Basic Standards for
Residency Training in
General Psychiatry

American Osteopathic Association
and
American College of Osteopathic Neurologists and Psychiatrists

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TABLE OF CONTENTS

Section I - Introduction ..........................................................................................................3
Section II - Mission .................................................................................................................3
Section III – Educational Program Goals ............................................................................3
Section IV - Institutional Requirements ...............................................................................5
Section V – Program Requirements and Content.................................................................5
Section VI - Program Director/Faculty ...............................................................................9
Section VII - Resident Requirements ...................................................................................10
Section VIII - Evaluation ......................................................................................................11
SECTION I - INTRODUCTION
These are the Basic Standards for Residency Training in General 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 general psychiatry and to prepare the resident for examination for certification in General Psychiatry by American Osteopathic Board of Neurology & Psychiatry (AOBNP).

SECTION II- MISSION
The mission of the osteopathic general 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 general 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 psychiatry, remain current with new developments in medicine, and participate in life-long 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 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 will 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, life-long 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 care 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 an understanding of research methods, and improve patient care practices.

SECTION IV - INSTITUTIONAL REQUIREMENTS

A. The institution shall maintain a medical library on-site with a number of current basic textbooks in psychiatry, neurology and medicine.

B. There must be a broad range of current peer-reviewed journals in psychiatry, neurology and medicine.

SECTION V – PROGRAM REQUIREMENTS AND CONTENT

A. The residency training program in general psychiatry shall be four (4) years in length and shall include training in both adult and child psychiatry.

1. All residents will complete a first year consisting of four months primary care medicine, two months neurology, no more than six months of psychiatry, followed by three years general psychiatry or two years of general psychiatry and one year of child/adolescent psychiatry or two years of general psychiatry and one year of geriatric psychiatry if the rotation requirements are met.

B. Osteopathic principles and practices shall be incorporated throughout the program, for a total of 40 hours throughout the program with a minimum of 10 hours of instruction documented for each year of training of an approved program in general osteopathic philosophy and principles, including items of structural diagnosis and osteopathic manipulative medicine.

C. Clinical rounds and other kinds of clinical conferences must be held. Residents must have ready access to grand rounds presentations with some presentations from individuals from outside the institution.

D. The program curriculum shall include the following:

1. Residents must take on responsibility for and be the primary treating clinician involved in the diagnosis and management of patients with major psychiatric disorders.

2. There must be exposure in the treatment of common medical and neurological disorders.

3. Residents must be exposed to patients of various ages, both sexes, and various ethnic, racial, social and economic backgrounds.

4. There must be arrangements for increasing the amount of resident responsibility as they progress in training.

5. Residents must also be allowed time for educational activities outside of patient care.

6. There must be supervised clinical experience in neurology of two months duration.

7. There must be an exposure to patients with a wide range of acute and chronic major psychiatric disorders.

   a. Residents must have major responsibility over 24 hours for the diagnosis and treatment of patients on an inpatient, partial hospitalization or day treatment service for at least 4 months and not more than 12 months.

8. There must be an outpatient (ambulatory) psychiatry training exposure lasting at least 12 months continuously.

9. There must be exposure to managing outpatients with acute and chronic psychiatric
disorders as well as higher functioning patients with whom insight oriented and cognitive therapies are useful.

10. There must be exposures available in community mental health centers and other community based care organizations.

11. There must be training in various forms of individual psychotherapy including psychodynamic, cognitive, behavioral, biological and short-term therapies.

12. Residents must have a long-term psychotherapy experience with some patients seen weekly for at least one year.

13. Residents must have a child and adolescent psychiatry experience of at least 2 months under the direction of child and adolescent psychiatrists.
   a. There must be direct responsibility for the evaluation and management of both children and adolescents with a range of psychiatric disorders.

14. A consultation-liaison experience must be provided with a minimum of four months with exposure involving patients on medical-surgical services. This experience must include outpatient and inpatient exposure.

15. Emergency psychiatry services must be available.
   a. Residents must, under the direction of qualified faculty, participate in the evaluation, triage and management of patients presenting to the psychiatric emergency service.
   b. This experience must include training in the management of and contact with patients who are suicidal and who present the threat of physical violence.
   c. During the rotation, residents must have training in forensic issues of relevance to emergency psychiatry.

16. There must be an exposure to geriatric patients with various psychiatric disorders in which residents have primary responsibility for diagnosis and treatment.

17. There must be an exposure to patients with substance abuse problems.
   a. Residents must have experience with detoxification and management as well as an understanding of community resources.

18. Residents must have an exposure to patients with forensic psychiatric issues. Civil commitment during on-call responsibilities will not be considered an experience to fulfill this requirement.

19. There must be experience with couples, families and groups.

20. Residents must be in some settings where psychological and neuropsychological testing is used with some experience with their own patients and opportunities for residents to gain a basic understanding of common psychological and neuropsychological tests.

21. Clinical training must include interaction with managed care organizations, medical ethics and practice management.

22. Residents must interact with other mental health professionals including but not limited to psychologists, social workers and psychiatric nurses.

E. The didactic curriculum shall include the following:

1. The didactic curriculum is a critical element of psychiatry residency training programs. The
curriculum must be structured so that residents are excused from all responsibilities during delivery of regularly scheduled didactic material.

