



GUIDELINES FOR COMBINED PSYCHIATRY/ NEUROLOGY RESIDENCY TRAINING PROGRAMS

Psychiatrist and neurologist have traditionally been trained in the physical and emotional aspects of patient care. Psychiatrists have been expected to be familiar with neurological illnesses presenting a psychiatric disorder, while neurologists have been trained to recognize neurological manifestations of psychiatric disease. Acknowledging the large overlap in the domains of these two specialties, and the increasing need for specialists trained to treat the broad spectrum of adult illness shared by psychiatry and neurology, the two specialties agreed to offer combined training leading to dual certification.

OBJECTIVES

The objective of combined training in psychiatry and neurology is to produce physicians with broad-based training in both specialties and specific expertise in areas common to both specialties. Graduates of combined training may be expected to develop practices which take advantage of joint training experience, serve as consultants, or be actively involved in research or administration in psychiatry and neurology.

The strengths of the residencies in psychiatry and neurology should complement each other to provide an optimal education experience to trainees.

Combined training includes the components of independent psychiatry and neurology residencies which are accredited respectively by the RRC Committee for Psychiatry and the RRC Committee for Neurology, both of which function under the auspices of the ACGME. While combined program will not be independently accredited, the accreditation status of the parent Neurology and Psychiatry programs shall influence a combined program resident's admission to the certifying examinations of the ABPN. Residents for combined training must not be recruited if the accreditation status of the residency in either discipline is or becomes provisional or probationary.

GENERAL REQUIREMENTS

Combined training in psychiatry and neurology must include at least six years of coherent training integral to residencies in the two disciplines, which meet the Program Requirements for accreditation by the RRC-Psychiatry and the RRC-Neurology respectively.

It is strongly recommended that combined training be in the same institution; however training may be completed in no more than two institutions. Documentation of hospital and faculty commitment to and institutional goals of the combined program must be available in signed agreements. Affiliated institutions, must be located close enough to facilitate cohesion among the program's housestaff, attendance at weekly clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters.

Ideally, at least one resident should be enrolled in combined training each year. If no trainees are in a combined program for a period of three years, the program will not be listed as approved.

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At the conclusion of the 60 months of training in psychiatry and neurology, residents should have had experience and instruction in the prevention, detection, and treatment of acute and chronic psychiatric and neurological illnesses presenting in both in-patient and ambulatory settings, as well as in the socioeconomics of illness, the ethical care of patients, and in the team approach to the provision of patient care.

The training of residents while on psychiatry rotations is the responsibility of the psychiatry faculty, and while on neurology rotations, the responsibility of neurology faculty. Vacation, sick, and leave time should be prorated for each specialty. Written information must be provided regarding financial compensation, liability coverage, and the policies regarding vacations, sick leave, maternity/paternity leave, as well as other special leaves.

Except as may be detailed in the following provisions, combined residencies must conform to the Program Requirements for accreditation of residencies in psychiatry and neurology.

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%.

Sixty percent of a program's eligible graduates over the past five years must pass the certifying neurology examination of the ABPN. (Currently in effect)

At least 70 percent of a program's eligible graduates from the preceding five years should take the ABPN certifying examination in neurology. At least 50 percent of a program's eligible graduates from the preceding five years who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)

In those programs with fewer than five graduates over the past five years, at least 50 percent of graduates who take the ABPN certifying examination in neurology for the first time should pass. (Effective July 1, 2015)

THE RESIDENT

Residents ideally should enter a combined program at the R-1 level, but may enter as late as the beginning of the R-3 level. Transfer is allowed only once during the five-year training period (R-2 through R-6). In a transfer between combined programs, residents must be offered and complete a fully integrated curriculum. A resident transferring from combined training to a categorical psychiatry or neurology program must have the prospective approval of the ABPN. Training in each discipline must incorporate graded responsibility for patient care, as well as supervision and teaching of medical students and junior residents throughout the training period.

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THE PROGRAM DIRECTOR(S)

Combined residencies 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 either specialty, or co-directors from both specialties. If a single program director is appointed, an associate director from the other specialty must be named to insure both integration of the program and supervision in the discipline. An exception to the above requirements would be a single director who is certified and/or residency trained in both specialties and has an academic appointment in each department. The two directors must embrace similar values and goals for their program. The supervising directors from both specialties must document meeting with one another at least quarterly to monitor the progress of each resident and the overall success of the program.

DURATION OF TRAINING

Training requirements for credentialing for the certifying examination of the Board for each specialty will be fulfilled by 60 months of training in an approved combined program. A reduction of 12 months of training compared to that which is required for two separate residencies is possible due to overlap of curriculum and training requirements. The requirement of 36 months of psychiatry training requirement is met by 30 months of psychiatry training with six months credit for training appropriate to psychiatry obtained during the 30 months of neurology training. Likewise, the 36 months of neurology training requirement is met by 30 months of neurology training with six months credit for training appropriate to neurology obtained during the 30 months of psychiatry training.

CORE CURRICULAR REQUIREMENTS

A clearly described written curriculum must be available for residents, faculty and both Residency Review Committees. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations between the two specialties. Duplication of clinical experiences between the two specialties should be avoided and periodic review of the program curriculum must be performed. This review must include the program directors from both departments, with consultation with faculty and residents from both departments.

The 12 months of training in the R-1 year must be a year of internal medicine or a year which includes eight months of training in internal medicine with primary responsibility in patient care, or a year which includes a minimum of six months in internal medicine with primary responsibility in patient care and a period of at least two months time comprising one or more months of pediatrics, emergency medicine, internal medicine, or family medicine.

