

# **American Board of Psychiatry & Neurology**

## **Psychiatry Core Competencies Outline**

### **I. Psychiatry Patient Care and Procedural Skills Core Competencies**

- A. General: Physicians shall demonstrate the following abilities:
  - 1. To perform and document a relevant history and examination on culturally diverse patients<sup>1</sup> to include as appropriate:
    - a. Chief complaint
    - b. History of present illness
    - c. Medical history
    - d. A comprehensive review of systems
    - e. A family history<sup>2</sup>
    - f. A sociocultural history
    - g. A developmental history (especially for children)
    - h. A situationally germane general and neurologic examination
  - 2. To delineate appropriate differential diagnoses
  - 3. To evaluate, assess, and recommend effective management of patients
- B. For Psychiatry: Based on relevant psychiatric assessment, psychiatrists shall demonstrate the following abilities:
  - 1. To perform a comprehensive diagnostic mental status examination
  - 2. To perform a screening neurologic examination
  - 3. To develop and document:
    - a. An appropriate DSM5 differential diagnosis
    - b. An integrative case formulation that includes neurobiological, phenomenological, psychological, and sociocultural issues involved in diagnosis and management
    - c. An evaluation plan, including appropriate laboratory, imaging, medical, and psychological examinations
    - d. A comprehensive treatment plan addressing biological, psychological, and sociocultural domains
  - 4. To comprehensively assess and document a patient's potential for self-harm or harm to others. This shall include:
    - a. An assessment of risk
    - b. Knowledge of involuntary treatment standards and procedures
    - c. Ability to intervene effectively to minimize risk
    - d. Ability to implement prevention methods against self-harm and harm to others
  - 5. To conduct therapeutic interviews (e.g., enhance the ability to collect and use clinically relevant material through supportive interventions, exploratory interventions, and clarifications)
  - 6. To determine if a patient's symptoms are due to a psychiatric

disorder or are of another origin (e.g., the result of a systemic or neurologic disease)

7. To conduct a range of individual, group, and family therapies using standard, accepted models, and to integrate these psychotherapies in multi-modal treatment, including biological and sociocultural interventions
8. To initiate, titrate, and monitor appropriate psychotropic medications
9. To evaluate the indication for, relevance of, and application of the following therapeutic procedures:
  - a. Electroconvulsive therapy
  - b. Light therapy
  - c. Transcranial magnetic stimulation
  - d. Vagal nerve stimulation

## **II. Psychiatry Medical Knowledge Core Competencies**

- A. General: Physicians shall demonstrate the following:
  1. Knowledge of general medical conditions, including considerations relating to age, gender, race, and ethnicity, based on the literature and standards of practice. This knowledge shall include:
    - a. The epidemiology of the disorder
    - b. The etiology of the disorder, including medical, genetic, and sociocultural factors
    - c. The phenomenology of the disorder
    - d. An understanding of the impact of physical illness on the patient's functioning
    - e. The experience, meaning, and explanation of the illness for the patient and family, including the influence of cultural factors and culture-bound syndromes
    - f. Effective treatment strategies
    - g. Course and prognosis
  2. Knowledge of health care delivery systems, including patient and family counseling
  3. Systems-based practice
  4. Knowledge of the application of ethical principles in delivering medical care
  5. Ability to reference and utilize electronic systems to access medical, scientific, and patient information
- B. For Psychiatry: Psychiatrists shall demonstrate knowledge of the following:
  1. Human growth and development, including normal biological, cognitive, and psychosexual development, as well as sociocultural

factors; pathophysiology and neuroanatomy; and psychobiology of psychiatric disorders

