GUIDELINES FOR POST PEDIATRICS PORTAL PROGRAM

Psychiatry is a medical specialty that is focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders throughout the life span. An approved residency program for pediatricians in psychiatry and child and adolescent psychiatry is designed to ensure that its graduates will possess sound clinical judgment, requisite skills, and specialized knowledge about development, assessment, treatment, and prevention of all psychiatric disorders across the lifespan from infancy through adulthood. Consultation skills to nonpsychiatric physicians, mental health providers, schools, community agencies and other programs that serve persons with mental health issues across the life span is an integral part of this specialty. Graduates must have a keen awareness of their own strengths and limitations, recognize the heightened necessity of their own strengths and limitations, and recognize the heightened necessity for continuing their own professional development, given the somewhat abbreviated nature of their psychiatric training.

Combined training residencies include residency training programs in psychiatry and child and adolescent psychiatry that are accredited respectively by the Review Committee (RC) for Psychiatry and by the RC for Child and Adolescent Psychiatry, both of which function under the auspices of the Accreditation Council for Graduate Medical Education (ACGME). The training in the combined residency must be approved by the American Board of Psychiatry and Neurology (ABPN). The ABPN will not accept training in a newly established combined residency if the accreditation status of the residency in any of the disciplines is provisional or probationary. If any of the residency training programs is accredited on a probationary basis, residents must not be appointed to a combined residency.

GENERAL REQUIREMENTS

Physicians who have completed training in a pediatric residency accredited by the ACGME may enter the psychiatry/child and adolescent psychiatry combined program at the PG-4 level.

Residency education in the Post Pediatrics Portal Program must include at least 36 months of training, all of which must be completed in one program. The 36 months of training will include 18 months FTE psychiatry and 18 months FTE child and adolescent psychiatry.

It is strongly recommended that the participating residencies be in the same academic health center. Documentation of hospital and faculty commitment to the combined residency must be available in signed agreements. Such agreements must include institutional goals for the combined residency. Affiliated institutions must be located close enough to facilitate cohesion among the residencies' housestaff, attendance at weekly continuity clinics and integrated conferences, and joint faculty interaction in regard to curriculum, evaluation, administration, and related matters.

Although residency is best completed on a full-time basis; part time training at no less than half time is permissible to accommodate residents with personal commitments.

Prior to entry into the program, each resident must be notified in that the Post Pediatric Portal Program is 36 months in length. The required length of education for a particular resident may not be changed

without mutual agreement during his or her program, unless there is a break in education or the resident requires remedial education.

Programs must integrate training in psychiatry and child and adolescent psychiatry so that continuity of experiences over time is the highest priority, particularly in outpatient settings and in the area of psychotherapy training and consultation experiences.

Ideally, at least two residents should be enrolled in the combined program each year. If no trainees are in a combined program for a period of three (3) years, the program will not be listed as approved.

Graduates of the Post Pediatric Portal Program will be expected to take both the ABPN Psychiatry and Child and Adolescent Psychiatry Certification Examinations.

The Committee will take into consideration the information provided by the ABPN regarding resident performance on the certifying examinations during the most recent five years. The expectation is that 70% of those who complete the program will take the psychiatry certifying examination; and the rate of those passing the psychiatry examination on their first attempt is 50%.

The expectation is that, over a period of years, for graduated fellows eligible to sit for the child and adolescent psychiatry exam (i.e. having obtained ABPN certification in general psychiatry), 70% should take the certifying CAP examination and at least 50% should pass the exam on the first attempt.

The Resident

A resident may enter the combined residency program at the PG-4 level after completion of a residency in pediatrics in an ACGME-accredited program.

The Program Director(s)

The combined residency must be coordinated by a designated director or by co-directors who devote sufficient time and effort to the educational program. An overall residency director may be appointed from the two specialties. The directors must embrace similar values and goals for their residency. If a single residency director is appointed, an associate director from the other specialty must be named to ensure both integration of the residency and supervision in each discipline. These associate directors may be the training directors for the specialties not represented by the single residency director. An exception to this requirement would be a single director who is certified in both specialties and has an academic appointment in both psychiatry and child and adolescent psychiatry.

