PEDIATRICS/PSYCHIATRY / CHILD AND ADOLESCENT PSYCHIATRY COMBINED RESIDENCY TRAINING PROGRAM APPLICATION

SECTION 1: GENERAL PROGRAM INFORMATION

A. Program Information

Date:
Title of Program:

B. Sponsoring Institution Information (Indicate the institution responsible for this combined training program)

Institution:
Address:
City, State, Zip Code:

C. Program Director or Co-directors Information

The combined training must be coordinated by a designated director or co-directors who can devote substantial time and effort to the educational program. An overall program director may be appointed from any of the three specialties. The directors must embrace similar values and goals for their residency. If a single program director is appointed, an associate director from the other specialties must be named to ensure both integration of the program 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 board certified in all three specialties and has an academic appointment in each of the three departments.

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Other Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department?		

Section 1, continued

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Other Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department?		

Name:		
Title:		
Address:		
City, State, Zip Code:		
Telephone:	Fax:	Email:
Primary Specialty Board Certification:		Most Recent Date:
Secondary Specialty Board Certification:		Most Recent Date:
Other Specialty Board Certification:		Most Recent Date:
Do you hold an academic appointment in this department?		

D. Attestation

The signatures of the director of the program, the co-director or associate director and the designated institutional official attest to the completeness and accuracy of the information provided on these forms.
Signature of Program Director (and date):
Signature of Co-director or Associate Director (and date):
Signature of Co-director or Associate Director (and date):
Signature of Designated Institutional Official (DIO) (and date):

SECTION 2: SPONSORING PEDIATRICS, PSYCHIATRY AND CHILD AND ADOLESCENT PSYCHIATRY RESIDENCY PROGRAMS INFORMATION

A. Residency Programs Information

Indicate the name, the Accreditation Council for Graduate Medical Education (ACGME) program number, the program director, and the number of approved resident positions.

Pediatrics

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

Psychiatry

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

Child and Adolescent Psychiatry

Name of Program:	
ACGME Program Number:	Current ACGME Accreditation Status:
Residency Program Director:	
Address:	City, State, Zip Code:
Email Address:	

SECTION 3: SPONSORING INSTITUTION

SPONSORING INSTITUTION:	(The university, hospital, or foundation that has ultimate responsibility for this combined program.)
Name of Sponsor:	
City, State, Zip Code:	
Name of Designated Institutional Official:	

SECTION 4: COMBINED PROGRAM RESIDENTS

A. Number of Positions

Ideally at least two residents should be enrolled in 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.

Positions	P/P/CAP Year 1	P/P/CAP Year 2	P/P/CAP Year 3	P/P/CAP Year 4	P/P/CAP Year 5	Total
Number of Positions Requested:						

SECTION 5: INSTITUTIONS

Letters of Support

Submit letters of support from the Chief of Services for the following:

Chief of Service for Pediatrics	Name:
Chief of Service for Psychiatry	Name:
Chief of Service for Child and Adolescent Psychiatry	Name:

SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS, AND GUIDELINES

Yes	No	
X	X	GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are issues on which the program should develop policy statements that are distributed to residents and faculty and are on file for Board review. Indicate (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.
☐	☐	A combined residency in pediatrics, psychiatry, and child and adolescent psychiatry must include at least five years of coherent training integral to all three residencies that meet the Program Requirements for accreditation by the RCPediatrics and RCPsychiatry.
☐	☐	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.
☐	☐	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.
☐	☐	At the conclusion of sixty (60) months of training in pediatrics, psychiatry and child and adolescent psychiatry, residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic medical and psychiatric illnesses presented in both inpatient and ambulatory settings. Trainees should be exposed to patients with psychiatric and/or medical problems representing all age groups. Trainees should receive training in the socioeconomics of illness, the ethical care of patients, and the team approach to providing patient care.
☐	☐	The training of residents while on pediatric rotations is the responsibility of the pediatric faculty; while on psychiatry rotations, the responsibility of the psychiatry faculty; and while on child and adolescent psychiatry the responsibility of the child and adolescent psychiatry faculty.
☐	☐	The program will inform ABP and ABPN of residents leaving the program, transferring to another program, or entering a categorical residency.
☐	☐	The program informs residents leaving the program of the need to request Board approval to receive credit for previous training experiences.
☐	☐	Vacation, leave, and meeting time will be shared proportionally by all three training programs (40% pediatrics, 30% general psychiatry, and 30% child and adolescent psychiatry). Departments should proportionately support the vacations, leave and meeting time and contribute equally to educational/book money and other supports.
☐	☐	Any absence of more than 2 months of the twenty-four (24) months of the pediatric training should be made up by the same amount and type of training missed.