2. Behavioral science and social psychiatry, including:
  - a. Learning theory
  - b. Theories of normal family organization, dynamics, and communication
  - c. Theories of group dynamics and process
  - d. Anthropology, sociology, and theology as they pertain to clinical psychiatry
  - e. Transcultural psychiatry
  - f. Community mental health
  - g. Epidemiology
  - h. Research methodology and statistics
  - i. Psychodynamic theory
3. Patient evaluation and treatment selection, including diagnostic and therapeutic studies, including:
  - a. Diagnostic interviewing
  - b. Mental status examination
  - c. Psychological and educational testing
  - d. Laboratory testing
  - e. Imaging studies
  - f. Treatment comparison and selection
  - g. Various treatments, including:
    - (1) Specific forms of psychotherapies
      - (a) Brief therapy
      - (b) Cognitive behavior therapy
      - (c) Interpersonal therapy
      - (d) Psychodynamic therapy
      - (e) Supportive therapy
    - (2) All delivery systems of psychotherapies
      - (a) Individual
      - (b) Group
      - (c) Family
    - (3) Recognition and treatment of psychosexual dysfunctions
    - (4) Somatic treatments, including:
      - (a) Pharmacotherapy, including antidepressants, antipsychotics, anxiolytics, mood stabilizers, hypnotics, and stimulants, including their:
        - i) Pharmacologic actions
        - ii) Clinical indications
        - iii) Side effects
        - iv) Drug interactions, including over-the-counter, herbal, and alternative

- medications
      - v) Toxicities
      - vi) Appropriate prescribing practices, including age, gender, and ethnocultural variations
      - vii) Cost-effectiveness
    - (b) Electroconvulsive therapy
    - (c) Light therapy
    - (d) Transcranial magnetic stimulation
    - (e) Vagal nerve stimulation
  - h. Emergency psychiatry, including:
    - (1) Suicide
    - (2) Homicide and other violent behavior
    - (3) Child, domestic, and elder abuse
    - (4) Crisis intervention
    - (5) Differential diagnoses in emergency situations
    - (6) Treatment methods in emergency situations
  - i. Substances of abuse, including the:
    - (1) Pharmacologic actions of substances of abuse
    - (2) Signs and symptoms of toxicity
    - (3) Signs and symptoms of withdrawal
    - (4) Management of toxicity and withdrawal
    - (5) Epidemiology, including sociocultural factors
    - (6) Prevention and treatment
- 4. Psychiatric subspecialties and other areas of psychiatric endeavor, including:
  - a. Addiction psychiatry
  - b. Child and adolescent psychiatry
  - c. Clinical neurophysiology
  - d. Forensic psychiatry
  - e. Geriatric psychiatry
  - f. Pain medicine
  - g. Consultation-liaison psychiatry
  - h. Sleep medicine
  - i. End-of-life and palliative care
- 5. Psychopathology, epidemiology, diagnostic criteria, and clinical course for common psychiatric disorders and diseases across the lifespan, including treatment, for the following:
  - a. Neurocognitive disorders
  - b. Schizophrenia spectrum and other psychotic disorders
  - c. Bipolar and related disorders
  - d. Depressive disorders
  - e. Anxiety disorders
  - f. Obsessive-compulsive and related disorders

- g. Trauma- and stressor-related disorders
- a. Dissociative disorders
- b. Somatic symptom and related disorders
- c. Feeding and eating disorders
- d. Elimination disorders
- e. Sleep-wake disorders
- f. Sexual disorders
- g. Gender dysphoria
- h. Disruptive, impulse control, and conduct disorders
- i. Substance-related and addictive disorders
- j. Neurocognitive disorders
- k. Personality disorders
- l. Paraphilic disorders
- m. Other mental disorders
- n. Medication-induced movement disorders and other adverse effects of medication
- o. Other conditions that may be a focus of clinical attention
- 6. Neurology, including:
  - a. Pathophysiology, epidemiology, diagnostic criteria, and clinical course for common neurologic disorders, including:
    - (1) Movement disorders, stroke, dementia, and seizure disorders
    - (2) Neurologic manifestations/complications of common psychiatric disorders
    - (3) Psychiatric manifestations of common neurologic disorders
  - b. Neuropharmacology
    - (1) Major medications (e.g., anticonvulsants, antiparkinsonian agents)
    - (2) Side effects (e.g., delusions, mood changes)
    - (3) Neurologic complications of somatic therapies (e.g., movement disorders)
- 7. Employment of principles of quality improvement in practice

### **III. Psychiatry Interpersonal and Communications Skills Core Competencies**

- A. Psychiatrists shall demonstrate the following competencies:
  - 1. To listen to and understand patients and to attend to nonverbal and electronic communication
  - 2. To communicate effectively with patients using verbal, nonverbal, and written skills as appropriate
  - 3. To develop and maintain a therapeutic alliance with patients by instilling feelings of trust, honesty, openness, rapport, and comfort in

