**New Application: Psychiatry**

**Review Committee for Psychiatry**

**ACGME**

**Oversight**

**Resources**

1. Briefly describe the office space designated for residents to use to interview patients and accomplish their clinical responsibilities in a professional manner. [PR I.D.1.b)]

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1. Will the program provide residents access to: [PR I.D.1.c)-e)]
2. specifically-designated areas for residents to use to perform basic physical examinations and other necessary diagnostic procedures and treatment interventions? [ ]  YES [ ]  NO
3. educational space and equipment with the capability to record and playback specifically designated for seminars, lectures, and other educational activities? [ ]  YES [ ]  NO
4. equipment with the capability for recording and viewing clinical encounters? [ ]  YES [ ]  NO

**Personnel**

**Program Director**

1. Specify the amount of dedicated hours the sponsoring institution will provide the program director or the associate program directors based on program size and complexity. [PR II.A.2.a)]:
2. 24-40 residents [ # ] hours
3. 41-79 residents [ # ] hours
4. 80 or more residents [ # ] hours
5. Will there be a residency coordinator who has adequate time, based on program size and complexity, to support the program? [PR II.C.2.-II.C.2.a)] [ ]  YES [ ]  NO

**Educational Program**

**Curriculum Components**

1. Is there an organized educational plan with competency-based goals and objectives? [CPR IV.A.2..]
 [ ]  YES [ ]  NO
2. Do the goals and objectives identify educational outcomes for: [CPR IV.A.2.]

a) the didactic components of the program? [ ]  YES [ ]  NO

b) the clinical components of the program, including each assignment at each educational level?
 [ ]  YES [ ]  NO

c) each year of residency? [ ]  YES [ ]  NO

**ACGME Competencies**

**Professionalism**

1. Briefly describe the learning activity(ies), other than lecture, by which residents demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; cultural humility; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(f)] (Limit response to 400 words)

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**Patient Care and Procedural Skills**

