Franciscan Children's Hospital (See "Training Sites.")

TEACHING

Residents will have opportunities to have speaking engagements with teachers and lay groups. They may participate in the Psychiatry Services' continuing medical education programs and teach pediatricians and mental health professionals.

Residents will have ample opportunity to teach medical students during their clinical rotations at MGH, McLean Hospital, Franciscan Children's Hospital and affiliated institutions. In addition, they will teach child and adolescent psychiatry to general psychiatry residents, pediatric house officers, nurses or

the wards, and social work and psychology clinical fellows.

Inservice training of professional and non-professional staff is integrated with the delivery of services in order to improve patient care and to develop staff abilities. Child and adolescent psychiatry residents, as team leaders and teachers, work closely with clinical child psychology trainees, medical students, child social work students, nurses, child care workers, clinical educators and their assistants, volunteers, dieticians, and maintenance and secretarial personnel who form part of the therapeutic environment of children. Inservice training programs for support staff include orientations, guidance, conferences, lectures, seminars, demonstrations, and individual and group supervision.

Child and adolescent psychiatry residents welcome the opportunity to serve as teachers and mentors to all colleagues and, in particular, to medical students. At MGH, residents will have opportunities to teach medical students in the Outpatient Clinic, the APS, and on the Consultation Service. Medical students from Harvard and other universities come to McLean or Franciscan Children's Hospital for a one or two-month, full-time elective course in child psychiatry (Child Psychiatry 505M.10) offered with the curriculum of the Harvard Medical School. Child psychiatry residents, assigned as mentors, teach the student by means of demonstrations and by guidance of the student's psychiatric evaluation and treatment of children and families.

In addition, the Case Clinical Clerkship (Harvard Medical School Catalog No. 500M.10) includes a month-long child development seminar and interviewing demonstration for third-fourth year medical students at McLean. Child and adolescent psychiatry residents with a special interest in teaching, assist with this course.

RESEARCH

Residents are encouraged to take part in ongoing research or to initiate original projects of their own during their elective time each year. Mentors specializing in areas of interest will be provided to residents. At MGH, residents have access to a Biostatistics Team, established for consultation and supervision of research methodology. Both MGH and McLean have extensive computer systems for literature searches. Use of such systems is provided by the training program. All research activities must be reviewed with the Training Director to ensure that they do not take precedence over core educational clinical requirements.

There are a wide range of research projects at MGH and McLean. Some are conducted solely within the Child and Adolescent Services, while others are collaborative projects between child and general psychiatry programs and other related medical disciplines, including pediatrics and its many subspecialties. Other projects are multicenter projects among Boston teaching hospitals and/or university programs. A monograph on Developmental Research at Harvard Medical School Department of Psychiatry is available upon request. Below are listed some child and adolescent research topics currently under investigation at MGH and McLean:

Administrative Psychiatry
Adoption and Custody
Aggression and Violence in Children and Adolescents
Anxiety Disorders
Attention Deficit Hyperactivity Disorder
Behavioral Therapies
Biological Rhythms and Depression

Burns and Chronic Disfigurement in Children
Child Physical and Sexual Abuse and Neglect
Child and Adolescent Substance Abuse
Child Development
Childhood Bereavement
Chronic Medical Illness in Children and Adolescents
Cognitive-behavioral Treatments
Comparison of Structured Diagnostic Interviews with Clinicians' Diagnoses in Children and Adolescents
Consultation Psychiatry
Developmental and Degenerative Diseases in Children
Developmental Disabilities
Developmental Neurobiology
Developmental Neuropsychopharmacology of Neuroreceptor Systems
Developmental Psychopathology
Diagnosis and Treatment of Cognitive Disorders
Diagnosis and Treatment of Seasonal Affective Disorder
Early Child Development
Eating Disorders
Effects of Early Abuse on Brain Development
Family/Genetic Studies in Psychiatric Disorders
Family Therapy
Fetal Alcohol Syndrome
Forensic Psychiatry
Gastrointestinal Disorders
Learning Disorders
Health Communications and Use of the Mass Media in Mental Health
Longitudinal Follow-up of Evaluation of Development in Children and Adolescents Post Hospitalization
Mood Disorders
Neuroimaging Studies
Obsessive Compulsive Disorder
Pain Management
Pediatric Psychopharmacology
Perinatal Psychopharmacology
Personality Disorders
Personality Assessment
Post Traumatic Stress Disorder
Psychiatric Education and Training
Psychiatric Emergencies
Psychiatric Systems of Care
Psychopharmacology
Psychosocial Aspects of Pediatrics
Psychosomatic Disorders (e.g. diabetes, dermatologic disorders)
Psychotherapy and Psychoanalysis
Response to Burns and Disfigurement
Role of Parents and Teachers in Maintenance of Self-esteem
School-based Child Psychiatry
Selective Neuronal Vulnerability
Self-esteem
Substance Abuse
Suicidality and Psychopathology in Hospitalized Children and Adolescents
Symptomatology and Defense Mechanisms among Adolescent Psychiatric Patients
Therapeutic Management in Hospitals and Residential Treatment Centers
Training and Education
Tourettes Disorder
Violence in Children and Adolescents