- their relationships with psychiatrists
  - 4. To partner with patients to develop an agreed-upon health care management plan
  - 5. To transmit information to patients in a clear and meaningful fashion
  - 6. To understand the impact of the psychiatrist's own feelings and behavior so that it does not interfere with appropriate treatment
  - 7. To communicate effectively and work collaboratively with other health care and other professionals involved in the lives of patients and their families
  - 8. To educate patients, their families, and professionals about medical, psychosocial, and behavioral issues
  - 9. To preserve patient confidentiality
- B. Psychiatrists shall demonstrate the ability to obtain, interpret, and evaluate consultations from other medical specialties. This shall include:
- 1. Knowing when to solicit consultation and having the sensitivity to assess the need for consultation
  - 2. Formulating and clearly communicating the consultation question
  - 3. Discussing the consultation findings with the consultant
  - 4. Discussing the consultation findings with the patient and family
- C. Psychiatrists shall serve as effective consultants to other medical specialists, mental health professionals, and community agencies by demonstrating the abilities to:
- 1. Communicate effectively with the requesting party to refine the consultation question
  - 2. Maintain the role of consultant
  - 3. Communicate clear and specific recommendations
  - 4. Respect the knowledge and expertise of the requesting professionals
- D. Psychiatrists shall demonstrate the ability to communicate effectively with patients and their families by:
- 1. Matching all communication to the educational and intellectual levels of patients and their families
  - 2. Demonstrating sociocultural competence to patients and their families
  - 3. Providing explanations of psychiatric disorders and treatment that are jargon free and matched to the educational/intellectual levels of patients and their families
  - 4. Providing preventive education that is understandable and practical
  - 5. Respecting patients' cultural, ethnic, religious, and economic backgrounds
  - 6. Developing and enhancing rapport and a working alliance with

- patients and their families
  - 7. Ensuring that the patient and/or family have understood the communication
  - 8. Responding promptly to electronic communications when used as a communication method agreed upon by psychiatrists and their patients and patients' families
- E. Psychiatrists shall maintain up-to-date medical records and write legible prescriptions. These records must capture essential information while simultaneously respecting patient privacy, and they must be useful to health professionals outside psychiatry.
- F. Psychiatrists shall demonstrate the ability to work effectively within a multidisciplinary treatment team, including being able to:
  - 1. Listen effectively
  - 2. Elicit needed information from team members
  - 3. Integrate information from different disciplines
  - 4. Manage conflict
  - 5. Clearly communicate an integrated treatment plan
- G. Psychiatrists shall demonstrate the ability to communicate effectively with patients and their families while respecting confidentiality. Such communication may include:
  - 1. The results of the assessment
  - 2. Use of informed consent when considering investigative procedures
  - 3. Genetic counseling, palliative care, and end-of-life issues when appropriate
  - 4. Consideration and compassion for the patient in providing accurate medical information and prognosis
  - 5. The risks and benefits of the proposed treatment plan, including possible adverse effects of medications and/or complications of non-pharmacologic treatments
  - 6. Alternatives (if any) to the proposed treatment plan
  - 7. Appropriate education concerning the disorder, its prognosis, and prevention strategies

#### **IV. Psychiatry Practice-Based Learning and Improvement Core Competencies**

- A. Psychiatrists shall recognize limitations in their own knowledge base and clinical skills and understand and address the need for lifelong learning.
- B. Psychiatrists shall demonstrate appropriate skills for obtaining and evaluating up- to-date information from scientific and practice literature and other sources to assist in the quality care of patients. This shall include, but not be

limited to:

1. Use of medical libraries
  2. Use of information technology, including Internet-based searches and literature databases
  3. Use of drug information databases
  4. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities at both local and national levels
- C. Psychiatrists shall evaluate caseload and practice experience in a systematic manner. This may include:
1. Case-based learning
  2. Use of best practices through practice guidelines or clinical pathways
  3. Review of patient records
  4. Obtaining evaluations from patients (e.g., outcomes and patient satisfaction)
  5. Employment of principles of quality improvement in practice
  6. Obtaining appropriate supervision and consultation
  7. Maintaining a system for examining errors in practice and initiating improvements to eliminate or reduce errors
- D. Psychiatrists shall demonstrate the ability to critically evaluate relevant medical literature. This may include:
1. Using knowledge of common methodologies employed in psychiatric research
  2. Researching and summarizing a particular problem that derives from their own caseloads
- E. Psychiatrists shall demonstrate the abilities to:
1. Review and critically assess scientific literature to determine how quality of care can be improved in relation to one's practice (e.g., reliable and valid assessment techniques, treatment approaches with established effectiveness, practice parameter adherence). Within this aim, psychiatrists shall be able to assess the generalizability or applicability of research findings to their patients in relation to their sociodemographic and clinical characteristics
  2. Develop and pursue effective remediation strategies that are based on critical review of the scientific literature

