



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Psychiatry**

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Graduate Medical Education in
Psychiatry**

I Introduction

I.A. Definition of and Scope of the Specialty

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders. The graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders related to the practice of psychiatry.

I.B. Duration of Education

I.B.1. The education in psychiatry must be 48 or 60 months in length.

II Institutions

II.A. Sponsoring Institution

See International Foundational Requirements, Section I.A.

II.B. Participating Sites

See International Foundational Requirements, Section I.B.

III Program Personnel and Resources

III.A. Program Director

See International Foundational Requirements, Section II. A.

III.B. Faculty

See International Foundational Requirements, Section II. B.

III.C. Other Program Personnel

See International Foundational Requirements, Section II. C.

III.D. Resources

See International Foundational Requirements, Section II.D.

IV Resident Appointments

IV.A. Eligibility Criteria

See International Foundational Requirements, Section III. A.

IV.B. Number of Residents

See International Foundational Requirements, Section III.B.

V Specialty-Specific Educational Program

V.A. Regularly Scheduled Didactic Sessions:

V.A.1. The didactic curriculum must be based upon the core content knowledge of psychiatry including the following:

- V.A.1.a) the major theoretical approaches to understanding the patient-doctor relationship;
- V.A.1.b) the biological, genetic, psychological, socio-cultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;
- V.A.1.c) the fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard Diagnostic Statistical Manual (DSM), including the biological, psychological, socio-cultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions;
- V.A.1.d) comprehensive discussions of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, seizure disorders, stroke, intractable pain, and other related disorders;
- V.A.1.e) the use, reliability, and validity of the generally accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing;
- V.A.1.f) the use and interpretation of psychological testing;
- V.A.1.g) the history of psychiatry and its relationship to the evolution of medicine;

- V.A.1.h) the legal aspects of psychiatric practice, including when and how to refer;
- V.A.1.i) an understanding of the culture and subcultures, particularly those found in the patient community associated with the educational program, with specific focus for residents with cultural backgrounds that are different from those of their patients; and,
- V.A.1.j) use of case formulation that includes neurobiological, phenomenological, psychological, and socio-cultural issues involved in the diagnosis and management of cases.

V.B. Clinical Experiences

- V.B.1. Residents must be provided with structured clinical experiences that are organized to provide opportunities to
 - V.B.1.a) conduct initial evaluations;
 - V.B.1.b) participate in the subsequent diagnostic process; and,
 - V.B.1.c) follow patients during the treatment phase and/or evolution of their psychiatric disorders/conditions.
- V.B.2. The first year in psychiatry must include:
 - V.B.2.a) At least four-months in a primary clinical setting that provides comprehensive and continuous patient care in specialties such as internal medicine, general surgery, family medicine, and/or pediatrics.
 - V.B.2.a).(1) Neurology rotations may not be used to fulfill this four-month requirement.
 - V.B.2.a).(2) One month of this requirement may be fulfilled by either an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures.
 - V.B.2.b) No more than eight months in psychiatry.
- V.B.3. Residents must have the following:
 - V.B.3.a) At least one month of clinical experience in neurology in the first or second year of the program.
 - V.B.3.a).(1) Programs that are 48 months in length must have a total of at least two, but no more than three full-time equivalent months of supervised clinical experience in neurology.

- V.B.3.a).(2) Programs that are 60 months in length must have at least two, but no more than four full-time equivalent months of supervised clinical experience in neurology.
- V.B.3.b) At least six months of significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients for clinical experience in inpatient psychiatry.
- V.B.3.b).(1) Programs that are 48 months in length must have a total of at least six, but no more than 16 months full-time equivalent of inpatient psychiatry.
- V.B.3.b).(2) Programs that are 60 months in length must have a total of at least six, but no more than 20 full time equivalent months of inpatient psychiatry.
- V.B.3.c) An organized, continuous, and supervised clinical experience in outpatient psychiatry that includes:
- V.B.3.c).(1) the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both in brief and long-term care of patients.
- V.B.3.d) At least two months full-time equivalent of organized clinical experiences in Child and Adolescent Psychiatry.
- V.B.3.e) At least two months full-time equivalent as a Consultation/Liaison in which residents consult under supervision on other medical and surgical services.
- V.B.3.f) Experience in Emergency Psychiatry conducted in an organized, 24-hour psychiatric emergency service where residents must be provided experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients.
- V.B.3.g) An organized clinical experience in Addiction Psychiatry focused on the evaluation and clinical management of patients with substance abuse/dependence problems, including dual diagnosis.
- V.B.3.h) Experience in Community Psychiatry that provides residents the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.
- V.B.3.i) Experience in Forensic Psychiatry including exposure to patients facing criminal charges, establishing competency to stand trial, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others.

- VI.A.4. using pharmacological regimens, including concurrent use of medications and psychotherapy;
- VI.A.5. understanding the indications and uses of electroconvulsive therapy;
- VI.A.6. applying supportive, psychodynamic, and cognitive-behavioral psychotherapies to both brief and long-term individual practice, as well as assuring exposure to family, couples, group, and other individual evidence-based psychotherapies;
- VI.A.7. providing a psychiatric consultation in a variety of medical and surgical settings;
- VI.A.8. providing care and treatment for the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions;
- VI.A.9. understanding psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance, and performance improvement;
- VI.A.10. providing psychiatric care to patients who are receiving treatment from nonmedical therapists and coordinating such treatment; and,
- VI.A.11. recognizing and appropriately responding to family violence (e.g., child, partner, and elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators.

VI.B. Medical Knowledge

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

- VI.B.1. the broad spectrum of clinical disorders seen in the practice of general psychiatry;
- VI.B.2. the Axis III conditions that can affect evaluation and care (e.g., CNS lesions, HIV/AIDS, and other medical conditions); and,
- VI.B.3. the core content of general psychiatry, which includes the subspecialties, and relevant non-clinical topics at a level sufficient to practice psychiatry.

VI.C. Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on continuous self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- VI.C.1. identify strengths, deficiencies, and limits in one's knowledge and expertise;
- VI.C.2. set learning and improvement goals;
- VI.C.3. identify and perform appropriate learning activities;
- VI.C.4. systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- VI.C.5. incorporate formative evaluation feedback into daily practice;
- VI.C.6. locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- VI.C.7. use information technology to optimize learning; and,
- VI.C.8. participate in the education of patients, families, students, residents, and other health professionals.

VI.D. Interpersonal and Communication Skills

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

- VI.D.1. communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- VI.D.2. communicate effectively with physicians, other health professionals, and health-related agencies;
- VI.D.3. work effectively as a member or leader of a health care team or other professional group;
- VI.D.4. act in a consultative role to other physicians and health professionals; and,
- VI.D.5. maintain comprehensive, timely, and legible medical records.

VI.E. Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents must demonstrate:

- VI.E.1. compassion, integrity, and respect for others;
- VI.E.2. responsiveness to patient needs that supersedes self-interest;
- VI.E.3. respect for patient privacy and autonomy;

- VI.E.4. accountability to patients, society, and the profession; and,
- VI.E.5. sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

VI.F. Systems-based Practice

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

- VI.F.1. work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- VI.F.2. coordinate patient care within the health care system relevant to their clinical specialty;
- VI.F.3. incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- VI.F.4. advocate for quality patient care and optimal patient care systems;
- VI.F.5. work in inter-professional teams to enhance patient safety and improve patient care quality; and,
- VI.F.6. participate in identifying system errors and implementing potential systems solutions.