

The American Board of Psychiatry and Neurology Psychosomatic Medicine Core Competencies Outline

This document is the product of collaborative work, respectfully submitted by the APA Council on Psychosomatic Medicine, the ABPN Psychosomatic Committee, the Academy of Psychosomatic Medicine (APM) Education Committee, Fellowship Directors & APM Executive Officers.

I. Psychosomatic Medicine Patient Care Core Competencies

The application of knowledge in the clinical setting

- A. The scope of practice of Psychosomatic Medicine psychiatrists includes caring for patients with psychopathology encountered in general medical settings (e.g., inpatient and outpatient medical-surgical–obstetrical settings).
- B. Psychosomatic Medicine psychiatrists shall gather essential information through review of pertinent records and interviews of their patients, family members, caregivers, and other healthcare professionals with particular attention to:
 - 1. The chief complaint and relevant history
 - 2. Adjustment to illness, treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care
 - 3. The course of medical illness, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities
 - 4. The mental status (including the use of relevant neurobehavioral and structured cognitive tools)
 - 5. The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication)
 - 6. Medical and surgical conditions (which include performance of a neurological examination when appropriate)
 - 7. Decision-making capacity (e.g., decisions regarding treatment, personal care, placement)
 - 8. Potential abuse and or neglect of the patient.
 - 9. The emotional state of family and caregivers and the capacity to function as stable social support
- C. Psychosomatic Medicine psychiatrists shall develop a diagnostic evaluation plan that may include selection of ancillary investigations, corroborative history or information, and pertinent testing (e.g., serum and urine chemistries, blood

counts, cultures, neuroimaging, electroencephalograms, and neuropsychologic evaluation).

- D. Psychosomatic Medicine psychiatrists shall develop and implement comprehensive medical psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:
 - 1. The provision of direct or consultative care to pregnant, medically and surgically ill patients with co-morbid psychiatric conditions
 - 2. The utilization of input and recommendations from members of the mental healthcare team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines
 - 3. The use of information technology to support patient care decisions and patient education

- E. Psychosomatic Medicine psychiatrists shall:
 - 1. Be cognizant of the stressors experienced by patients undergoing medical treatment
 - 2. Provide expertise regarding the use of restraints and 1:1 sitters
 - 3. Identify and utilize appropriate somatic interventions (including pharmacotherapies and ECT) for obstetrical-medical-surgical patients, when indicated
 - 4. Identify and utilize appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive-behavioral, group, interpersonal, psychodynamic, supportive], relaxation therapy, and hypnosis) for obstetrical-medical-surgical patients

- F. Psychosomatic Medicine psychiatrists shall:
 - 1. Facilitate referrals to appropriate social support resources (e.g., chaplaincy, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)
 - 2. Provide appropriate guidance to caregivers of obstetrical-medical-surgical patients with psychiatric problems who are discharged to home

- G. Psychosomatic medicine psychiatrists shall provide capacity determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, duty to warn, and the withholding of medical treatments.

II. Psychosomatic Medicine Medical Knowledge Core Competencies
Fund of knowledge, including conceptual theory & scientific literature

- A. Psychosomatic Medicine psychiatrists shall demonstrate knowledge of:
 - 1. Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for application to the care of medically ill psychiatric patients and their families.
 - 2. The nature and extent of psychiatric morbidity in medical populations.
 - 3. The impact of psychological factors and co-morbid psychiatric disorders on the course of medical illnesses.
 - 4. Appropriate treatment interventions for co-existing psychiatric disorders in the medically ill, including pharmacotherapy, other somatic therapies (e.g. ECT), and psychotherapy (especially evidence based psychotherapies).
 - 5. Psychological and psychiatric effects of medical and surgical treatments, medications, and toxins.
 - 6. Psychiatric complications of medical illnesses.
 - 7. Indications for, and use of psychiatric medications in medically ill patients, including drug-drug interactions.
 - 8. Forensic psychiatric issues (e.g. capacity and guardianship) as they apply to Psychosomatic Medicine.

