



ACGME International

**Advanced Specialty Program Requirements for
Graduate Medical Education in
Psychiatry**

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Int. Introduction

Background and Intent: Programs must achieve and maintain Foundational Accreditation according to the ACGME-I Foundational Requirements prior to receiving Advanced Specialty Accreditation. The Advanced Specialty Requirements noted below complement the ACGME-I Foundational Requirements. For each section, the Advanced Specialty Requirements should be considered together with the Foundational Requirements.

Int. I. Definition and Scope of the Specialty

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders. Graduates of these residency programs will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders related to the practice of psychiatry.

Int. II. Duration of Education

Int. II.A. The educational program in psychiatry must be 48 or 60 months in length.

I. Institution

See International Foundational Requirements, Section I.

II. Program Personnel and Resources

See International Foundational Requirements, Section II.

III. Resident Appointment

See International Foundational Requirements, Section III.

IV. Specialty-Specific Educational Program

IV.A. ACGME-I Competencies

IV.A.1. The program must integrate the following ACGME-I Competencies into the curriculum.

IV.A.1.a) Professionalism

IV.A.1.a).(1) Residents must demonstrate a commitment to professionalism and an adherence to ethical principles. Residents must demonstrate:

- IV.A.1.a).(1).(a) compassion, integrity, and respect for others;
- IV.A.1.a).(1).(b) responsiveness to patient needs that supersedes self-interest;
- IV.A.1.a).(1).(c) respect for patient privacy and autonomy;
- IV.A.1.a).(1).(d) accountability to patients, society, and the profession; and,
- IV.A.1.a).(1).(e) sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

IV.A.1.b) Patient Care and Procedural Skills

- IV.A.1.b).(1) Residents must provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents must demonstrate competence in:
 - IV.A.1.b).(1).(a) establishing an appropriate doctor-patient relationship, psychiatric interviewing, performing the mental status examination, and presenting cases as observed and evaluated in a formal clinical skill examination;
 - IV.A.1.b).(1).(b) formulating a clinical diagnosis by conducting patient interviews, eliciting a clear and accurate history; performing physical, neurological, and mental status examination, including appropriate diagnostic studies; completing a systematic recording of findings; relating history and clinical findings to the relevant biological psychological, behavioral, and socio-cultural issues associated with etiology and treatment;
 - IV.A.1.b).(1).(c) developing a differential diagnosis and treatment plan for all psychiatric disorders in the current standard nomenclature (e.g., the Diagnostic and Statistical Manual of Mental Disorders (DSM)), taking into consideration all relevant data;
 - IV.A.1.b).(1).(d) using pharmacological regimens, including concurrent use of medications and psychotherapy;
 - IV.A.1.b).(1).(e) understanding the indications and uses of electroconvulsive therapy;

- IV.A.1.b).(1).(f) applying supportive, psychodynamic, and cognitive-behavioral psychotherapies to both brief and long-term individual practice, as well as assuring exposure to family, couples, group, and other individual evidence-based psychotherapies;
- IV.A.1.b).(1).(g) providing a psychiatric consultation in a variety of medical and surgical settings;
- IV.A.1.b).(1).(h) providing care and treatment for the chronically mentally ill with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions;
- IV.A.1.b).(1).(i) understanding psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance, and performance improvement;
- IV.A.1.b).(1).(j) providing psychiatric care to patients who are receiving treatment from non-medical therapists and coordinating such treatment; and,
- IV.A.1.b).(1).(k) recognizing and appropriately responding to family violence (e.g., child, partner, and elder physical, emotional, and sexual abuse and/or neglect) and its effect on both victims and perpetrators.

IV.A.1.c)

Medical Knowledge

- IV.A.1.c).(1) Residents 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. Residents must demonstrate knowledge of:
 - IV.A.1.c).(1).(a) the broad spectrum of clinical disorders seen in the practice of general psychiatry;
 - IV.A.1.c).(1).(b) the Axis III conditions that can affect evaluation and care (e.g., central nervous system lesions, human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS), and other medical conditions); and,
 - IV.A.1.c).(1).(c) the core content of general psychiatry, which includes the subspecialties, and relevant non-clinical topics at a level sufficient to practice psychiatry.