ELECTIVE ROTATIONS

The MGH/McLean Child and Adolescent Psychiatry Residency Training Program has been designed to provide elective opportunities in Year 1 and in Year 2. In the first year, approximately six-eight hours per week for six months during the selective half has been allocated for elective time. Since residents will be beginning in child and adolescent psychiatry, we hope that the first year elective program will be "selective" in nature and will largely take place at MGH or McLean. Although the program attempts to be as flexible as possible, it is recommended that if one desires to go off campus, 60% of one's time be spent at MGH or McLean and 30% off-campus. The first year "selectives" are listed below. There is a variety of options at both MGH and McLean. Many creative and/or research options are available depending on one's interests. All electives should be approved by Dr. Beresin and residents are required to select a mentor for each elective rotation. Electives can occur in more than one area, but residents should consider having a certain core amount of time in each area chosen. It should be noted that in Year 1 and in Year 2, the elective rotations must be completed with a formal presentation of how one spent elective time and/or a written manuscript or research protocol.

In Year 2, electives are more open-ended. It is not necessary for one to spend the majority of time at one's home clinical site. Listed under Year 2, are numerous opportunities off the MGH/McLean campus. In addition, residents should consider the entire Harvard and Boston academic and clinical communities in designing their elective plans. Dr. Beresin will be able to link residents with specialists in virtually any area of child and adolescent psychiatry, both clinically and in research.

FIRST-YEAR "SELECTIVES" AT MGH

1. OUTPATIENT PSYCHOTHERAPY: individual, family, and/or group with any age range and/or diagnostic category. Drs. Kearns, Miller, Slovik, et al

2. PSYCHOPHARMACOLOGY: diagnostics and treatment of a wide variety of disorders or selected disorders. Drs. Biederman, Spencer, Wilens, et al

3. EATING DISORDERS CLINIC: Dr. Herzog

4. ADOPTION AND CUSTODY CLINIC: Drs. Forsythe and Nickman

5. LAW AND PSYCHIATRY SERVICE: Dr. Schouten, Clark, et al

6. BEHAVIOR AND COGNITIVE THERAPIES: Drs. Greene and Masek

7. SUBSTANCE ABUSE: Drs. Armentano, Wilens, et al

8. CONSULTATION TO PEDIATRICS: Drs. Herzog, Jellinek, Rauch, et al

9. PSYCHIATRIC EMERGENCIES: Dr. Herzog, et al

10. PSYCHOSOMATIC AND MEDICAL DISORDERS: Dr. Herzog, Rauch, Stoddard, et al

11. CONSULTATION TO COURT: Drs. Barnum and Famularo, et al

12. CONSULTATION TO SCHOOLS: Drs. Bostic and Noam, et al

13. PERINATAL PSYCHOPHARMACOLOGY: Drs. Cohen and Grush, et al

14. RESEARCH IN A WIDE VARIETY OF CLINICAL DISORDERS AND/OR BASIC RESEARCH: Drs. Biederman, Herzog, and Jellinek, et al

15. CREATIVE CLINICAL AND/OR RESEARCH OPTIONS: to be arranged individually with Dr. Beresin, e.g. working with specific patient populations, beginning a research project, etc.

