Basic Standards for
Residency Training in
Child and Adolescent Psychiatry

American Osteopathic Association

and

American College of Osteopathic Neurologists and Psychiatrists

Adopted 1980
Revised, 1984
Revised, March, 1992
Revised, July, 2004
Revised, June 2006
Revised, July 2007

Revised BOT 7/2011, Effective 7/2012
TABLE OF CONTENTS

Section I- Introduction ................................................................. 3
Section II- Mission........................................................................ 3
Section III-Educational Program Goals ........................................... 3
Section IV – Institutional Requirements ........................................... 4
Section V - Program Requirements and Content............................ 5
Section VI -Program Director/Faculty ............................................ 8
Section VII -Resident Requirements ............................................. 9
Section VIII -Evaluation.............................................................. 9
SECTION I - INTRODUCTION

These are the Basic Standards for Residency Training in Child and Adolescent Psychiatry as established by the American College of Osteopathic Neurologists and Psychiatrists (ACONP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic resident with advanced and concentrated training in child and adolescent psychiatry and to prepare the resident for examination for certification in Child and Adolescent Psychiatry by American Osteopathic Board of Neurology & Psychiatry (AOBNP).

SECTION II - MISSION

The mission of the osteopathic child and adolescent psychiatry training program is to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic child and adolescent psychiatrists.

SECTION III – EDUCATIONAL PROGRAM GOALS

A. Medical Knowledge and Skills

The program shall provide training that allows the residents to develop skills to allow the residents to demonstrate and apply knowledge of accepted standards of clinical medicine in child and adolescent psychiatry, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

B. Interpersonal and Communication Skills

The program shall provide training that allows the residents to develop skills to demonstrate interpersonal and communication skills that enable the resident to establish and maintain professional relationships with patients, families, and other members of the health care teams.

C. Patient Care

The program shall provide training that allows the residents to develop skills to demonstrate the ability to treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine and health promotion.

D. Osteopathic Philosophy and Osteopathic Manipulative Medicine

There shall be emphasis on the utilization of osteopathic principles and practices as a key component of the Residency Program in Child and Adolescent Psychiatry residency training and integrated throughout the program. Training shall incorporate the application of osteopathic diagnostic and therapeutic measures as they relate to the total care of the patient. Therefore the residents shall be required to demonstrate competence and knowledge in the essential osteopathic principles.

E. Professionalism

The program shall provide training that allows the residents to develop skills that promote advocacy of the patient welfare, adherence to ethical principles upholding the Osteopathic Oath, collaboration with health professionals, lifelong learning, and sensitivity to a diverse patient population.

F. System Based Practice

The program shall provide training that allows the residents to demonstrate an understanding of health care delivery systems, provide qualitative patient are within the system, and practice cost
effective medicine.

G. Practice Based Learning and Improvement

The program shall provide training that allows the residents to demonstrate the ability to critically evaluate their methods of clinical practice, organize and record data, such as history, mental status examination, diagnostic techniques and procedures, and laboratory tests in the initiation of therapy, integrate evidence-based medicine into patient care, show and understanding of research methods, and improve patient care practices.

SECTION IV - INSTITUTIONAL REQUIREMENTS

Definitions: Integrated and Affiliated Institutions

- An integrated institution uses the approved clinical facilities of two or more hospitals. Supervision of the program is in the hands of a single program director who is responsible for the selection, assignment, and instruction of the resident. The program director shall administer the teaching staff in all component departments of the training program. Typical rotation plans shall be described.

- An Affiliated institution may be approved when some aspect or aspects of training is lacking in the base institution.
  - The affiliate may have an independently appointed staff and may afford training for other residents from its own or other programs.
  - No more than one-third of the program's total duration shall be spent in such rotations.

The parent hospital must submit letters of agreement from department heads of affiliating hospitals to the AOA Committee or Postdoctoral Training stating the terms under which the residents shall participate.

A. The resident must have experience in working collaboratively with psychiatric social workers and clinical psychologists.

B. There shall be provision for cooperative consultative work with medical facilities for children and adolescents.

C. Opportunity for consultative work with various community child-care agencies shall be provided.

D. There shall be both practical and didactic teaching. Areas covered shall include the practice of child and adolescent psychiatry including diagnosis and differential diagnosis, psychiatric treatment, normal and pathological development and the literature in the field.

E. Training shall incorporate public sector psychiatry settings, departments of psychiatry in medical schools or hospitals, forensic settings, state hospitals, courts, psychiatric clinics for children and adolescents which are part of school systems and inpatient treatment services. Some specialized clinical facilities dealing only with pre-school children or only with inpatients or with psychiatric aspects of certain special disease problems, such as cerebral palsy and epilepsy, would not provide an adequate full two-year training experience. Such facilities must provide well-rounded training through affiliation.