- IV.A.1.d) Practice-based Learning and Improvement
- IV.A.1.d).(1) Residents 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 lifelong learning. Residents are expected to develop skills and habits to be able to meet the following goals:
- IV.A.1.d).(1).(a) identify and perform appropriate learning activities;
- IV.A.1.d).(1).(b) identify strengths, deficiencies, and limits in one's knowledge and expertise;
- IV.A.1.d).(1).(c) incorporate formative evaluation feedback into daily practice;
- IV.A.1.d).(1).(d) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- IV.A.1.d).(1).(e) participate in the education of patients, patients' families, students, other residents, and other health professionals;
- IV.A.1.d).(1).(f) set learning and improvement goals;
- IV.A.1.d).(1).(g) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; and,
- IV.A.1.d).(1).(h) use information technology to optimize learning.
- IV.A.1.e) Interpersonal and Communication Skills
- IV.A.1.e).(1) Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents must:
- IV.A.1.e).(1).(a) communicate effectively with patients, patients' families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- IV.A.1.e).(1).(b) communicate effectively with physicians, other health professionals, and health-related agencies;
- IV.A.1.e).(1).(c) work effectively as a member or leader of a health care team or other professional group;

IV.A.1.e).(1).(d) act in a consultative role to other physicians and health professionals; and,

IV.A.1.e).(1).(e) maintain comprehensive, timely, and legible medical records, if applicable.

IV.A.1.f) **Systems-based Practice**

IV.A.1.f).(1) Residents 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. Residents must:

IV.A.1.f).(1).(a) work effectively in various health care delivery settings and systems relevant to their clinical specialty;

IV.A.1.f).(1).(b) coordinate patient care within the health care system relevant to their clinical specialty;

IV.A.1.f).(1).(c) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;

IV.A.1.f).(1).(d) advocate for quality patient care and optimal patient care systems;

IV.A.1.f).(1).(e) work in interprofessional teams to enhance patient safety and improve patient care quality; and,

IV.A.1.f).(1).(f) participate in identifying system errors and implementing potential systems solutions.

IV.B. Regularly Scheduled Educational Activities

IV.B.1. The didactic curriculum must be based upon the core content knowledge of psychiatry, including:

IV.B.1.a) the major theoretical approaches to understanding the patient-doctor relationship;

IV.B.1.b) the biological, genetic, psychological, socio-cultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life-cycle;

- IV.B.1.c) the fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard DSM, to include the biological, psychological, socio-cultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions;
- IV.B.1.d) comprehensive discussions of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, seizure disorders, stroke, intractable pain, and other related disorders;
- IV.B.1.e) the use, reliability, and validity of the generally accepted diagnostic techniques, to include physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing;
- IV.B.1.f) the use and interpretation of psychological testing;
- IV.B.1.g) the history of psychiatry and its relationship to the evolution of medicine;
- IV.B.1.h) the legal aspects of psychiatric practice, to include when and how to refer;
- IV.B.1.i) an understanding of the culture and subcultures, particularly those found in the patient community associated with the educational program, with specific focus for residents with cultural backgrounds that are different from those of their patients; and,
- IV.B.1.j) use of case formulation that includes neurobiological, phenomenological, psychological, and socio-cultural issues involved in the diagnosis and management of cases.