## **V. Psychiatry Professionalism Core Competencies**

- A. Psychiatrists shall demonstrate responsibility for their patients' care, including:
1. Responding to communication from patients and health professionals in a timely manner



2. Establishing and communicating back-up arrangements, including how to seek emergent and urgent care when necessary
  3. Using medical records for appropriate documentation of the course of illness and its treatment
  4. Providing coverage if unavailable (e.g., when out of town or on vacation)
  5. Coordinating care with other members of the medical and/or multidisciplinary team
  6. Providing for continuity of care, including appropriate consultation, transfer, or referral if necessary
- B. Psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care, including matters of informed consent/assent, professional conduct, and conflict of interest.
- C. Psychiatrists shall demonstrate respect for patients and their families, and their colleagues as persons, including their ages, cultures, disabilities, ethnicities, genders, socioeconomic backgrounds, religious beliefs, political leanings, and sexual orientations.
- D. Psychiatrists shall demonstrate understanding of and sensitivity to end-of-life care and issues regarding provision of care and clinical competence.
- E. Psychiatrists shall review their professional conduct and remediate when appropriate.
- F. Psychiatrists shall participate in the review of the professional conduct of their colleagues.

## **VI. Psychiatry Systems-Based Practice Core Competencies**

- A. Psychiatrists shall have a working knowledge of the diverse systems involved in treating patients of all ages and understand how to use the systems as part of a comprehensive system of care in general and as part of a comprehensive, individualized treatment plan. This shall include the:
1. Evaluation and implementation, where indicated, of the use of practice guidelines
  2. Ability to access community, national, and allied health professional resources that may enhance the quality of life of patients with chronic psychiatric and neurologic illnesses
  3. Demonstration of the ability to lead and work within health care teams needed to provide comprehensive care for patients with psychiatric and neurologic disease and respect professional boundaries

4. Demonstration of skills for the practice of ambulatory medicine, including time management, clinical scheduling, and efficient communication with referring physicians
  5. Use of appropriate consultation and referral mechanisms for the optimal clinical management of patients with complicated medical illness
  6. Demonstration of awareness of the importance of adequate cross-coverage
  7. Use of accurate medical data in the communication with and effective management of patients
- B. In the community system, psychiatrists shall:
1. Recognize the limitation of health care resources and demonstrate the ability to act as an advocate for patients within their sociocultural and financial constraints
  2. Demonstrate knowledge of the legal aspects of psychiatric diseases as they impact patients and their families
  3. Demonstrate an understanding of risk management.
- C. Psychiatrists shall demonstrate a working knowledge of different health care systems, including:
1. Working within the system of care to maximize cost-effective utilization of resources
  2. Participating in utilization review communications and, when appropriate, advocating for quality patient care
  3. Educating patients concerning such systems of care
- D. Psychiatrists shall demonstrate knowledge of community systems of care and assist patients to access appropriate care and other support services. This requires knowledge of treatment settings in the community, which include ambulatory, consulting, acute care, partial hospital, skilled care, rehabilitation, nursing homes and home care facilities, substance abuse facilities, and hospice organizations. Psychiatrists shall demonstrate knowledge of the organization of care in each relevant delivery setting and the ability to integrate the care of patients across such settings.
- E. Psychiatrists shall be aware of safety issues, including acknowledging and remediating medical errors, should they occur.

<sup>1</sup>Cultural diversity includes issues of race, gender, language, age, country of origin, sexual orientation, religious/spiritual beliefs, sociocultural class, educational/intellectual levels, and physical disability. Working with a culturally diverse population requires knowledge about cultural factors in the delivery of health care. For the purposes of this document, all patient and peer populations are to be considered culturally diverse.

<sup>2</sup>For the purposes of this document, “family” is defined as those having a biological or otherwise meaningful relationship with the patient. Significant others are to be defined from the patient’s point of view.

Approved by the ABPN Board of Directors, July 22, 2011