Indicate the settings and activities through which residents will demonstrate competence in each of the areas listed below. Also list the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)**  |
| --- | --- | --- |
| Evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds[PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |
| Forging a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds[PR IV.B.1.b).(1).(b).(i)] | Click here to enter text. | Click here to enter text. |
| Formulating a clinical diagnosis for patients by conducting patient interviews [PR IV.B.1.b).(1).(b).(ii)] | Click here to enter text. | Click here to enter text. |
| Eliciting a clear and accurate history[PR IV.B.1.b).(1).(b).(iii)] | Click here to enter text. | Click here to enter text. |
| Performing a physical, neurological, and mental status examination, including use of appropriate diagnostic studies[PR IV.B.1.b).(1).(b).(iv)] | Click here to enter text. | Click here to enter text. |
| Completing a systematic recording of findings in the medical record[PR IV.B.1.b).(1).(b).(v)] | Click here to enter text. | Click here to enter text. |
| Formulating an understanding of a patient’s biological, psychological, behavioral, and sociocultural issues associated with etiology and treatment[PR IV.B.1.b).(1).(b).(vi)] | Click here to enter text. | Click here to enter text. |
| Developing a differential diagnosis and treatment plan for patients with psychiatric disorders[PR IV.B.1.b).(1).(b).(vii)] | Click here to enter text. | Click here to enter text. |
| Managing and treating patients using pharmacological regimens, including concurrent use of medications and psychotherapy[PR IV.B.1.b).(1).(b).(viii)] | Click here to enter text. | Click here to enter text. |
| Managing and treating patients using both brief and long-term supportive, psychodynamic, and cognitive-behavioral psychotherapies [PR IV.B.1.b).(1).(b).(ix)] | Click here to enter text. | Click here to enter text. |
| Providing psychiatric consultation in a variety of medical and surgical settings[PR IV.B.1.b).(1).(b).(x)] | Click here to enter text. | Click here to enter text. |
| Managing and treating chronically-mentally ill patients with appropriate psychopharmacologic, psychotherapeutic, and social rehabilitative interventions[PR IV.B.1.b).(1).(b).(xi)] | Click here to enter text. | Click here to enter text. |
| Providing psychiatric care to patients receiving treatment from nonmedical therapists and coordinating such treatment[PR IV.B.1.b).(1).(b).(xii)] | Click here to enter text. | Click here to enter text. |
| Recognizing and appropriately responding to family violence (e.g., child, partner, and elder physical, emotional, and sexual abuse and neglect) and its effect on both victims and perpetrators[PR IV.B.1.b).(1).(b).(xiii)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the settings and activities in which residents will demonstrate competence in their knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care. Also list the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Major theoretical approaches to understanding the patient-doctor relationship[PR IV.B.1.c.(1).(a)] | Click here to enter text. | Click here to enter text. |
| Biological, genetic, psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle[PR IV.B.1.c.(1).(b)] | Click here to enter text. | Click here to enter text. |
| Fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, family, sociocultural, and iatrogenic factors that affect the prevention, incidence, prevalence, and long-term course and treatment of psychiatric disorders and conditions[PR IV.B.1.c.(1).(c)] | Click here to enter text. | Click here to enter text. |
| Diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, including neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, neurocognitive disorders, seizure disorders, stroke, intractable pain, and other related disorders[PR IV.B.1.c.(1).(d)] | Click here to enter text. | Click here to enter text. |
| Reliability, and validity of the generally-accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing[PR IV.B.1.c.(1).(e)] | Click here to enter text. | Click here to enter text. |
| Indications for and uses of electroconvulsive and neuromodulation therapies[PR IV.B.1.c.(1).(f)] | Click here to enter text. | Click here to enter text. |
| History of psychiatry and its relationship to the evolution of medicine[PR IV.B.1.c.(1).(g)] | Click here to enter text. | Click here to enter text. |
| Legal aspects of psychiatric practice[PR IV.B.1.c.(1).(h)] | Click here to enter text. | Click here to enter text. |
| Aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values, and preferences, and power[PR IV.B.1.c.(1).(i)] | Click here to enter text. | Click here to enter text. |
| Medical conditions that can affect evaluation and care of patients [PR IV.B.1.c.(1).(j)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents 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. [PR IV.B.1.d)] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (life-long learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate the ability to analyze, improve, and change practice or patient care, including activities aimed at reducing health care disparities. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills, have it available for review by the site visitor.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f))] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity in which residents demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents demonstrate competence in communicating effectively with patients and families across a broad range of socioeconomic circumstances, cultural backgrounds, and language capabilities, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents participate in the education of patients, families, students, residents, and other health professionals. [PR IV.B.1.e).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible health care records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents demonstrate an awareness of and responsiveness to the larger context and system of health care, including the structural and social determinants of health, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Describe the learning activity(ies) through which residents achieve competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1)-(1).(f)] (Limit response to 400 words)

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3. Describe an activity that fulfills the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(c)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop knowledge of how types of medical practice and delivery systems differ from one another, including methods of controlling health care cost, ensuring quality, and allocating resources. [PR IV.B.1.f).(1).(g)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will practice cost-effective health care and resource allocation that is aligned with high quality of care, including an understanding of the financing and regulation of psychiatric practice, as well as information about the structure of public and private organizations that influence mental health care. [PR IV.B.1.f).(1).(h)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will assist patients in dealing with system complexities and disparities in mental health care resources. [PR IV.B.1.f).(1).(i)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will advocate for promotion of mental health and the prevention of mental disorders. [PR IV.B.1.f).(1).(j)] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. Will the clinical experiences for residents include:
2. major responsibility for the care of a sufficient number of patients to demonstrate competence with acute and chronic psychiatric illnesses? [PR IV.C.3.a)] [ ]  YES [ ]  NO
3. patient care assignments that permit practice of appropriate treatment, and that grant sufficient time for other aspects of their educational program? [PR IV.C.3.b)] [ ]  YES [ ]  NO
4. structured clinical experiences that are organized to provide opportunities to conduct initial evaluations, to participate in the subsequent diagnostic process, and to follow patients during the treatment phase and/or evolution of their psychiatric disorders/conditions?
[PR IV.C.3.c.)] [ ]  YES [ ]  NO
5. Describe the duration of and content of the experiences residents will have in the following areas:
6. Neurology [PR IV.C.3.e)]

