



## **ACGME International**

**Advanced Specialty Program Requirements for  
Graduate Medical Education in  
Child and Adolescent Psychiatry  
(Psychiatry)**

Initial approval: 8/1/2018

## **ACGME International Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry (Psychiatry)**

### **I. Introduction**

#### **I.A. Definition and Scope of Specialty**

Child and adolescent psychiatry is a medical subspecialty focused on the prevention, diagnosis, and treatment of disorders of thinking, feeling, and behavior affecting children, adolescents, and their families.

#### **I.B. Duration of Education**

- I.B.1. The educational program in child and adolescent psychiatry must be 24 or 36 months in length.

### **II. Institutions**

#### **II.A. Sponsoring Institution**

- II.A.1. A fellowship in child and adolescent psychiatry must function as an integral part of an ACGME International (ACGME-I)-accredited program in psychiatry.

#### **II.B. Participating Sites**

- II.B.1. The number of and distance between participating sites must allow for full participation by the fellows in all organized educational aspects of the program.

### **III. Program Personnel and Resources**

#### **III.A. Program Director**

- III.A.1. The program director must dedicate additional time, above the minimum of 15 hours per week, for clinical supervision of fellows.
- III.A.2. The program director must monitor fellow stress, including mental or emotional conditions inhibiting performance or learning, and drug- or alcohol-related dysfunction.
- III.A.2.a) Educational situations that consistently produce undesirable stress on fellows must be evaluated and modified.
- III.A.3. The program director must ensure that fellow summative evaluations include documented evidence of any unethical behavior, unprofessional behavior, or clinical incompetence.
- III.A.3.a) Where there is such evidence, it must be comprehensively recorded, along with the response(s) of the fellow.

III.A.4. The program director must ensure that records of all formative and summative evaluations are maintained and made available during review of the program.

III.A.4.a) In addition to periodic assessments, there must be an annual evaluation procedure, which must include a written examination of the fellow's knowledge base, as well as a formal documented clinical skills examination.

III.A.4.b) Fellows' teaching abilities should be documented in evaluations by faculty members and/or learners.

### **III.B. Faculty**

III.B.1. In addition to the program director, there must be at least two full-time equivalent (FTE) core faculty members with appropriate qualifications in child and adolescent psychiatry.

### **III.C. Other Program Personnel**

III.C.1. There must be a designated program coordinator to support the fellowship.

### **III.D. Resources**

III.D.1. There must be office space available for each fellow to see patients.

III.D.2. There must be space for physical and neurological examinations and access to laboratory testing.

III.D.3. Equipment with the capacity for recording and viewing clinical encounters must be available to fellows.

III.D.4. The number of patients for whom fellows have primary responsibility at any one time must permit them to provide each patient with appropriate treatment, as well as to have sufficient time for other aspects of their educational program.

III.D.5. There should be space and equipment specifically designated for seminars, lectures, and other educational activities.

## **IV. Fellow Appointments**

### **IV.A. Eligibility Criteria**

IV.A.1. Prior to appointment in the program, fellows must have completed one of the following:

IV.A.1.a) an ACGME-I-accredited residency in psychiatry; or,

IV.A.1.b) the first year and at least two additional years in an ACGME-I-accredited residency program in psychiatry.

IV.A.2. To be eligible to count fellowship clinical experiences with children, adolescents, and families toward the final year in general psychiatry, thereby fulfilling program requirements in general psychiatry and child and adolescent psychiatry at the same time, all experiences must:

IV.A.2.a).(1) occur in an ACGME- or ACGME-I-accredited program;

IV.A.2.a).(2) be limited to child and adolescent psychiatry patients;

IV.A.2.a).(3) be limited to a maximum of 12 months;

IV.A.2.a).(4) be documented by the program director in all areas for which credit is given in both programs;

IV.A.2.a).(5) result in no reduction in total length of time devoted to education in child and adolescent psychiatry; and,

IV.A.2.a).(6) be limited to:

IV.A.2.a).(6).(a) community psychiatry;

IV.A.2.a).(6).(b) forensic psychiatry;

IV.A.2.a).(6).(c) one FTE month in addiction psychiatry;

IV.A.2.a).(6).(d) one FTE month in child neurology;

IV.A.2.a).(6).(e) one FTE month in pediatric consultation/liaison experience; and,

IV.A.2.a).(6).(f) no more than 20 percent outpatient experience, as described in the ACGME-I Advanced Specialty Requirements for Psychiatry.

