

POST PEDIATRICS PORTAL PROGRAM APPLICATION

SECTION 1: GENERAL PROGRAM INFORMATION

A. Program Information

Date:	ABPN Code:
Title of Program:	

B. Sponsoring Institution Information (Indicate the institution responsible for this Post Pediatrics Portal Program)

Institution:
Address:
City, State, Zip Code:

C. Program Director and Co-director Information

The Post Pediatrics Portal Program 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.

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?	Yes	No
Are you the designated Director?	Yes	No
or the Co-Director?	Yes	No

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?	Yes	No

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 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.

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 Post Pediatrics Portal Program.)
Name of Sponsor:	
City, State, Zip Code:	
Name of Designated Institutional Official:	

SECTION 4: POST PEDIATRICS PORTAL PROGRAM RESIDENTS

A. Number of Positions

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

Positions	P/CAP Year 1	P/CAP Year 2	P/CAP Year 3	Total
Number of Positions Approved:				0
Number of Positions Filled:				0

SECTION 5: INSTITUTIONS

A. Letters of Support

1. Submit letters of support from the Department Chair for the following:

Department Chair for Psychiatry and Child and Adolescent Psychiatry	Name:
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SECTION 6: PROGRAM POLICIES, DOCUMENTS, REQUIREMENTS, AND GUIDELINES

Yes	No	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.
X	X	
<input type="checkbox"/>	<input type="checkbox"/>	Physicians who have completed training in a pediatric residency accredited by the ACGME may enter the psychiatry/child and adolescent psychiatry Post Pediatrics Portal Program at the PG-4 level.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	It is strongly recommended that the participating residencies be in the same academic health center. Documentation of hospital and faculty commitment to the Post Pediatrics Portal Program must be available in signed agreements. Such agreements must include institutional goals for the program. 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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Prior to entry into the program, each resident must be notified in that the Post Pediatrics 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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	Ideally, at least two residents should be enrolled in the Post Pediatrics Portal Program each year. If no trainees are in a program for a period of three (3) years, the program will not be listed as approved.
<input type="checkbox"/>	<input type="checkbox"/>	Graduates of the Post Pediatrics Portal Program will be expected to take both the ABPN Psychiatry and Child and Adolescent Psychiatry Certification Examinations.
<input type="checkbox"/>	<input type="checkbox"/>	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%.
<input type="checkbox"/>	<input type="checkbox"/>	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 70% should take the Child and Adolescent Psychiatry (CAP) certifying examination; and 50% of those should pass the CAP certifying examination on their first attempt.

Section 6, continued

Yes	No	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.
X	X	Except for the noted provisions, Post Pediatrics Portal Programs must conform to the Program Requirements for accreditation of residencies in psychiatry and child and adolescent psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	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 an In-training cognitive examination each year such as the American College of Psychiatry (ACP) In-training exam. 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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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 clinical competence must be verified by the directors of each program. Lacking verification of acceptable clinical competence in the Post Pediatrics Portal Program or if the resident leaves the Post Pediatrics Portal Program, the resident must satisfactorily complete the standard length of residency training.

Section 6, continued

Yes X	No X	CORE CURRICULAR REQUIREMENTS: <i>Indicate (X) if the program includes each of the following core curricular requirements.</i>
<input type="checkbox"/>	<input type="checkbox"/>	A clearly described written curriculum must be made available for residents, faculty, both Review Committees, and both Boards prior to the initiation of the Post Pediatrics Portal Program. The curriculum must assure a cohesive, planned educational experience and not simply comprise a series of rotations among the specialties.
<input type="checkbox"/>	<input type="checkbox"/>	Residents must be accorded graded responsibility for patient care and teaching.
<input type="checkbox"/>	<input type="checkbox"/>	There must be eighteen (18) months of training under the direct supervision of Psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	There must be eighteen (18) months of training under the direct supervision of Child and Adolescent Psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	All residents should take the 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.

Section 6, continued

Yes X	No X	PSYCHIATRY GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Psychiatry</i>
<input type="checkbox"/>	<input type="checkbox"/>	Eighteen months of training is provided under the direction of Psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	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).
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	<p>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:</p> <ol style="list-style-type: none"> 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 apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically-ill patient population.
<input type="checkbox"/>	<input type="checkbox"/>	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.

Section 6, continued

The following requirements may 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/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:

- a) Consultation with an adequate number of pediatric patients in outpatient and/or inpatient non-psychiatric medical facilities.
- b) Formal observation and/or consultation experience in schools.
- c) 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.
- d) Experience consulting to community systems of care.

3. Emergency Psychiatry: Supervised, 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-month part of the residency, and experience and learning in crisis intervention techniques, including the evaluation and management of suicidal patients.

4. Community Psychiatry: 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.

Section 6, continued

Yes	No	CHILD AND ADOLESCENT PSYCHIATRY GUIDELINES: <i>Indicate (X) if the program includes each of the following requirements for approved training in Child and Adolescent Psychiatry.</i>
X	X	
<input type="checkbox"/>	<input type="checkbox"/>	Eighteen months of training is provided under the direction of Child and Adolescent Psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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,.
<input type="checkbox"/>	<input type="checkbox"/>	As above, there must be a least 1 month FTE supervised clinical experience in pediatric neurology if not obtained previously in pediatrics or psychiatry.
<input type="checkbox"/>	<input type="checkbox"/>	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.
<input type="checkbox"/>	<input type="checkbox"/>	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. 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.
<input type="checkbox"/>	<input type="checkbox"/>	Although the majority of teaching must be from child and adolescent psychiatrists, therewith must also be clinical experience with professionals from other medical specialties, such as nursing, neuro-psychology, and social work.

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