F. Opportunity for attendance at pediatric rounds, conferences, and in the outpatient service must be provided for those residents who have no pediatric background.
G. The program shall provide experience in consultative work with children and adolescents on pediatric and other children's and adolescents' medical services, and especially in child and adolescent neurology. There shall be opportunities for cooperative consultative work with child care agencies in the community, as well as opportunities for observational visits to nurseries and other community child care agencies.

H. The program must provide exposure to scholarly activity as related to child and adolescent psychiatry

I. The program must provide interaction with psychiatric social workers, psychiatric nurses, and psychologists with certification in child and adolescent psychology.

SECTION V - PROGRAM REQUIREMENTS AND CONTENT

A. Duration of training:
   1. There must be two (2) years of progressive training after completing three (3) years of an AOA approved residency in general psychiatry.

B. Scope of training:
   1. The scope of training must include experience in specialty fields closely related to child and adolescent psychiatry.
   2. Training shall consist the following:
      a) Basic Sciences relative to children and adolescents
      b) Didactic work in child and adolescent neurology, pediatrics, and developmental disorders
      c) Training in child and adolescent psychology, testing, and school placement issues
      d) Clinical work

C. Program Objectives
   1. Clinical care of patients is essential to a child and adolescent psychiatric residency program. Individual psychotherapy must be a major component of the resident's clinical training period. There must be a program of didactic instruction that is:
      a) Based on evidence based medicine.
      b) Well organized.
      c) Thoroughly integrated and carried out on a regularly scheduled basis.
   2. Education must be given the highest priority in the allotment of the resident's time. Service load, administration, teaching and research experience must not infringe unduly on either the clinical or didactic aspects of the resident's education.
   3. The resident shall obtain supervised experience in administration, inpatient management and teaching, and shall have an opportunity to learn research methodology. Residents with a basic talent and interest in such study shall have the opportunity to participate in research.
   4. The residency program must provide systematic instruction and experience through:
      a) Individual supervision, seminars, lectures, assigned reading, case conferences, teaching rounds, and supervised patient care.
      b) Skills of clinical diagnosis, such as interviewing, mental status examination, physical and
neurological examination, history writing, and the formulation of the differential diagnosis and treatment.

c) Presentation and discussion of clinical case material at conferences attended by faculty and fellow residents. This training shall include the ability to formulate relevant, theoretical and practical issues involved in the discussion of the diagnosis and management of cases presented at such conferences.

d) Diagnosis and treatment of children and adolescents who have psychiatric and severe emotional disorders. Experience shall be provided for the diagnosis and treatment of patients who have mental retardation and other developmental disabilities. The program must provide training in the management of patients in an inpatient child and adolescent setting. Training in the diagnosis and treatment of children and adolescents must provide the resident with a thorough understanding of the biological, psychological, social, economic, ethnic, and family factors that significantly influence physical and psychological development in infancy, childhood, and adolescence.

c) Diagnosis and treatment of neurological disorders. The experience must be sufficient to enable the resident to understand child and adolescent neurological diagnostic entities and to obtain a history regarding neurological disease. Residents must be able to perform a competent focused examination referable to the suspected neurological disorder and refer when necessary as obtained through a supervised clinical experience in the diagnosis and treatment of child and adolescent neurological patients.

f) Diagnosis and treatment of psychosomatic disorders.

g) Psychiatric consultations and liaison psychiatry involving patients, clinical pediatric services, and schools. An experience in a setting that provides emergency psychiatric evaluation and treatment of children and adolescents. An experience in a setting that provides twenty-four hour emergency psychiatric services for children and adolescents.

h) Experience in a community mental health center or an equivalent public sector child and adolescent setting. This training must include consultation with at least one community agency, such as a court or police department as well as public sector psychiatry settings and community resources to which children and adolescents have access.

i) Didactic instruction and supervised practical experience in forensic psychiatry as related to children and adolescents.

j) The use of generally accepted techniques for diagnostic psychological assessment. The resident must, through clinical training, demonstrate an understanding of prominent child and adolescent psychological test procedures in a number of cases to develop an understanding of the clinical usefulness of these procedures and the correlation of psychological test findings with clinical data.

k) All major types of therapy. Therapy techniques taught must include:

1. Individual psychotherapy, including experiences in cognitive behavior therapies and shorter term interventions. Residents must see some patients in longer term psychotherapies i.e. supervised treatment of a number of child and adolescent patients in therapy seen weekly for a period of at least one year.