IV.A.3. Prior to appointment in the program, each fellow must be notified, in writing, of the required length of the educational program.

#### **IV.B. Number of Fellows**

IV.B.1. There should be at least two fellows appointed at each level of education at all times.

### **V. Specialty-Specific Educational Program**

#### **V.A. Regularly scheduled didactic sessions**

- V.A.1. There must be interdisciplinary clinical conferences and didactic seminars for fellows, at which faculty psychiatrists collaborate in teaching with colleagues from other medical specialties and mental health disciplines.
- V.A.2. Didactic instruction should include lectures, seminars, and assigned readings that are coordinated with concurrent clinical experiences and specific to each fellow's level of education.
- V.A.3. Each fellow should attend at least 70 percent of regularly scheduled didactic sessions.

**V.B. Clinical Experience**

- V.B.1. Didactic and clinical experiences must be of sufficient breadth and depth to provide fellows with a thorough, well-balanced presentation of the generally-accepted observations and theories, as well as the major diagnostic, therapeutic, and preventive procedures in child and adolescent psychiatry.
- V.B.2. Fellows must have an organized educational clinical experience in each of the following:
  - V.B.2.a) pediatric neurology;
  - V.B.2.b) intellectual disability (intellectual development disorder) and other developmental disorders;
  - V.B.2.c) initial management of psychiatric emergencies in children and adolescents; and,
  - V.B.2.d) caring for acutely- and severely-disturbed children and adolescents, with the fellows actively involved in diagnostic assessment and treatment planning.
    - V.B.2.d).(1) 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.
- V.B.3. There must be exposure to and experience in consultation to facilities serving children, adolescents, and their families.
  - V.B.3.a) During the consultation experience, fellows must not primarily engage in treatment, but must use their specialized knowledge and skills to assist others to more effectively function in their roles, including supervised:
    - V.B.3.a).(1) consultation experience with an adequate number of pediatric patients in outpatient and/or inpatient non-psychiatric medical facilities;

- V.B.3.a).(2) formal observation and/or consultation experiences in schools; and,
- V.B.3.a).(3) experience with legal issues relevant to child and adolescent psychiatry, which may include forensic consultation and experience, court testimony, and/or interaction with a justice system.
- V.B.4. Fellows must have instruction in normal development, including observation of and interaction with normal preschoolers, school-aged children, and adolescents.
- V.B.5. Fellows must have instruction in the integration of neurobiological, phenomenological, psychological, and sociocultural issues into a comprehensive formulation of clinical problems.
- V.B.6. Care for outpatients must include work with some child and adolescent patients from each developmental age group, continuously over time, and whenever possible, for one year's duration or more.
- V.B.7. Fellows must have elective experiences that are planned with the advice and approval of the program director and the appropriate preceptor.
- V.B.7.a) Electives must have written goals and objectives, be well constructed and supervised, and lead to effective learning experiences.
- V.B.8. The program must conduct formal clinical skills examinations for each fellow.
- V.B.8.a) The skills assessments must involve different age groups throughout childhood and adolescence.
- V.B.8.b) Satisfactory demonstration of the Competencies must be documented for each required evaluation prior to completion of the program.
- V.B.8.c) The skills assessments should be conducted at least twice during the fellowship and at the end of the program.
- V.B.9. Fellows should have experience consulting to community systems of care.