Yes	No	
X	X	GENERAL PROGRAM POLICIES AND DOCUMENTS: The following are issues on which the program should develop policy statements that are distributed to residents and faculty and are on file for Board review. Indicate (X) if each issue has been addressed by the program. If you answer "no" please include an explanation on a separate sheet.
		Except for the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in pediatrics, psychiatry, and child and adolescent psychiatry.
☐	☐	Residents should enter a combined residency at the R-1 level. A resident may enter a combined residency at the R-2 level only if the first residency year was served in a categorical residency in pediatrics. Residents may not enter a combined residency from a pediatric residency or transfer between combined residencies without prospective approval by both Boards.
☐	☐	Training in each discipline must incorporate progressive responsibility for patient care, as well as supervision and teaching of medical students and junior residents throughout the training period.
☐	☐	Training requirements for credentialing related to the certifying examination of each Board will be fulfilled by sixty (60) months of training in an approved combined program. A reduction of twenty-four (24) months of training compared to that required for three separate residencies is possible due to overlap of curricular and training requirements. The requirement of thirty-six (36) months of pediatric training is met by twenty-four (24) months pediatric training with twelve months of credit for training appropriate to pediatrics obtained during the thirty-six (36) months of psychiatry and child and adolescent psychiatry training. Likewise, the sixty (60) months psychiatry and child and adolescent psychiatry training requirements is met by thirty-six (36) months of psychiatry and child and adolescent psychiatry with twenty-four (24) months credit for training appropriate to psychiatry obtaining during the twenty-four (24) months of pediatric training.
☐	☐	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 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 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.

☐ ☐ To meet eligibility requirements for triple certification, the resident must satisfactorily complete 60 months of combined training and his/her clinical 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 combined training, the resident must satisfactorily complete the standard length of residency training and all other requirements of each or either certifying board. A candidate may apply for the certifying examination in general pediatrics in his/her fourth year of combined residency and take the examination in the fall of their fifth year if they have successfully completed all pediatric training requirements except for continuity clinics by that time.

Yes X	No X	CORE CURRICULAR REQUIREMENTS: *Indicate (X) if the program includes each of the following core curricular requirements.*
☐	☐	A clearly described written curriculum must be made available for residents, faculty, both Review Committees, and both Boards prior to the initiation of the combined residency. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations among the specialties.
☐	☐	There must be 24 (24) months of training in pediatrics under the direct supervision of Pediatrics.
☐	☐	There must be eighteen (18) months of training under the direct supervision of Psychiatry.
☐	☐	There must be eighteen (18) months of training under the direct supervision of Child and Adolescent Psychiatry.
☐	☐	Meetings are periodically scheduled between co-directors or with the respective categorical program directors in programs with the Pediatrics/Psychiatry/Child and Adolescent Psychiatry program director to monitor the success of the program.
☐	☐	Residents must be accorded graded responsibility for patient care and teaching.
☐	☐	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(s) 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.
☐	☐	The written curriculum is periodically reviewed by Pediatrics, Psychiatry and Child and Adolescent faculty and residents via a program evaluation process consistent with that outlined in the ACGME common program requirements.
☐	☐	Both Boards require the annual tracking evaluations to be completed at the end of each training year.
☐	☐	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 take the ABP In-Training Examination (ITE) each year. The residents should take the Psychiatry Resident In-Training Examination (PRITE) beginning in the year they first begin psychiatry experiences. 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.

Yes	No	CORE CURRICULAR REQUIREMENTS: *Indicate (X) if the program includes each of the following core curricular requirements.*
X	X	
☐	☐	Annual review of the residency curriculum must be performed by the chairs of the department of pediatrics and the department of psychiatry with consultation with residents and faculty from all three areas.

Yes X	No X	PEDIATRIC GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Pediatrics.*
☐	☐	The Pediatrics residency has full ACGME accreditation.
☐	☐	The training should be the same as described in the ACGME Program Requirements for Graduate Medical Education for Pediatrics as outlined in this document with the exceptions that follow.
☐	☐	The curriculum should be organized in educational units. An educational unit should be a block (4 weeks or 1 month) or a longitudinal experience. An outpatient educational unit should be a minimum of 32 half-day sessions. An inpatient educational unit should be a minimum of 200 hours.
		The specific curriculum elements are detailed in the following chart.

Component	**Educational Unit***
Emergency Medicine and Acute Illness	3 (with at least 2 in ED)
Developmental-Behavioral Pediatrics	1
Adolescent Medicine	1
Term Newborn	1
Inpatient Pediatrics (non-ICU)	5 (no maximum)
Ambulatory Experiences (to include community pediatrics and child advocacy)	2
NICU	2
PICU	2
**Additional Subspecialty	4 (minimum)

*‘*Educational Unit = 4 weeks or 1 month block OR outpatient longitudinal experience of 32 half-day sessions OR npatient longitudinal experience of 200 hours*

**Additional Subspecialty includes 3 units from 3 different subspecialties from the following list:

- child abuse
- medical genetics
- pediatric allergy and immunology
- pediatric cardiology
- pediatric dermatology
- pediatric endocrinology
- pediatric gastroenterology
- pediatric hematology-oncology
- pediatric infectious diseases
- pediatric nephrology
- pediatric neurology
- pediatric pulmonology
- pediatric rheumatology

An additional 1 units of single or combined subspecialties is required from the list above or below:

- hospice and palliative medicine
- neurodevelopmental disabilities
- pediatric anesthesiology
- pediatric dentistry
- pediatric ophthalmology
- pediatric orthopaedic surgery
- pediatric otolaryngology
- pediatric rehabilitation medicine
- pediatric radiology
- pediatric surgery
- sleep medicine
- sports medicine

Subspecialty Experience

Educational experiences in the subspecialties must emphasize the competencies and skills needed to practice high-quality general pediatrics in the community. They should be a blend of inpatient and outpatient experiences and prepare residents to participate as team members in the care of patients with chronic and complex disorders.