2. Family therapy.

3. Group therapy.

5. Play, occupational, speech and activity therapy.
6. Pharmacologic therapies.
7. Somatic therapies.
8. Behavior therapy

l) Didactic material shall include:
1. Subjects such as neuroanatomy, neurophysiology, neuropathology, neurobiology of psychiatric disorders, psychopharmacology, genetics as related to psychiatric disorders and psychopathology.
2. Material from social behavioral sciences such as psychology, anthropology, and sociology to help the resident understand the importance of economic, ethnic, and cultural factors in mental health and mental illness.
3. The history of child and adolescent psychiatry and its relation to the evolution of modern medicine
4. The curriculum must provide instruction in medical ethics.

m) Integration of osteopathic philosophy, principles and practices.

5. An accredited residency must be also be characterized by:

a) A progressive degree of clinical services must be organized so that residents may have major responsibility for the care of all patients assigned to them and so that there is supervision by the staff. The amount and type of responsibility for patient care which a resident assumes must increase as the resident advances in training.

b) A variety of patients. Residents must have major responsibility for the diagnosis and treatment of a number of patients with all of the major categories of psychiatric illness and experience of the diagnosis and management of the more common child and adolescent neurological disorders. They must have experience in the care of both sexes, of patients of various ages from childhood through adolescence, and of patients from a wide variety of ethnic, social, and economic backgrounds.

c) Experience in the treatment of inpatients. Residents shall have major responsibility in the diagnosis and treatment of psychiatric inpatients for a period of approximately twelve months.

d) The number of patients for which a resident has primary responsibility at one time must be small enough to permit the resident to conduct a detailed study of each patient, provide each patient with treatment, and to have time for other aspects of his/her educational program.

e) Interdisciplinary conferences. The curriculum must include clinical conferences and didactic seminars for residents in which psychiatric faculty members collaborate with neurologists, pediatricians, and colleagues from other medical specialties in mental health disciplines.

f) Individual supervision. Clinical training must include regularly scheduled individual supervision. Each resident shall have at least two hours of individual supervision weekly in addition to teaching conferences and rounds.

g) Electives. All programs shall provide the opportunity for residents to pursue individually chosen electives. These are best provided in the latter part of the residency program.

SECTION VI - PROGRAM DIRECTOR/FACULTY
A. The program director shall be certified by the American Osteopathic Association through the American Osteopathic Board of Psychiatry and Neurology in child and adolescent psychiatry or have equivalent qualifications acceptable to the AOA.

B. The program director, if an osteopathic psychiatrist, is responsible for emphasizing osteopathic principles and practices that apply to child and adolescent psychiatry.

C. The program director must show documentary evidence of continuing education.

D. The program director must:
   1. Provide and administer a comprehensive training program.
   2. Administer annually the Child and Adolescent Psychiatry Residents in Training Examination available through the American College of Psychiatry. The data from the exam shall be used to improve training, evaluate individual resident performance, and evaluate the adequacy of the training program.
   3. Recognize any shortcomings in the residency training program and authorize the resident to meet deficiencies through affiliation or exchange with other programs and other institutions.
   4. Approve outside rotations.
   5. Submit an annual report of a resident’s activities. These reports will be examined by the Committee on Education Evaluation of the American College of Osteopathic Neurologists and Psychiatrists.

SECTION VII - RESIDENT REQUIREMENTS

A. The selection of a resident must rest with the child and adolescent psychiatry training program and its program director.

B. The resident must have completed at least three years of an AOA approved residency in general psychiatry.

C. The resident shall maintain a satisfactory log of work performed. Copies of these records shall be filed monthly with the program director and shall be available for inspection.

D. The resident must submit an annual report to the American College of Osteopathic Neurologists and Psychiatrists.

E. The resident shall be required to participate in all professional staff activities involving patient care evaluation.

F. The resident is required, in the overall training period, to provide evidence of having attended forty hours of an approved program in general osteopathic philosophy and principles, including items of structural diagnosis and osteopathic manipulative therapy.

G. The resident must keep accurate medical records on patients for whom he/she has primary responsibility.

H. The resident shall write one professional paper suitable for publication. The topic must be pertinent to Child and Adolescent Psychiatry and approved by the program director.

SECTION VIII- EVALUATION

A. Resident
Residents must be evaluated as stated in the AOA Basic Document.

B. Faculty

1. Faculty teaching evaluations must be completed anonymously by each resident at least once during the training program. Copies of evaluations must be provided to the specialty college.

2. Evidence must be provided demonstrating teaching changes as needed based on review of evaluations.

C. Facilities

The Institutional Demographics statistical report form must be completed for new program applications and with each residency inspection.