Combined Internal Medicine-Psychiatry Curricular Requirements

This document enumerates the **minimum** curricular requirements for combined ACGME-accredited programs in internal medicine and psychiatry, as approved by the American Board of Internal Medicine (ABIM), American Board of Psychiatry and Neurology (ABPN), American Osteopathic Board of Internal Medicine (AOBIM), and American Osteopathic Board of Neurology and Psychiatry (AOBNP). This information was collated from the certifying boards on June 18, 2025 and will be updated as needed.

1. Total duration:
    a) 60 months.
    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) This time must be equitably allocated between the participating specialties such that the resident acquires the knowledge, skills, and behaviors necessary to enter autonomous practice in each of the participating specialties.

Psychiatry curricular components must be 30 months, including the following:

2. Inpatient psychiatry:
    a) Six months, and no more than 16 months.
    b) Residents must have significant responsibility for the assessment, diagnosis, and treatment of general 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, 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.
3. Outpatient psychiatry:
    a) Twelve 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.
    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 one year 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) No more than 20 percent of outpatients may be child and adolescent patients; this portion of education may be used to fulfill the child and adolescent psychiatry requirements, so long as this component meets the requirements for child and adolescent psychiatry below.

4. Child and adolescent psychiatry:
    a) Two months of organized clinical experiences.
    b) Residents must be supervised by child and adolescent psychiatrists who are certified by the ABPN/AOBNP or who are judged by the Review Committee to have acceptable qualifications.
    c) Residents must be provided opportunities to assess development and to evaluate and treat a variety of diagnoses in male and female children and adolescents, with the patients' families, using a variety of interventional modalities.
5. Consultation-liaison psychiatry:
    a) Two months in which residents consult (under supervision) on other medical and surgical services.
6. Emergency psychiatry:
    a) The emergency psychiatry experience must be conducted in an organized 24-hour psychiatric emergency service, a portion of which may occur in ambulatory urgent-care settings but not as part of the 12-month outpatient requirement.
    b) Residents must be provided with experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients.
    c) On-call experiences may be part of this experience, but no more than 50 percent.
7. The following curricular components may be additional rotations or incorporated into the inpatient or outpatient requirements above (must describe in block diagram notes):
    a) Geriatric psychiatry:
        i. One month of organized experience focused on the specific competencies in areas that are unique to the care of the older adult.
        ii. These include the diagnosis and management of mental disorders in patients with multiple comorbid medical disorders, familiarity with the differential diagnosis and management (including management of the cognitive component) of the degenerative disorders, and understanding of neuropsychological testing as it relates to cognitive functioning in the older adult and the unique pharmacokinetic and pharmacodynamic considerations encountered in the older adult, including drug interactions.

b) 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.

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) Community psychiatry:

i. This experience must expose residents to persistently and chronically ill patients in the public sector (e.g., community mental health centers, public hospitals and agencies, and other community-based settings).

ii. The program should provide residents with the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.

8. Neurology:

a) Two months of supervised clinical experience in the diagnosis and treatment of patients with neurological disorders/conditions.

b) At least one month should occur in the first or second year of the program.

Internal Medicine curricular components must include:

9. 30 months of educational experience in internal medicine:

a) 20 of these months must include direct responsibility for patients with illnesses in the domain of internal medicine, including geriatric medicine.

10. Two months of care of patients with various illnesses in critical care:

a) One month must occur during PGY-1-2.

b) One month must occur during PGY-3-5.

11. Ambulatory medicine:
    a) 10 months.
    b) Must include exposure to the internal medicine subspecialties* that take place in ambulatory settings, as well as geriatric medicine and neurology.
12. Longitudinal, team-based continuity experience for the duration of the program (describe in block diagram notes)
13. Internal medicine subspecialty* experiences:
    a) Four months.
    b) Must include experience as a consultant.
14. Emergency medicine:
    a) Must include education and training in emergency medicine.
    b) Residents must have first-contact responsibility for the diagnosis and management of adults, including direct participation in reaching decisions about admissions.

* For the purposes of this document, internal medicine subspecialties are cardiovascular disease; critical care medicine; endocrinology, diabetes, and metabolism; gastroenterology; hematology; infectious disease; nephrology; medical oncology; pulmonary disease; and rheumatology.