Core Curricular Requirements

A clearly described written curriculum must be made available for residents, faculty, both Review Committees, and the Board prior to the initiation of the combined residency. There must be 18 months of training in general psychiatry, and 18 months of training in child and adolescent psychiatry. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations among the specialties. Residents must be accorded graded responsibility for patient care and

teaching. Annual review of the residency curriculum must be performed by the chair with consultation with residents and faculty from both psychiatry and child and adolescent psychiatry.

Care must be exercised to avoid unnecessary duplication of educational experiences in order to provide as many opportunities as possible in both breadth and depth.

The training director should hold regular meetings, ideally monthly, that include all residents for program updates and educational activities such as jointly sponsored journal clubs, feedback on performance, counseling, visiting professors, clinic conferences, occasional combined grand rounds, medical ethics conferences, or research projects.

REQUIREMENTS FOR GENERAL PSYCHIATRY

A. The curriculum must include adequate and systematic instruction in basic biological (e.g., neuroscience) and clinical sciences relevant to psychiatry, in the theoretical foundations of psychotherapy, and in appropriate material from the social and behavioral sciences (e.g., psychology, sociology, anthropology).
B. Each resident must have major responsibility for the diagnosis and treatment of a reasonable number and adequate variety of adult patients suffering from all the major categories of mental illness. Two FTE months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions is required. One month of neurology must be completed in child neurology.
C. Inpatient Psychiatry: not less than 4 months but not more than 9 months (or its FTE) must be spent with significant responsibility in the treatment of adult psychiatric patients who are admitted to traditional psychiatry units, day hospital programs, research units, residential treatment programs, and other settings where the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, ages and gender, and patient services are comprehensive, continuous, and allied medical and ancillary staff members are available for back-up support at all times.
D. No fewer than 6 months (or its FTE equivalent) is required in an organized, continuous, and well supervised outpatient program that includes assessment, diagnosis, and treatment of outpatient adults with a wide variety of disorders and patients. The outpatient experience should include both brief and long-term interventions, utilizing both psychological and biological approaches to outpatient treatment. Each resident must have significant experience treating outpatients longitudinally for at least 9 months when clinically indicated. The outpatient experience should include:
    1. Evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision.
    2. Exposure to multiple treatment modalities that emphasize developmental, biological, psychological and social approaches to outpatient treatment.
    3. Opportunities to evaluate and treat differing disorders in a chronically-ill patient population.

E. One month FTE of organized experience focused on the evaluation and clinical management of patients with substance abuse/dependency problems, including dual diagnosis. Treatment modalities should include detoxifications, management of overdose, maintenance pharmacotherapy, the use of psychological and social consequences of addiction in confronting and intervening in chronic addiction rehabilitation used in recovery stages from pre-contemplation to maintenance, and the use of self-help groups. This requirement may be met in psychiatry or in child and adolescent psychiatry.

F. The following requirements can be completed in psychiatry, in child and adolescent psychiatry, or preferably a combination of both.

1. Supervised clinical experience in the diagnosis and treatment of neurological patients with at least 1 month FTE in pediatric neurology.

2. Consultation experience, during which residents use their specialized knowledge and skills to assist others to function better in their roles, must be in consultation to medical professionals and at least one additional area:

    i. Consultation experience with an adequate number of pediatric patients in outpatient and/or inpatient non-psychiatric medical facilities (at least 2 months FTE)

    ii. Formal observation and/or consultation experiences in schools

    iii. Legal issues relevant to general psychiatry or child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system

    iv. Experience consulting to community systems of care

3. Supervised, organized educational experience and responsibility on a 24-hour psychiatry emergency service, at least some of which is the care of children and adolescents, as an integral part of the residency, and experience and learning in crisis intervention techniques, including the evaluation and management of suicidal patients.

