

COMBINED NEUROLOGY & PSYCHIATRY

Department of Neurology, Department of Psychiatry

SCOPE OF PRACTICE PGY-1 – PGY-6

The six year total (72 month) program builds on our independently ACGME accredited Neurology and Psychiatry programs (ID#180-45-21-105 and 400-45-21-204, respectively). The required clinical experiences meet the Special Requirements for accreditation by both the RRC-Psychiatry and the RRC-Neurology (revised 10/07/99). The sequencing of training is consistent with the guidelines for combining training in Neurology and Psychiatry as established by the American Board of Psychiatry and Neurology (see Figure 1 below).

Figure 1. Sequencing of Clinical Experiences

1st Year	Internal Medicine — 8 mos	Psychiatry — 2 mos
2nd Year	Neurology — 12 mos	
3rd Year	Psychiatry — 12 mos	
4th Year	Neurology — 12 mos	
5th Year	Psychiatry — 12 mos	
6th Year	Integrated — 12 mos	

The training of residents while on neurology rotations is the responsibility of the neurology faculty, and while on psychiatry rotations, the responsibility of the psychiatry faculty. The program is consistent with the guidelines established by the American Board of Psychiatry and Neurology for combined training. Specifically, the requirement of 36 months of psychiatry training is met by 30 months of psychiatry training with six months credit for training appropriate to psychiatry obtained during the 30 months of neurology training. Likewise, the 36 months of neurology training is met by 30 months of neurology training with six months credit for training appropriate to neurology obtained during the 30 months of psychiatry training.

Within the 30 months of psychiatry, each resident assumes significant responsibility for patients in the context of the psychiatry RRC-required supervised clinical experiences. These include:

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child/adolescent, adult, geriatric, and substance abusing inpatient services (10 months); children, adolescents, couples and families (2 months full-time equivalent); consultation/liaison services involving medical and surgical patients in hospitals clinics or EDs (2 months full-time equivalent); community psychiatry including emergency services and court evaluations; and, an outpatient program with experience in both brief and long-term care of patients utilizing both psychodynamic and biological approaches (12 months full-time equivalent).

Among the 30 months of neurology, the resident obtains 18 months (FTE) of clinical adult neurology that includes six months of outpatient experience and a longitudinal continuity clinic (one-half day weekly throughout the 30 months of training) as well as 3 months (FTE) with neurological disorders in children. Training in the indications for and limitations of clinical neurodiagnostic tests, their interpretation, and the correlation of the information derived from these tests with the clinical history and examination in formulating a differential diagnosis is included. Residents learn the basic principles of rehabilitation, and participate in the management of patients with disorders of the nervous system requiring surgical management. They receive instruction in the principles of bioethics, in the provision of appropriate and cost-effective evaluation and treatment, and in appropriate and compassionate methods of end-of-life palliative care, including adequate pain relief, psychosocial support and counseling for patients and family members about these issues. In addition, residents learn the basic science on which clinical neurology is founded with concentrated training in a basic science area of at least 2 FTE months (total elective time is a minimum of three months).

Training in each discipline incorporates progressive responsibility for patient care, as well as supervision and teaching of medical students and junior residents throughout the training period. All residents attend the program seminars, conferences, grand rounds and journal clubs that cover the ACGME-required content areas of both specialties, and joint educational conferences include the participation of all residents in the combined training program. All sites used for didactic and clinical training (including continuity clinics) are located within walking distance on the MUSC campus. Attending evaluations of each resident rotation as well as annual formative evaluations are standard practice.

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At the conclusion of the 72 month program, residents have met the required level of experience and instruction in the socio-economics of illness, the ethical care of patients, the team approach to patient care, and the prevention, detection, and treatment of acute and chronic neurologic and psychiatric illness presenting in both inpatient and ambulatory settings.