IV.C. Clinical Experiences

- IV.C.1. Residents must be provided with structured clinical experiences that are organized to provide opportunities to:
 - IV.C.1.a) conduct initial evaluations;
 - IV.C.1.b) participate in the subsequent diagnostic process; and,
 - IV.C.1.c) follow patients during the treatment phase and/or evolution of their psychiatric disorders/conditions.
- IV.C.2. The first year in psychiatry must include:

- IV.C.2.a) at least four months in a primary clinical setting that provides comprehensive and continuous patient care in specialties, such as internal medicine, general surgery, family medicine, and/or pediatrics; and,
- IV.C.2.a).(1) Neurology rotations may not be used to fulfill this four-month requirement.
- IV.C.2.a).(2) One month of this requirement may be fulfilled by either an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures.
- IV.C.2.b) no more than eight months in psychiatry.
- IV.C.3. Residents must have:
 - IV.C.3.a) at least one month of clinical experience in neurology in the first or second year of the program;
 - IV.C.3.a).(1) Programs that are 48 months in length must have a total of at least two, but no more than three full-time equivalent (FTE) months of supervised clinical experience in neurology.
 - IV.C.3.a).(2) Programs that are 60 months in length must have at least two, but no more than four FTE months of supervised clinical experience in neurology.
 - IV.C.3.b) at least six months of significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients for clinical experience in inpatient psychiatry;
 - IV.C.3.b).(1) Programs that are 48 months in length must have a total of at least six and no more than 16 months FTE of inpatient psychiatry.
 - IV.C.3.b).(2) Programs that are 60 months in length must have a total of at least six and no more than 20 FTE months of inpatient psychiatry.
 - IV.C.3.c) an organized, continuous, and supervised clinical experience in outpatient psychiatry that includes:
 - IV.C.3.c).(1) the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both in brief and long-term care of patients.
 - IV.C.3.d) at least two FTE months of organized clinical experiences in child and adolescent psychiatry;

- IV.C.3.e) at least two FTE months as a consultation/liaison in which residents consult under supervision on other medical and surgical services;
- IV.C.3.f) experience in emergency psychiatry conducted in an organized, 24-hour psychiatric emergency service;
- IV.C.3.f).(1) Residents must be provided with experiences in evaluation, crisis evaluation, and management, and triage of psychiatric patients.
- IV.C.3.g) an organized clinical experience in addiction psychiatry focused on the evaluation and clinical management of patients with substance abuse/dependence problems, including dual diagnoses;
- IV.C.3.h) experience in community psychiatry that provides residents with 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;
- IV.C.3.i) experience in forensic psychiatry, including exposure to patients facing criminal charges, establishing competence to stand trial, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others; and,
- IV.C.3.j) an organized clinical experience in geriatric psychiatry focused on the competencies in areas specific to elderly patients.
- IV.C.3.j).(1) Addiction, community, forensic, and geriatric psychiatry requirements can be met as part of the inpatient requirements for at least six months.
- IV.C.4. Under the supervision and guidance of a qualified clinical psychologist, residents should have experience with the interpretation of the psychological tests most commonly used, some of which should be experienced with their own patients.
- IV.C.5. At least three times during a resident's educational program, the program must formally conduct a clinical skills examination on each resident.
- IV.C.5.a) Satisfactory demonstration of development of the required competencies during three required evaluations must be documented prior to completion of the program.

IV.D. Scholarly Activity

See International Foundational Requirements, Section IV.D.

V. Evaluation

See International Foundational Requirements, Section V.

VI. The Learning and Working Environment

VI.A. Principles

See International Foundational Requirements, Section VI.A.

VI.B. Patient Safety

See International Foundational Requirements, Section VI.B.

VI.C. Quality Improvement

See International Foundational Requirements, Section VI.C.

VI.D. Supervision and Accountability

VI.D.1. Each resident must receive a minimum of two hours of direct supervision per week, at least one of which is individual.

VI.E. Professionalism

See International Foundational Requirements, Section VI.E.

VI.F. Well-Being

See International Foundational Requirements, Section VI.F.

VI.G. Fatigue

See International Foundational Requirements, Section VI.G.

VI.H. Transitions of Care

See International Foundational Requirements, Section VI.H.

VI.I. Clinical Experience and Education

See International Foundational Requirements, Section VI.I.

VI.J. On-Call Activities

See International Foundational Requirements, Section VI.J.