4. Curriculum
Revised 6-15-09

- **Goals.** The curriculum will ensure that your training meets or exceeds national standards set forth by the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Psychiatry and Neurology (ABPN). The program will prepare you for independent practice in general psychiatry by providing a range of experiences designed to ensure you possess sound clinical judgment, the requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, and common medical and neurological disorders related to the practice of psychiatry. The clinical and didactic curriculum will provide you a thorough, well-balanced presentation of the generally accepted theories, schools of thought, and major diagnostic and therapeutic procedures in the field.

- **Clinical Curriculum.** There are specific ACGME clinical requirements for all residencies. Medicine and Pediatric rotations in the first year must be full-time (FT). All others (psychiatry and neurology) can be full-time or part-time (“full-time equivalent” or FTE). Some required clinical experiences have no specific time requirements. The development of the block rotation schedules for the psychiatry and combined residency programs is the responsibility of the Chief Resident using predetermined decision rules based on individual scheduling preferences, workforce needs, and level of knowledge/skill required. See link for Required Rotations and Block Rotation Schedule.

- **Didactic Curriculum.** ACGME requires that didactic instruction be systematically organized, thoughtfully integrated, and based on sound educational principles, and must include prepared lectures, seminars, and assigned readings that are carried out on a regularly scheduled basis. Didactic instruction must include regularly scheduled lectures, teaching rounds, seminars, clinical conferences, and required reading assignments covering the topics identified in this document. The curriculum must include a significant number of interdisciplinary clinical conferences and didactic seminars for residents in which psychiatric faculty members collaborate with neurologists, internists, and colleagues from other medical specialties and mental health disciplines. Didactic exercises should include resident presentation and discussion of clinical case material at conferences attended by faculty and fellow residents. This training should involve experiences in formulating and discussing the theoretical and practical issues involved in the diagnosis and management of the cases presented. Formal didactic activities must have high priority in the allotment of the resident's time and energies. Service needs and clinical responsibilities must not prevent the resident from obtaining the requisite individual supervision, formal instruction, and other didactic educational activities. **Program Policy:** MUSC psychiatry residents are required to attend all scheduled seminars while on psychiatry rotations if not on approved leave. For PG-1 and PG-2's this includes the inpatient and outpatient psychiatry rotations at the VA and IOP but does not include Night Float. Failure to meet the attendance requirement will result in the department not paying for a resident's USMLE Step III exam and/or SC license renewal (see benefits section).

- **PGY 2 Elective.** When workforce needs permit, PGY-2 general psychiatry residents may schedule an elective month on a first come basis.

- **PGY 4 Electives.** Twelve months of electives in the fourth year are offered to residents who entered our program at the PGY1 level and are not starting a child fellowship in PGY4. Residents entering at the PGY2 level will need to take core required rotations in PGY 4. Electives present an opportunity to develop and strengthen individual areas of interest. You are encouraged to create a unique set of experiences tailored to your specific interests (e.g., clinical, scholarly, administrative, teaching). Dr. Kantor will meet with you in February of your PGY 3 to go over parameters and begin developing individual plans.

- **Research Track.** We offer a research track for residents interested in considering research careers beginning in the PGY3. Applications are accepted in April from general psychiatry PGY2's. Selected individuals participate as PGY3 and PGY4 residents, half-time, in a well-coordinated curriculum that includes intensive mentored research rotations. Each person selects an active researcher who serves as their primary research mentor responsible for guiding the individual's research experience in their principal area of interest. There is formal didactic training in the skills typically necessary for a successful research career. Selected residents have an initial assessment of their current research knowledge and skills, which will guide the individualization of the curriculum to ensure that it will meet the needs of individual. This assessment will ensure that deficiencies in training that would serve as an impediment to a successful independent research career will be targeted in training. For example, most residents present with inadequate skills in research methodology, experimental design, and statistics which impedes their ability to fully participate in issues of study design, study execution, and data analysis. Thus, the program takes responsibility for ensuring that these voids are filled for each individual either through formal course work, attendance at seminars, mentoring activities, and/or exposure to relevant research experiences. The program format allows residents to be eligible for the NIH Clinical Research Loan Repayment Program.
• **Teaching Opportunities.** All psychiatry residents will have the opportunity to work with third and fourth year medical students during their residency. The third year medical students rotate on medicine, surgery, obstetrics, pediatrics, family medicine, and psychiatry services. Their six week psychiatry rotations are on one of the following: the VA psychiatry inpatient service; the IOP adult inpatient services (1-North, 3-North); the IOP child and adolescent (C&A) psychiatry inpatient service (IOP 2-North); the IOP substance abuse inpatient service (IOP 4-North); and the IOP Behavioral Intensive Care Unit (BICU). Third and fourth year medical students may also choose to participate in 3-4 week psychiatry clinical electives on one of the following services: the IOP C&A service; the IOP BICU service; the MUH psychiatry consultation-liaison service; the VA psychiatry consultation-liaison service; the VA Substance Abuse Treatment Clinic (SATC); or Forensic Psychiatry at Lieber Correctional Institute. Details about the medical students’ rotations can be found in their syllabus available on Web-CT. Incoming residents should take the opportunity to review this syllabus to understand the constructs of the course and the objectives. Residents are required to provide adequate supervision for the students and encouraged to provide formal instruction when possible. Supervision duties involve co-signing notes and orders and ensuring professional behavior by the students. For those interested, additional opportunities to lecture and teach small groups of medical students are available provided the resident is in good academic standing. Any issues or questions regarding medical student education should be directed to Dean Kilpatrick PhD or Christopher Pelic M.D.

• **Supervision and Progressive Responsibility.** Clinical training must include adequate, regularly scheduled, individual supervision. Residents must be provided with prompt, reliable systems for communication and interaction with supervisory physicians. Each resident in the PG-2 through PG-4 years of training must have, on average, 2 hours of weekly individual supervision in addition to teaching conferences and rounds. In addition, resident clinical experience in patient management should demonstrate graduated and progressive responsibility. **Program Policy.** Residents in PGY2 will receive, on average, one hour per week of individual supervision from with their block rotation attending, and one hour per week of individual supervision from their assigned longitudinal supervisor. Residents in PGY3 receive an average of four hours of weekly supervision with outpatient psychotherapy supervisors. Residents in PGY4 receive an average of two hours of supervision per week with their elective supervisors (these may be supervisors of an inpatient experience, continuation of outpatient psychotherapy supervisors, VA outpatient clinic supervisors, etc.). Approved caseload caps for inpatients are eight patients per PGY1 resident and eleven patients per PGY2 residents.