- B. Psychosomatic Medicine psychiatrists shall demonstrate the knowledge competencies delineated in A. (above) for a multitude of psychiatric problems presenting in a wide range of obstetrical-medical-surgical patients including:
 - 1. Mood disorders
 - 2. Anxiety disorders
 - 3. Adjustment disorders/bereavement/acute stress disorders
 - 4. Delirium
 - 5. Dementia
 - 6. Psychotic disorders

7. Catatonia
8. Substance-related disorders
9. Psychiatric disorders due to a general medical condition or a toxic substance
10. Somatoform disorders, factitious disorders and malingering
11. Sleep disorders
12. Sexual disorders
13. Psychological factors affecting physical illness
14. Personality disorders in the medical setting
15. Developmental disorders
16. Eating disorders

III. Psychosomatic Medicine Interpersonal & Communication Skills Competencies

- A. Psychosomatic Medicine psychiatrists shall:
 1. Establish rapport with a culturally diverse population of medically ill patients and their families.
 2. Communicate effectively with the consultee.
 3. Skillfully manage transference and countertransference issues that arise between patients with psychiatric disorders and/or interpersonal conflicts and their caregivers in general medical settings.
 4. Demonstrate verbal and written communication skills that effectively convey their impressions and recommendations of the consultation to the health care team.
 5. Serve as an educational resource for patients and their families, for the multidisciplinary staff, and their related disciplines about the interaction of psychiatric and general medical disorders and their treatments.
 6. Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for medically ill patients with co-morbid psychiatric disorders.
 7. Abide by HIPAA regulations and state laws that respect patient privacy and confidentiality in both written and verbal communications.

IV. Psychosomatic Medicine Practice-Based Learning & Improvement Competencies

The ability to apply daily clinical practice to one's own learning

- A. Psychosomatic Medicine psychiatrists shall demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in medically ill patients.
- B. Psychosomatic Medicine psychiatrists shall demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:
 - 1. Locate, critically appraise and assimilate evidence from the medical literature applicable to patient care.
 - 2. Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies.
 - 3. Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases.
 - 4. Facilitate the learning of other health care professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication.
 - 5. Maintain currency in the literature specific to Psychosomatic Medicine (e.g., Psychosomatic Medicine journals, textbooks, and other media).

V. Psychosomatic Medicine Professionalism Skills Competencies

- A. Psychosomatic Medicine psychiatrists shall demonstrate responsibility for their patients' care, including:
 - 1. Responding to communication from patients and health professionals in a timely manner.
 - 2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
 - 3. Using medical records for appropriate documentation of the course of illness and its treatment
 - 4. Providing coverage if unavailable
 - 5. Coordinating care with other members of the medical and/or multidisciplinary team
 - 6. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary.
- B. Psychosomatic Medicine psychiatrists shall adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.

- C. Psychosomatic Medicine psychiatrists shall demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and to issues regarding provision of compassionate care.

VI. Psychosomatic Medicine Systems-Based Practice Skills Competencies

- A. Understand principles of practice management in the unique setting of providing psychiatric consultation and care to medically ill patients, including:
 - 1. System resources
 - 2. Healthcare economics and financing
 - 3. Cost-benefit considerations
 - 4. Insurance benefits and limits
 - 5. Medical-legal issues
 - 6. Federal and state laws regarding health care and hospital policy
- B. Demonstrate sensitivity to how a consultant's recommendations may affect other healthcare professionals, the healthcare organization, payers, case managers, and other agencies and professionals to ensure coordinated patient care.
- C. Call effectively on system resources that may include:
 - 1. Skilled nursing facilities
 - 2. Rehabilitation settings
 - 3. Hospice care
 - 4. Assisted living facilities
 - 5. Home care
 - 6. Community mental health centers
 - 7. Addiction treatment facilities