

## Combined Pediatrics-Psychiatry-Child and Adolescent Psychiatry Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in pediatrics, psychiatry, and child and adolescent psychiatry, as approved by the American Board of Pediatrics (ABP), American Board of Psychiatry and Neurology (ABPN), American Osteopathic Board of Neurology and Psychiatry (AOBNP), and American Osteopathic Board of Pediatrics (AOBP). This information was collated on February 9, 2026, and will be updated as needed.

1. Total duration:
  - a. Five years (60 months) of education and training in combined pediatrics, psychiatry, and child and adolescent psychiatry
  - b. Additional time outside of the minimum requirements must be customized per the mission of the program and the individual needs of each resident
  - c. The first year of the program must be spent in direct patient care of pediatric patients (not in psychiatry)
  
2. Pediatrics:
  - a. Newborn nursery: four weeks
  - b. Adolescent medicine: four weeks
  - c. Developmental-behavioral pediatrics: four weeks
  - d. Pediatric emergency medicine and acute illness: 12 weeks, eight of which must occur in an emergency department
  - e. Intensive care unit (ICU):
    - i. Four weeks neonatal intensive care unit (NICU)
    - ii. Four weeks pediatric intensive care unit (PICU)
    - iii. Four additional weeks of NICU or PICU
  - f. Outpatient pediatric subspecialties: four weeks (composed of at least two subspecialties)
  - g. Inpatient pediatrics: 24 weeks
    - i. 16 weeks of general pediatrics or pediatric hospital medicine service
  - h. General ambulatory pediatric clinic: eight weeks in addition to the longitudinal clinic requirement and must be a broad experience
  - i. Individualized pediatrics curriculum: 24 weeks
    - i. 20 weeks of pediatric subspecialty experiences
      1. Psychiatry or child psychiatry rotations should not be utilized to fulfill the subspecialty requirements
    - ii. Four weeks of elective experiences
  - j. Supervisory experiences: 12 weeks
    - i. Cannot be during PGY-1

- ii. Eight weeks on general pediatrics/pediatric hospital medicine service
- k. 24 months of broad-based, general pediatrics ambulatory longitudinal continuity clinic experiences.
  - i. Minimum of 72 half-day sessions over the duration of the program, scheduled to maximize continuity of care (describe in block diagram notes)

Psychiatry curricular components must be 36 months, including the following:

3. Adult inpatient psychiatry:

- a. Four months, and no more than nine months.
- b. Residents must have significant responsibility for the assessment, diagnosis, and treatment of adult psychiatric patients who are admitted to traditional psychiatry units, day hospital programs, research units, residential treatment programs, and other settings where the patient population is acutely ill and represents a diverse clinical spectrum of diagnoses, adult ages, and gender. Patient services must be comprehensive and continuous, and allied medical and ancillary staff must be available for backup support at all times.

4. Outpatient psychiatry:

- a. Six months of organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both brief and long-term care of patients utilizing both psychological and biological approaches to outpatient treatment.
- b. This longitudinal experience should include evaluation and treatment of ongoing individual psychotherapy patients, some of whom should be seen weekly under supervision, with significant experience longitudinally following patients for at least nine months as clinically indicated; exposure to multiple treatment modalities that emphasize developmental, biological, psychological, and social approaches to outpatient treatment; and opportunities to apply psychosocial rehabilitation techniques, and to evaluate and treat differing disorders in a chronically ill patient population.
- c. Children and adolescents: Residents must work with some child and adolescent patients from each developmental age group, continuously over time, in a variety of treatment modalities, and (when clinically appropriate), for 12 months' duration or more.
  - i. This must include development of conceptual understanding and beginning clinical skills in major treatment modalities, which include brief and long-term individual therapy, family therapy, group therapy, crisis intervention, supportive therapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and pharmacotherapy.

5. Acutely and severely disturbed children and adolescents:

- a. Four months, and no more than six months caring for acutely and severely disturbed children and adolescents
  - b. This experience must occur in settings with an organized treatment program, such as inpatient units, residential treatment facilities, partial hospitalization programs, and/or day treatment programs.
6. The following requirements can be completed in psychiatry, child and adolescent psychiatry, or, preferably, a combination of both:
- a. Addiction psychiatry:
    - i. One month of organized experience focused on the evaluation and clinical management of patients with substance use disorders (SUDs), including dual diagnosis.
    - ii. Treatment modalities should include detoxification, management of overdose, maintenance pharmacotherapy, the use of psychological and social consequences of SUDs in confronting and intervening in chronic SUD rehabilitation used in recovery stages from pre-contemplation to maintenance, and the use of self-help groups.
  - b. Consultation-liaison psychiatry:
    - i. This experience, during which residents use their specialized knowledge and skills to assist others to function better in their roles, must be in consultation to medical professionals and at least one additional area:
      - 1. Two months with an adequate number of pediatric patients in outpatient and/or inpatient non-psychiatric medical facilities;
      - 2. Formal observation and/or consultation experiences in schools;
      - 3. Legal issues relevant to general psychiatry or child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system;
      - 4. Experience consulting to community systems of care.
  - c. Forensic psychiatry:
    - i. This experience must expose residents to the evaluation of forensic issues such as patients facing criminal charges, establishing competence to stand trial, criminal responsibility, commitment, and an assessment of a patient's potential to harm themselves or others.
    - ii. This experience should include writing a forensic report.
    - iii. Where feasible, giving testimony in court is highly desirable.
  - d. Emergency psychiatry:
    - i. The emergency psychiatry experience must be conducted in a 24-hour psychiatric emergency service.
    - ii. Some of this experience must include care of children and adolescents.
    - iii. Must include experience and learning in crisis intervention techniques, including the evaluation and management of suicidal patients.
  - e. Community psychiatry: Supervised responsibility consulting to or providing treatment in community mental health care.

- f. Organized educational clinical experiences focused on treatment in the care of patients with intellectual disabilities and neurodevelopmental disorders, patients with substance use disorders, and geriatric patients (describe in block diagram notes if not evident).
- g. Neurology:
  - i. Two months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions.
  - ii. One month must be completed in child neurology and one in adult neurology.

**Note:** The program should ensure that the above curriculum is reflected in the block diagram; please add notes below the block diagram table as needed.