

clinical adult neurology with primary responsibility in patient care. In addition, each resident will obtain experiences with neurological disorders in children under the supervision of a qualified child neurologist. This will consist of three months (full time equivalent) in clinical child neurology with primary responsibility in patient care. Particular emphasis will be given to understanding the growth and development of the nervous system.

The training will include the indications for various laboratory and special diagnostic procedures i.e., radiologic and radioisotopic studies, CT, MRI, EEG, EMG, and NCS, psychological testing and other investigations pertinent to clinical neurology and their interpretation.

In addition to the patient care activities, each resident will obtain the basic science and background upon which clinical neuropathology, neurophysiology, and the application of genetics and epidemiology to neurological disorders. An extensive exposure in one or more of these areas is planned for each resident.

During the PGY-2 year, the resident on rotation to neurology will be supervised in work in the Neurology wards and clinics. In addition, rotations to neuroradiology and neuropathology will be provided. In the PGY-3 year the resident will be presented with specialty clinic experience, consultation electives and the "Stroke" service. During the PGY 4&5 years while the resident is on psychiatry, he or she will continue to follow ambulatory neurology patients in a weekly clinic supervised by faculty in the department of Neurology. The PGY-6 year will provide continuation of and expansion of the ambulatory experience in subspecialty clinics and ward supervision. This rotation and neurology didactics are as outlined in the Neurology Table. Clinic will continue throughout the PGY-5 and PGY-6 years

Evaluation

Periodic evaluation of the educational progress of each resident will be conducted. Included in this evaluation will be assessment of the resident's knowledge, various clinical skills, attitudes and interpersonal relationships. These evaluations will be discussed with the resident at least annually and will be kept on file and available for review. Yearly mock-oral exams and written Residency In-Service Training Exams are included.

Certification

To meet eligibility for dual certification the resident must satisfactorily complete a total of 72 months of training, 10 preliminary months of Internal medicine, 62 months of combined training which must be verified by the directors of both programs. The written certifying examinations in each specialty may not be taken until all required years of training in the specialty are satisfactorily completed. Lacking verification of acceptable clinical competence and performance in both specialties in a combined program, the resident must satisfactorily complete the training requirements for each specialty.

Application Process

The applicant must apply to the Neurology Match and "Match" in Neurology for a position 2 years hence. Neurology will arrange for the prerequisite year in Internal Medicine. At the same time one must be accepted (outside Match) to Psychiatry for the fourth and fifth year of training, respectively, which is followed by a combined year.



Combined Residency Training in Psychiatry and Neurology

Call for information:
Psychiatry (305)355-8264
Neurology (305)324-3371
E-mail: Risaacson@med.miami.edu

COMBINED RESIDENCY TRAINING PROGRAM IN PSYCHIATRY-NEUROLOGY

Introduction

Ralph Sacco, M.D., Chairman, and the Faculty of the Department of Neurology; and Charles B. Nemeroff Ph.D., M.D., Chairman, and the Faculty of the Department of Psychiatry and Behavioral Sciences of the University of Miami School of Medicine are pleased to offer a Combined Residency in Psychiatry and Neurology.

General information:

The Combined Residency in Psychiatry and Neurology will include at least six years of coherent training integral to residencies in the two disciplines which meet the special requirements for accreditation by the RRCs of Psychiatry and Neurology respectively.

The combined training will be in the same institution. Affiliated institutions will be located close enough to facilitate cohesion among the program's housestaff, attendance at weekly clinics and integrated conferences, and faculty exchanges of curriculum, evaluation, administration, and related matters. Efforts will be made to enroll two residents in the combined program each year.

At the conclusion of the 72 months of training in medicine, psychiatry and neurology, residents will have had experience and instruction in the prevention, detection, and treatment of acute and chronic psychiatric and neurological illness presenting in both inpatient and ambulatory settings, as well as in the socioeconomics of illness, the ethical care of patients, and in the team approach to the provision of patient care.

The training of residents while on psychiatry rotations is the responsibility of the psychiatry faculty, and while on neurology rotations, the neurology faculty. Vacation, sick, and leave time will be prorated for each specialty. Written information will be provided regarding financial compensation, liability coverage and the policies regarding vacations, sick leave, maternity/paternity leave, as well as other special leaves.

Except as may be detailed in the following provisions, the combined residency will conform to the Special Requirements for accreditation of residencies in psychiatry and neurology.

The Residents

Residents will enter the Internal Medicine (preliminary) Program at the R-1 level. The Neurology Program at the R-2 Level and the psychiatry program at the R-4 level. Training in each discipline will incorporate progressive responsibility for patient care, supervision and teaching of medical students and junior residents throughout the training period.

The Program Directors

The combined residency will be coordinated by designated full-time co-directors from both specialties who can devote time and effort to the educational program. Richard Steinbook, M.D. will serve as co-director for psychiatry. He currently serves as Director of Psychiatric Residency Training. Dr. Ashok Verma will serve as co-director for neurology. He is the Director of Neurology Residency Training, currently. The two directors embrace similar values and goals for the program. The supervising directors from both specialties will document meeting with one another at least quarterly to monitor the progress of each resident and the overall success of the program.

Length of Training

Training requirements for credentialing for the certifying examination of the Board for each specialty will be fulfilled by 72 months of training. 10 months of internal medicine, 32 months of neurology training and 30 months of psychiatry training will be provided.

Core Curricular Requirements

A clearly described written curriculum will be available for the residents, faculty and both Residency Review Committees. The curriculum will assure a cohesive, planned educational experience. Duplication of clinical experiences between the two specialties will be avoided and periodic review of the program curriculum will be performed. This review will include the program directors from both departments, with consultation with faculty and residents from both departments.

The 12 months of training in the R-1 year includes ten months of Internal Medicine and 2 months of Neurology. The Department of Medicine, JMH, has agreed to supervise residents in internal medicine rotation.

During this year, residents involved in the joint program will meet periodically with the co-directors and attend Neurology and Psychiatry departmental activities when possible.

Joint educational conferences involving residents from psychiatry and neurology will include the participation of all residents in the combined training program.

Psychiatry Training

During the 30 months of psychiatry each resident will assume significant responsibility for an appropriate number and variety of psychiatric inpatients for a period of not less than 6 months or more than 9 months. In addition, clinical experience will include a longitudinal experience equal to one year, in an organized and well supervised outpatient program which includes a wide variety of disorders, patients and treatment modalities with experience in both brief and long-term care of patients utilizing psychodynamic other psychotherapeutic and biological approaches. Other supervised clinical experiences will include a minimum of 2 months full time equivalent in the evaluation of children, adolescents, couples and families; supervised psychiatric consultation/liaison responsibility of a minimum of 2 months full time equivalent, involving medical and surgical patients; supervised responsibility on an organized 24 hour emergency service; community psychiatry including forensic or court evaluation; collaboration with other mental health professionals; experience with common psychological test procedures; and clinical management of patients with alcoholism and drug abuse including detoxification and long term management.

The PGY-6 year will provide continuation of and expansion of the ambulatory and managed care clinics in psychiatry and neurology with expanded community consultation. A neuropsychiatry research project will be required as well.

Neurology Requirements

During the 32 months of neurology, each resident will obtain 18 months (full time equivalent) of