**V.C. Fellows' Scholarly Activities**

- V.C.1. All fellows must be educated in research literacy and in the concepts and process of evidenced-based clinical practice to develop skills in critical appraisal, medical decision-making, and the research process, including question formulation and information searching.

V.C.1.a) The program must ensure the participation of fellows and faculty members in journal clubs, research conferences, didactics, and/or other activities that address these topics.

V.C.2. The program must provide interested fellows access to and the opportunity to participate actively in ongoing research under a mentor.

**V.D. Duty Hour and Work Limitations**

V.D.1. There must be sufficient supervision from child and adolescent psychiatrists to enable each fellow to establish working relationships that foster identification in the role of a child and adolescent psychiatrist.

V.D.2. Fellows must have at least two hours of faculty preceptorship weekly, one hour of which must be individual.

**VI. ACGME Competencies**

**VI.A. Patient Care**

Fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Fellows must demonstrate proficiency in:

VI.A.1. evaluation and treatment of patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders;

VI.A.2. treatment of children and adolescents for the development of conceptual understanding and beginning clinical skills in major treatment modalities, including:

VI.A.2.a) brief and long-term individual therapy;

VI.A.2.b) cognitive-behavioral therapy;

VI.A.2.c) crisis intervention;

VI.A.2.d) family therapy;

VI.A.2.e) group therapy;

VI.A.2.f) pharmacotherapy;

VI.A.2.g) psychodynamic psychotherapy; and,

VI.A.2.h) supportive therapy.

VI.A.3. evaluation and treatment of patients from diverse cultural backgrounds and varied socioeconomic levels; and,

- VI.A.4. performance and documentation of:
- VI.A.4.a) an adequate individual and family history;
  - VI.A.4.b) mental status;
  - VI.A.4.c) physical and neurological examinations when appropriate;
  - VI.A.4.d) supplementary medical and psychological data, and integration of these data into a formulation;
  - VI.A.4.e) differential diagnosis; and,
  - VI.A.4.f) a comprehensive treatment plan.

**VI.B. Medical Knowledge**

Fellows 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. Fellows must demonstrate proficiency in their knowledge of:

- VI.B.1. basic neurobiological, psychological, and clinical sciences relevant to psychiatry;
- VI.B.2. the application of developmental, psychological, and sociocultural theories relevant to the understanding of psychopathology;
- VI.B.3. the full range of psychopathology in children and adolescents, including the etiology, epidemiology, diagnosis, treatment, and prevention of the major psychiatric conditions that affect children and adolescents;
- VI.B.4. recognition and management of domestic and community violence, including physical and sexual abuse, as well as neglect, as it affects children and adolescents;
- VI.B.5. diversity and cultural issues pertinent to children, adolescents, and their families; and,
- VI.B.6. the appropriate uses and limitations of psychological tests.

**VI.C. Practice-based Learning and Improvement**

Fellows 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 constant self-evaluation and life-long learning.

**VI.D. Interpersonal and Communication Skills**

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

- VI.D.1. Fellows must demonstrate effective collaboration skills with other professional mental health personnel, pediatricians, teachers, and other school personnel in the evaluation and treatment of patients.

**VI.E. Professionalism**

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

- VI.E.1. the ability to maintain appropriate professional boundaries, including those specific to psychiatric practice.

- VI.E.1.a) To ensure that the application and teaching of these principles are integral parts of the educational process, programs must distribute to fellows, and operate in accordance with, the code of ethics for medical practice as set forth by the Sponsoring Institution or the medical professional society in the program's jurisdiction.

**VI.F. Systems-based Practice**

Fellows 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. Fellows must:

- VI.F.1. know how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources;
- VI.F.2. advocate for quality patient care and assist patients in dealing with system complexities, including disparities in mental health care for children and adolescents;
- VI.F.3. know how to advocate for the promotion of health and the prevention of disease and injury in populations; and,
- VI.F.4. participate in the practices of utilization review, quality assurance, and performance improvement.