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1. Inpatient psychiatry [PR IV.C.3.f)]

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1. Outpatient psychiatry [PR IV.C.3.g)]

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1. Child and adolescent psychiatry [PR IV.C.3.h)]

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1. Geriatric psychiatry [PR IV.C.3.i)]

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1. Addiction psychiatry [PR IV.C.3.j)]

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1. Consultation/Liaison [PR IV.C.3.k)]

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1. Forensic psychiatry [PR IV.C.3.l)]

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1. Emergency psychiatry [PR IV.C.3.m)]

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1. Community psychiatry [PR IV.C.3.n)]

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1. Will electives have written curricula, with goals and objectives and learning experiences that lead to specified learning outcomes? [PR IV.C.3.o)] [ ]  YES [ ]  NO

4. Will the program provide at least two hours of faculty preceptorship per week, at least one hour of which is individual? [PR IV.C.4.] (Limit response to 400 words) [ ]  YES [ ]  NO

If “YES,” briefly describe.

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5. Will residents be provided experience in participating in psychiatric administration, especially leadership of interdisciplinary teams, including supervised experience in utilization review, quality assurance, and performance improvement? [PR IV.C.5.] [ ]  YES [ ]  NO

**Didactics**

For each year of residency, list all planned seminars and conferences at all participating sites that will be attended by residents using the format below. If attended by residents from multiple years, list in each year, but provide a full description only the first time it is listed. Number seminars consecutively, from the first year through the final year, so that they may be easily referenced in later narratives.
[PR IV.C.7.a)-c)]

Format:

Year:

No: Title:

a) Required or elective

b) Principal instructor(s)

c) Discipline of principal instructor(s)

d) Full- or part-time status of principal instructor(s)

e) Brief description (three or four sentences)

f) Frequency, length of session and total number of sessions

**Example:**

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| PGY-101. Introduction to Community Psychiatrya) Required PGY-1b) R. Jones, MD and E. Smith, MDc) Psychiatryd) Full-timee) Survey of contemporary methods and styles of community psychiatry, including approaches to clinical work with minority populations. Includes field trips to community agencies.f) Weekly, for 8 sessions.02. Departmental Grand Roundsa) Required, PGY-1, PGY-2, PGY-3; Elective PGY-4b) Rotates among senior faculty membersc) Clinical case presentations, sponsored by each departmental division, followed by discussion and review of contemporary state of knowledge. Format includes resident presentations and discussions with additional faculty discussant.d) Twice monthly, 24 sessions |

**Schedule:**

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**Scholarship**

Will residents participate in clinical or basic research? [PR IV.D.3.a).(1)-(3)] [ ]  YES [ ]  NO

If “NO”, explain:

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**Evaluation**

**Resident Evaluation**

1. Will the program conduct an annual formal evaluation of the core medical knowledge of each resident in the second, third, and fourth years, and an examination across biological, psychological, and social spheres that are defined in the program’s written goals and objectives? [PR V.A.1.i)]
 [ ]  YES [ ]  NO

2. Will the program formally conduct a examination for each resident? [PR V.A.1.j)] [ ]  YES [ ]  NO

3. Will a record (patient log) be maintained of specific cases treated by residents, so as to ensure educational requirements are met with regard to variety of patients, diagnoses, and treatment modalities? [PR V.A.1.l)] [ ]  YES [ ]  NO

If “YES,” briefly describe.

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1. Will the final evaluation for each resident who completes the program include a summary of any documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence, or a statement that none has occurred? [PR V.A.1.g)] [ ]  YES [ ]  NO

**The Learning and Working Environment**

1. What is the maximum number of consecutive weeks of night float to be assigned to each resident during the required year of full-time outpatient experience? [PR VI.F.6.a)] [ # ]

2. What is the total number of weeks of night float to be assigned to each resident during the one year of consecutive outpatient experience? [PR VI.F.6.b)] [ # ]