Joint educational conferences involving residents from psychiatry and neurology is recommended and should specifically include the participation of all residents in the combined training program.

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REQUIREMENTS FOR PSYCHIATRY

Among the 30 months of psychiatry, the following experiences are required: Inpatient Psychiatry: at least six months, but no more than 16 months FTE of inpatient psychiatry of which there must be a minimum of six months of 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: 12 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 one year. 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; and,

no more than 20 percent of child and adolescent patients. This portion of education may be used to fulfill the two-month child and adolescent psychiatry requirements, so long as this component meets the requirements for child and adolescent psychiatry below.

Child and Adolescent Psychiatry: two months FTE of organized clinical experience in which the residents are:

supervised by child and adolescent psychiatrists who are certified by the ABPN or who are judged by the Review Committee to have equivalent qualifications; and

provided opportunities to assess development and to evaluate and treat a variety of diagnoses in male and female children and adolescents and their families, using a variety of interventional modalities.

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Consultation/Liaison: two months FTE in which residents consult under supervision on other medical and surgical services.

Geriatric Psychiatry: one month FTE of organized experience focused on the specific competencies in areas that are unique to the care of the elderly. These include the diagnosis and management of mental disorders in patients with multiple comorbid medical disorders, familiarity with the differential diagnosis and management (including management of the cognitive component) of the degenerative disorders, and understanding of neuropsychological testing as it relates to cognitive functioning in the elderly, and the unique pharmacokinetic and pharmacodynamic considerations encountered in the elderly, including drug interactions.

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.

Forensic Psychiatry: This experience must expose residents to the evaluation of forensic issues such as patients facing criminal charges, establishing competency to stand trial, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others. This experience should include writing a forensic report. Where feasible, giving testimony in court is highly desirable.

Emergency Psychiatry: This experience must be conducted in an organized 24-hour psychiatric emergency service, a portion of which may occur in ambulatory urgent-care settings, but not as part of the 12-month outpatient requirement. Residents must be provided experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients;

On-call experiences may be part of this experience, but no more than 50 percent

Community Psychiatry: This experience must expose residents to persistently and chronically-ill patient in the public sector, (e.g., community mental health centers, public hospitals and agencies, and other community-based settings). The program should provide 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.

Addiction, community, forensic, and geriatric psychiatry requirements can be met as part of the inpatient requirements above the minimum six months, and/or as part of the outpatient requirement.

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REQUIREMENTS FOR NEUROLOGY

Among the 30 months of neurology, each resident must obtain 18 months (full-time equivalent) of clinical adult neurology with management responsibility for patient care. This must include at least six months (full-time equivalent) of inpatient experience in adult neurology, and at least six months (full-time equivalent) of outpatient experience in clinical adult neurology. The outpatient experience must include a resident longitudinal/continuity clinic with attendance by each resident one-half day weekly throughout the 30 months of training.

Residents must have a minimum of three months of elective time.

Residents must have a minimum of three months FTE in clinical child neurology with management responsibility under the supervision of a child neurologist with ABPN certification.

Residents must have at least one month full-time equivalent experience in clinical psychiatry, including cognition and behavior under the supervision of a psychiatrist certified by the ABPN.

Residents must participate in clinical teaching rounds supervised by faculty occurring at least five days per week.

Residents must have exposure to and understanding of evaluation and management of patients in various settings including an intensive care unit and an emergency department with neurological disorders and for patients requiring acute neurosurgical management.

Residents must have experience in neuroimaging including but not limited to magnetic resonance imaging, computerized tomography, and neurosonology.

The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.

Residents should participate in scholarly activity.

EVALUATION

There must be adequate, ongoing evaluation of the knowledge, skills, and performance of the residents. Such evaluations must be in accordance with the Psychiatry and Neurology Program Requirements. There must be a method of documenting the procedures that are performed by the residents. Such documentation must be maintained by the program, be available for review by the RRCs, and ABPN.

The program must formally conduct clinical skills examinations that conform to the requirements set forth in the document "Requirements for Clinical Skills Evaluation in Psychiatry." In at least three evaluations with any patient type, in any clinical setting, and at any time during the program residents must demonstrate satisfactory competence in establishing an appropriate doctor/patient relationship, psychiatric interviewing, performing the mental status examination, and in case

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presentation. Each of the three required evaluations must be conducted by an ABPN-certified psychiatrist, and at least two of the evaluations must be conducted by different ABPN-certified psychiatrists. Satisfactory demonstration of the competencies during the three required evaluations is required prior to completing the program.

Resident competency must be documented in five areas (critical care, neuromuscular, ambulatory, neurodegenerative, and child patient) by evaluating a minimum of five different patients as specified in the RRC requirements for neurology and the current version of the ABPN document Requirements for Clinical Skills Evaluation in Neurology and Child Neurology, and reported to the ABPN in the manner specified.

Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional growth.

The program must maintain a permanent record of evaluation for each resident and have it accessible to the resident and other authorized personnel. The program director and faculty are responsible for documenting a final evaluation for each resident who completes the program. This evaluation must include a review of the resident's performance during training and should verify that the resident has performed in a professional manner and is able to practice competently and independently in all relevant components of the Combined Program. This final evaluation should be part of the resident's permanent record maintained by the institution.

CERTIFICATION

To meet requirements for dual certification the resident must satisfactorily complete 72 months of training, including 60 months of combined training which must be verified by both training directors. The written certifying examinations may not be taken until all required years of training in both specialties are satisfactorily completed.

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