Child and adolescent psychiatry should not be utilized to fulfill the subspecialty requirements during the 24 months of general pediatrics training.

Supervisory Responsibility

At least 5 months of supervisory responsibility must be provided for each resident during the 60 months of training. At least 3 of these months must occur during training in pediatrics and must include experience leading an inpatient team. Two months may occur during the psychiatry training. The supervisory responsibilities must involve both inpatient and outpatient experience.

Continuity Clinic

There must be a minimum of 36 half-day sessions per year of a longitudinal outpatient experience in a continuity clinic throughout the 60 months of training. The sessions must not be scheduled in a time period fewer than 26 weeks per year. The patients should include those previously cared for in the hospital, well children of various ages and children of various ages with special health-care needs and chronic conditions. PGY-1, PGY-2, and PGY-3 residents must have a longitudinal general pediatrics outpatient experience in a setting that provides a medical home for the spectrum of pediatric patients and must care for a panel of patients who identify the resident as their primary care provider. PGY-4 and PGY-5 residents should continue this experience in either a pediatric clinic, child psychiatry clinic or a combined continuity clinic for patients with pediatric and psychiatry problems. Allowing residents to serve as primary care providers for children with psychiatry disorders throughout their training is encouraged.

The medical home model of care must focus on wellness and prevention, coordination of care, longitudinal management of children with special health care needs and provide a patient- and family-centered approach to care.

Yes X	No X	PSYCHIATRY GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry*
☐	☐	Eighteen months of training is provided under the direction of Psychiatry.
☐	☐	Neurology: two FTE months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions. One month may be completed in pediatric neurology.
☐	☐	Inpatient Psychiatry: not less than four months, but no more than 9 months FTE of inpatient must be spent with significant responsibility for the assessment, diagnosis, and treatment of general 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 and continuous and allied medical and ancillary staff are available for backup support at all times.
☐	☐	Outpatient Psychiatry: No fewer than 6 months FTE of organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both brief and long-term care of patients. Each resident must have significant experience treating outpatients longitudinally for at least 9 months. This longitudinal experience should include: - Evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision; - Exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment; - Opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically-ill patient population.
☐	☐	Addiction Psychiatry: 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 detoxification, 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 can be met in psychiatry or in child and adolescent psychiatry.

Yes	No	PSYCHIATRY GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry*
X	X	
The following requirements may be completed in psychiatry, in child and adolescent psychiatry, or preferably a combination of both:		
☐	☐	1. Consultation/Liaison: two months FTE 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:. - Consultation with an adequate number of pediatric patients in outpatient and/or inpatient non-psychiatric medical facilities. - Formal observation and/or consultation experience in schools. - 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. - Experience consulting to community.
☐	☐	2. Emergency Psychiatry: Organized, educational and responsibility on a 24-hour psychiatry emergency service, at least some of which is the care of, but not as part of the 12-monthgal part of the residency, and experience and learning in crisis intervention techniques, including the evaluation and management of suicidal patients.
☐	☐	3. Community Psychiatry: Supervised responsibility consulting to or providing treatment in community mental health care.
☐	☐	4. 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.
☐	☐	5. 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.
☐	☐	6. 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.
☐	☐	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 certifying examination; and the rate of those passing the psychiatry examination on their first attempt is 50%.

Yes X	No X	CHILD AND ADOLESCENT PSYCHIATRY GUIDELINES: *Indicate (X) if the program includes each of the following requirements for approved training in Child and Adolescent Psychiatry.*
☐	☐	Eighteen months of training is provided under the direction of Child and Adolescent Psychiatry.
☐	☐	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.
☐	☐	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.
☐	☐	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,.
☐	☐	As above, there must be a least 1 month FTE supervised clinical experience in pediatric neurology if not obtained previously in pediatrics or psychiatry.
☐	☐	Inpatient Psychiatry. There must be experience for more than 4 months but no more than 6 months FTE 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.
☐	☐	Outpatient Psychiatry: There must be opportunities for residents to be involved in providing continuous care for at least 12 months for a variety of patients from different age groups, seen regularly and frequently for an extended time, in a variety of treatment modalities. This training must include treatment of children and adolescents for the development of conceptual understanding and beginning clinical skills in major therapy, psychodynamic psychotherapy, cognitive behavioral therapy, and pharmacotherapy.
☐	☐	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.
☐	☐	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), at least 50% should pass the exam on the first attempt and 70% should take the certifying examination**.**