

# PSYCHIATRY CURRICULUM FOR NEUROLOGY RESIDENTS



This curriculum, developed in collaboration with the Consortium of Neurology Program Directors and the American Association of Directors of Psychiatric Residency Training, provides a comprehensive outline of the relevant educational goals for the future generation of adult neurologists learning psychiatry during residency. The clinical scope of this curriculum is common and uncommon psychiatric disease encountered in typical adult neurology practices. This outline serves to aid in the development of psychiatry rotation learning objectives and educational material, and thus is aimed primarily at neurology residents and residency directors, but also at individual teachers, to help tailor specific topics to the level of the neurology resident.

## Authors:

### Lead Author

**Amar Bhatt, MD**  
Rush University Medical Center

**Daniel Shalev, MD**  
Weill Cornell Medical College

**Iram Zaman, DO**  
Henry Ford Hospital

**Jacqueline Hobbs, MD, PhD**  
University of Florida

**James J. Reese, Jr., MD, MPH, FAAN**  
University of New Mexico Health  
Sciences Center

**Naveed Wagle, MD**  
Pacific NeuroScience Institute

**Paul C. Lee, MD, MPH**  
Tripler Army Medical Center

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## Part I. General Clinical Approach

### Clinical evaluation:

#### *History*

Efficiently obtains a complete, relevant, and organized neurologic and psychiatric history

- Performs comprehensive review of systems pertinent to psychiatric disorders (e.g., mood changes, change in sensorium, trouble thinking, suicidal or homicidal ideation, intent, or plan)
- Obtains past medical history relevant to psychiatric or neurologic disorders (e.g., craniocerebral trauma, dementia, intracerebral tumors, seizures, HIV, thyroid disease, STIs, etc.)
- Obtains personal history relevant to psychiatric disorders (e.g., birth, childhood, adulthood)
- Obtains social history relevant to psychiatric illness (e.g., alcohol abuse, drug and tobacco use, emotional and physical problems, sexual history, living situation, occupational history)
- Obtains family history as it pertains to psychiatric illnesses

#### *Psychiatric exam*

Efficiently performs a relevant psychiatric exam accurately incorporating all additional appropriate maneuvers, including:

- General (Appearance, psychomotor activity)
- Mental status
- Mood and affect
- Thought content and thought process
- Judgement and Insight

## *Clinical scales*

Demonstrates familiarity with clinical scales where appropriate, including:

- Dementia scales (e.g., MMSE, MoCA, STMS)
- Delirium scales (e.g., ICU-CAM)
- Depression scales (e.g., PHQ 2/9, EPDS)
- Anxiety scales (e.g., GAD-7)
- Suicide scales (e.g., C-SSRS)

## **Diagnostic formulation:**

Integrates multiple potential etiological factors in making a diagnosis, including the application of a “bio-psycho-social” model that frames the positive and negative impacts of the multifactorial determinants of psychiatric disorders

## *Biological*

Applies influences determined physiologically, often not under human control (e.g., genetics and epigenetics, neurological development and injury, systemic and neurological physical illness, psychoactive substance exposure over a lifetime)

## *Psychological*

Applies influences associated with mental processes such as thinking, learning, and problem solving (e.g., self-esteem, personal beliefs, defense mechanisms, psychological coping strategies)

## *Social*

Applies influences associated with relationships, ranging from interpersonal to cultural to economic (e.g., social support and personal relationships; educational level; financial resources, cultural, and spiritual identity; legal involvement; health care disparities)

## **Treatment strategies and side effects:**

Demonstrates understanding of pharmacologic and non-pharmacologic management options for psychiatric disorders and psychiatric co-morbidities of neurologic disease

## *Pharmacologic treatments*

Demonstrates familiarity with medications, including pharmacodynamics, pharmacokinetics, drug-drug interactions, spectrum of potency, side effects, and appropriate use for primary psychiatric disorders and for specific psychiatric symptoms (e.g., delirium, agitation, psychosis, impulse-control), including:

- Antidepressants
- Anxiolytics
- Antipsychotics
- Mood stabilizers
- Stimulants and attention-related agents
- Substance-use related agents

Evaluates and manages psychiatric side effects of medications used for neurologic purposes, including dependence potential (e.g., dopamine agonists causing psychosis; anti-seizure medications causing depression, psychosis, or suicidality)

Evaluates and manages neurologic side effects of medications used for psychiatric purposes (e.g., tremors and tics; antipsychotics causing myoclonic seizures, parkinsonism, tardive dyskinesia, or dystonia; lowered seizure threshold from many psychiatric medications; lithium toxicity masquerading as rapidly progressive dementia or prion disease)

## *Non-pharmacologic treatments*

Demonstrates understanding of the role of various therapy and communication strategies

- Cognitive and behavioral therapy
- Interpersonal therapy
- Psychodynamic and traditional psychotherapy
- Humanistic therapy
- Motivational interviewing

Provides access to external resources (e.g., referrals to rehabilitation services, counseling, neuropsychology, support groups)

Understands the relationship between neurologic conditions and neuro-modulation treatments used in psychiatry (e.g., deep brain stimulation, electro-convulsive therapy)

## Part II. Specific Psychiatric Disorders and Symptoms

Demonstrates fundamental understanding of diagnosis, with focus on disorders and symptoms in the following broad categories:

- Acute psychiatric emergencies
- Suicidal ideation
- Homicidal ideation
- Acute psychosis
- Acute mania
- Catatonia

### Depressive disorders

- Major depressive disorder
- Depressive disorder due to a neurologic/medical condition
- Bipolar disorder
- Anxiety disorders
- Generalized anxiety disorder
- Panic disorder
- Anxiety disorder due to a neurologic/medical condition

### Trauma- and stressor-related disorders

- Post-traumatic stress disorder

### Neurocognitive disorders

- Delirium

## Psychotic disorders

- Psychotic disorder due to a neurologic/medical condition

## Personality disorders

- Borderline personality disorder

## Somatoform disorders

- Conversion disorder, including psychogenic non-epileptic events

## Factitious disorder

- Malingering

## Substance-related and addictive disorders

- Intoxication, dependence, and withdrawal disorders related to alcohol, cannabis, inhalants, opioids, sedatives/hypnotics, stimulants

## Neurodevelopmental disorders

- Attention-deficit/hyperactivity disorder
- Autism spectrum disorder

Understands management of, and initiates first line treatment for, the following (common) disorders and symptoms:

### Major depressive disorder

- Generalized anxiety disorder
- Delirium
- Neurologic complications of psychiatric disease (e.g., psychogenic non-epileptic events, cognitive disorders, pain syndromes)
- Psychiatric comorbidities/presentations of neurologic disease (e.g., psychosis and delirium in autoimmune encephalitis, rapidly progressive dementias, chronic dementias, or medically ill patients; depression in stroke and epilepsy patients)

Understands management of the following (uncommon) disorders and symptoms:

- Bipolar disorder
- Somatoform disorders
- Attention deficit/hyperactivity disorder
- Tic disorders
- Personality disorders
- Substance-related disorders

Evaluates and appropriately documents patients' decisional capacity

Notes:

1. In general, pediatric psychiatry is beyond the scope of this curriculum.
2. Examples listed (e.g., ...) are for the purposes of illustrating the educational intent of a topic, but are not an endorsement of the importance of the example itself, and are not meant to be an exhaustive list of required concepts