4. Supervised responsibility consulting to or providing treatment in community mental health care.

5. Supervised, active collaboration with other professional mental health personnel (psychologists, nurses, social workers, and mental health paraprofessionals) pediatricians, teachers, and other school personnel, legal professionals in the evaluation and treatment of patients.

6. Organized educational clinical experience focused on the treatment in the care of patients with intellectual disabilities and neurodevelopmental disorders, patients with substance abuse disorders, and geriatric patients.

7. Exposure to the more common psychological test procedures to ensure the resident

has an understanding of the clinical usefulness of these procedures and of the correlation of psychological testing findings with clinical data in general psychiatry or in child psychiatry.

REQUIREMENTS FOR CHILD AND ADOLESCENT PSYCHIATRY

A. There must be systematic teaching of the biological, familial, psychological, and cultural influences on normal development and psychopathology in children from prenatal life through adolescence.

B. All clinical experiences must be well supervised and include the treatment of preschool, primary school-age, and adolescent patients of varied economic and sociocultural backgrounds with the total spectrum of mild to severe psychopathology.

C. Clinical experiences should provide adequate supervised activities in which residents can demonstrate performance and documentation of an adequate individual and family history, mental status, physical and neurological examinations when appropriate, supplementary medical and psychological data, and integration of these data into a formulation, differential diagnosis, and comprehensive treatment plan.

D. As above, there must be at least 1 month FTE supervised clinical experience in pediatric neurology, if not obtained previously in pediatrics.

E. Outpatient treatment: There must be opportunities for residents to be involved in providing continuous care for at least a year for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities. The training must include treatment of children and adolescents for the development of conceptual understanding and beginning clinical skills in major treatment modalities, which include brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy.

    Care for outpatients must include work with some child and adolescent patients from each developmental age group, continuously over time, and when clinically appropriate, for one year's duration or more.

F. There must be experience for more than 4 months but no more than 6 months (or its full- time equivalent) caring for acutely- and severely-disturbed children and adolescents, with the residents actively involved with diagnostic assessment and treatment planning.

    This experience must occur in settings with an organized treatment program, such as inpatient units, residential treatment facilities, partial hospitalization programs and/or day treatment programs.

G. Although the majority of teaching must be from child and adolescent psychiatrists, there must also be clinical experience with professionals from other medical specialties, such as nursing, neuro-psychology, and social work.

EVALUATION

Periodic evaluation with feedback of the educational progress of the residents is required as outlined in the program requirements for the categorical residencies. These evaluations must be written and regularly discussed with the residents and must be kept on file and available for review. All residents should also take the Psychiatry Resident In-training Examination (PRITE) each year. The residents should also take the Child and Adolescent Psychiatry In-training Examination beginning in the year they first begin child and adolescent psychiatry experiences.

The program must formally conduct clinical skills evaluations that conform to the requirements set forth in the current version of the documents, "Requirements for Clinical Skills Evaluation in Psychiatry," and Requirements for Clinical Skills Evaluation of Residents in Child and Adolescent Psychiatry." Residents must successfully complete a minimum of two evaluations in the general psychiatry portion of training and three evaluations in the child and adolescent psychiatry portion of the training. General psychiatry evaluations must be conducted by physicians currently certified in general psychiatry; child and adolescent psychiatry evaluations must be conducted by physicians currently certified in child and adolescent psychiatry. At least three different evaluators must conduct the five evaluations. Satisfactory demonstration of the competencies during the five evaluations is required prior to completing the program. The program director(s) must report the dates and full names of the evaluators to the ABPN in the manner specified.

CERTIFICATION

To meet requirements for dual certification in psychiatry and child and adolescent psychiatry, the resident in the Post Pediatrics Portal Program must satisfactorily complete 36 months of combined training in psychiatry and child and adolescent psychiatry and his/her competence must be verified by the directors of each program. Lacking verification of acceptable clinical competence in the combined residency or if the resident leaves the Post Pediatrics Portal Program, the resident must satisfactorily complete the standard length of residency training.

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