2. An organized, regularly scheduled curriculum must exist for the entire four years of the program which is broad-based and in depth to survey the field of psychiatry from biological, psychological and social points of view.

3. There must be multiple individuals from different disciplines presenting material with the following elements-necessary as relevant to psychiatry:
   a. Psychopharmacology and clinical sciences as relevant to psychiatry
   b. Major theories of development through adulthood and old age
   c. Major psychological theories including psychodynamic, behavioral and cognitive
   d. Material from other social sciences relevant to psychiatry
   e. Major treatment modalities utilized with acutely and chronically ill patients
   f. Cross-cultural and gender issues relevant to psychiatry:
      1. The way in which psychiatric disorders may present in different cultures
      2. Epidemiological differences in psychiatric disorders in different cultures
      3. Issues around sexual orientation, racial and ethnic issues, religious issues
   g. Psychiatric epidemiology
   h. Training in critically reading medical literature
   i. Practical research methodology
   j. Clinical case conferences in which case presentation skills, differential diagnosis, and case formulation and treatment are discussed
   k. Theory and practice of commonly used psychotherapies including short-term
   l. Forensic psychiatry issues
      1. Experience with civil commitment
      2. Management of threatening patients
   m. Health care economics and managed care issues
      1. Pre-certification
      2. Continuation of stay
      3. Authorization for medication administration
   n. Transition into practice information
      1. Billing codes
      2. Staff organization
      3. Collection, accounts receivable
      4. Office staff organization
      5. Scheduling
o. History of psychiatry
p. Techniques of couples, family and group therapy
q. Medical ethics issues
   1. End of life decisions
   2. Competency to refuse treatment
   3. Boundary issues

F. Each resident must have at least 2 hours of direct individual supervision each week that may include clinical and administrative issues or other topics as collaboratively decided upon by the supervisor and supervisee.

G. Clinical records must reflect the resident's participation in clinical decision making and reflect resident primary responsibility in clinical decision making and reflect residents primary responsibility for patient care. There must be evidence that residents perform both evaluation and management of patient care.

H. A committee must exist with representation from major institutions involved in the program and residents. This committee must be actively involved in assisting the program director in determining curriculum, program policy, resident selection and program evaluation. There must be regular meetings with written minutes available for review.

SECTION VI – PROGRAM DIRECTOR/FACULTY

A. A program director must:
   1. Hold certification in general psychiatry by the American Osteopathic Board of Neurology and Psychiatry or equivalent credentials satisfactory to the ACONP and AOA.
   2. Be active members of the American College of Osteopathic Neurologists and Psychiatrists.
   3. Have time allocated to the administration of the training program.
   4. Be delegated with institutional authority to administer the psychiatry residency educational program. This shall include:
      a. Ability to appoint and assign residents to educational activities.
      b. Selection and supervision of teaching staff.
      c. Oversight and supervisory responsibility for residents.
      d. Authority to design and implement the educational program.

B. Program director responsibilities include:
   1. Resident evaluation
      a. Program directors must meet with residents a minimum of twice yearly to review evaluations
      b. "Mock boards" resembling Part II of the AOBNP Board Certification Exam must be held for all residents yearly
   2. Notifying the ACONP Committee on Educational Evaluation of any significant changes in the program. This shall include program director changes, the addition or deletion of any of the major institutions participating in the program or changes in the relationship of the program to any of its major institutional partners.
C. The program director must approve all appointments to the teaching staff of the residency program as follows:

1. There must be a number and variety of teaching staff to provide sound educational instruction and supervision for all residents. In addition to psychiatrists, there must be Ph.D. level psychologists and other mental health professionals on staff who have significant interaction with residents.

2. Teaching faculty psychiatrists must be certified by the American Osteopathic Board of Neurology and Psychiatry or have equivalent qualifications satisfactory to the ACONP.

3. The program must have on file a written description of the educational responsibilities of all faculty members involved in the teaching program.

4. Program faculty must be involved in scholarly activity. Such activity may include but not be limited to presentations at local, regional or national meetings, published articles, preferably in peer-reviewed journals, evidence of participation in clinical or basic research and documentation of teaching or clinical excellence.

5. Program faculty must be involved in academic and professional activities within and outside the institution. Involvement in osteopathic specialty organizations is essential.

6. Supervising faculty must be readily available for consultation by residents as needed.

7. If multiple institutions are involved in the training program there must be a designated faculty in each institution who assumes responsibility for residents.

**SECTION VII – RESIDENT REQUIREMENTS**

A. Residents in psychiatry must be members of the specialty college.

B. During the training program the resident must:

1. Maintain a satisfactory record of assigned patients for whom he/she has primary care. Copies of these records shall be filed monthly with the program director and shall be available for inspection.

2. Maintain medical records as defined by the program director.

3. Submit an annual report to the American College of Osteopathic Neurologists and Psychiatrists.

4. Write one (1) professional research project pertinent to psychiatry which is suitable for publication. The paper shall be submitted the American College of Osteopathic Neurologists and Psychiatrists during the last year of training prior to completion of the residency training.

5. Participate in all professional staff activities involving patient care and evaluation as assigned.

**SECTION VIII- EVALUATION**

A. Resident Evaluation

Residents must be evaluated by the program director and faculty as indicated in the AOA Basic Document.

B. Faculty Evaluation

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 program changes as needed based on review of evaluations.

C. Facility Evaluation

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