FIRST-YEAR "SELECTIVES" AT MCLEAN HOSPITAL

1. OUTPATIENT AND PARTIAL HOSPITAL PSYCHOTHERAPY: individual, family, and/or group with any age range and/or diagnostic category. Drs. Hollander, Powers and Shrand, et al

2. PSYCHOPHARMACOLOGY: diagnostics and treatment of a wide variety of disorders or selected disorders, consultation to partial hospital programs, consultation to residential and day schools. Drs. Biederman, Coffey, Frazier, Geller, et al

3. TOURETTES CLINIC: Dr. Coffey

4. ADOLESCENT SUBSTANCE ABUSE: Dr. Rodolico

5. TRAUMA: Dr. Alchek

6. RESIDENTIAL SCHOOL CONSULTATION: Drs. Bellonci and Weinstein, et al

7. OBSESSIVE-COMPULSIVE DISORDER CLINIC: Dr. Geller

8. RESIDENTIAL SCHOOL CONSULTATION: Drs. Bellonci and Weinstein, et al

9. DEVELOPMENTAL RESEARCH: Dr. Noam, et al

10. BIOLOGICAL RESEARCH: Dr. Teicher

11. LEARNING EVALUATION CLINIC: Dr. Freeman, et al

12. CREATIVE CLINICAL AND/OR RESEARCH OPTIONS: to be arranged individually with Dr. Beresin, e.g. working with specific patient populations, beginning a research project, etc.

SECOND-YEAR "SELECTIVES"

1. Any of the above-listed electives at either MGH or McLean

2. Research in any area desired - to be arranged individually

3. LEARNING EVALUATION CLINIC (McLean): Dr. Freeman, Reich, et al

4. HARVARD VANGUARD MEDICAL ASSOCIATES (a large local HMO): Dr. Gavalya

5. HARVARD UNIVERSITY HEALTH SERVICE (a large university-based clinic at Harvard): Dr. Hughes

6. CHILDREN'S HOSPITAL: rotation through any of the clinical and/or research units, with prior approval. Particular emphasis: Developmental

Evaluation Clinic (MR, PDD) - Dr. Munir; Consultation to Pediatrics - Dr. DeMaso; Early Child Development - Dr. Tronick

7. SHRINER'S BURNS INSTITUTE: work with burn patients. Dr. Stoddard (close to MGH)

8. SPAULDING REHABILITATION CENTER: work with chronic medical patients. Dr. Cahen (close to MGH)

9. SHRIVER CENTER FOR MENTAL RETARDATION: work with mental retardation and developmental disabilities, clinical and/or research. Dr. Reilly

10. FAMILY SERVICE CLINIC: MIDDLESEX PROBATE COURT: Barbara Hauser, et al

11. CONSULTATION TO RESIDENTIAL SCHOOLS (close affiliates with McLean Hospital): Dr. Bellonci, et al

12. PEDIATRIC NEUROLOGY: Dr. Dooling, et al

13. CREATIVE CLINICAL AND/OR RESEARCH OPTIONS IN ANY AREA DESIRED: can draw from the greater Boston academic and clinical community to arrange a specialized elective. To be arranged with Dr. Beresin.

14. CHILD AND ADOLESCENT PSYCHIATRY CHIEF RESIDENT: One resident for each 4-month elective block in Year 2. See description below.

CHILD PSYCHIATRY CHIEF RESIDENCY POSITION

The following are the goals, objectives and duties of the Child and Adolescent Psychiatry Chief Residency position:

Goals and Objectives:

1. To implement child and adolescent resident participation in the clinical components of the MGH/McLean Child and Adolescent Psychiatry Residency. Coordination of resident clinical training activities will be carried out under the supervision of each rotation's service chief and the training director. These administrative duties will include such activities as: triage and assignment of outpatient cases, assisting with logistical problems in clinical rotations, developing and modifying on-call schedules, etc.

2. To understand basic principles of the clinical administration of health care delivery systems in outpatient, consultation, inpatient and partial hospital child and adolescent psychiatry.

3. To gain increased skill in teaching junior child and adolescent psychiatry residents, general psychiatry residents, medical students and allied health professionals.

Job Description: Duties, Responsibilities and Benefits:

1. The Child Psychiatry Chief Resident will be a second-year resident who is on his/her 4-month elective block. One of the two residents on this rotation may apply for the position.

2. The position will be decided through interviews with Dr. Beresin, the