

The Hong Kong College of Psychiatrists

Child and Adolescent Psychiatry Core Competencies

I. Patient Care Competencies

A. GENERAL: Child and adolescent psychiatrists shall demonstrate the following abilities:

1. To perform and document a relevant history and examination on patients including:
 - a. Chief complaint
 - b. History of present illness
 - c. Medical history
 - d. A comprehensive psychiatric review of systems
 - e. A family history
 - f. A psychosocial history
 - g. Pre-natal, perinatal, and developmental history
 - h. An educational history
 - i. A substance abuse history
 - j. Risk factors
2. To delineate appropriate differential diagnoses
3. To evaluate, assess and recommend effective management of patients

B. FOR CHILD AND ADOLESCENT PSYCHIATRY: Based on the accurate integration of information from the history and examination, child and adolescent psychiatrists shall demonstrate the following abilities:

1. To develop and document, in infants, children, and adolescents:
 - a. An appropriate differential diagnosis
 - b. An integrative case formulation that includes neurobiological, phenomenological, psychological, developmental, and social issues involved in diagnosis and management
 - c. An evaluation plan, including appropriate medical, and psychological examinations and the obtaining of additional information from pertinent sources (e.g., teachers)
 - d. A comprehensive treatment plan addressing biological, psychological,

educational, family, and social domains

2. To comprehensively assess and document patient's potential for self-harm or harm to others, and appropriate therapeutic approach. 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
3. To assess, document and intervene in situations of suspected or actual child abuse and neglect
4. To conduct developmentally appropriate interviews with children and adolescents and their families (e.g. use clinically relevant material through the conduct of supportive interventions, exploratory interventions, clarifications, empathic listening, and non-verbal techniques, including play)
5. To conduct a range of individual, group, and family therapies using standard, accepted models, including behavioral and cognitive-behavioral modalities, and to integrate these psychotherapies in multi-modal treatment, including biological, family, educational, and social interventions
6. To recognize and treat psychiatric disorders, including developmental disorders and other psychiatric disorders with onset in childhood and adolescence
7. To develop, document, and carry out, when indicated, an integrated psychopharmacological treatment plan while recognizing special considerations in childhood and adolescence, including:
 - a. Age/weight-specific dosaging for children and adolescents
 - b. Potential effects of psychopharmacological agents on a developing central nervous system
 - c. Potential impact of medication side-effects on developmental trajectories (e.g., sedation interfering with learning and academic performance)
 - d. Recognition of differential responses to medication intervention in children and adolescents compared to adults
 - e. Recognition of how family involvement impacts consent and compliance issues
 - f. Psychoeducation of patients and families regarding the evidence-based use of medications
8. To continuously monitor progress of the patient and integrate new information and changes in clinical presentation into an updated differential diagnosis and treatment plan
9. To monitor the development of the child and adolescent and to appropriately integrate this knowledge into the treatment plan

II. Medical Knowledge Core Competencies

A. GENERAL: Child and adolescent psychiatrists shall demonstrate the following:

1. Knowledge of major disorders 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 social 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
 - f. Effective treatment strategies
 - g. Course and prognosis
2. Knowledge of healthcare delivery
3. Knowledge of the application of ethical principles in delivering medical care
4. Ability to reference and utilize electronic systems to access medical, scientific, and patient information

B. FOR CHILD AND ADOLESCENT PSYCHIATRY: Child and adolescent psychiatrists shall demonstrate knowledge of the following:

1. Human growth and development, including normal biological, cognitive, and psychosexual development, including social factors
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, religion and spirituality as they pertain to clinical psychiatry
 - e. Community mental health
 - f. Epidemiology
 - g. Psychodynamic theory
 - h. Attachment 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. Medical/laboratory testing
- e. Imaging studies
- f. Use of clinical rating scales
- g. Treatment comparison and selection
- h. Various therapies, including:
 - 1) Specific forms of psychotherapies
 - a) Cognitive behavioral therapy
 - b) Psychodynamic therapy
 - c) Psychotherapy combined with psychopharmacology
 - d) Behavioral therapy
 - e) Play therapy
 - f) Parent training
 - g) Social skills training
 - 2) All delivery systems of psychotherapies
 - a) Individual
 - b) Group
 - c) Family
 - d) Residential
 - e) Inpatient
 - 3) Somatic treatments, including:
 - a) Pharmacotherapy, including the antidepressants, antipsychotics, anxiolytics, mood-stabilizers, sedatives, hypnotics, and stimulants, including their:
 - (i) Pharmacological action
 - (ii) Clinical indications
 - (iii) Side effects
 - (iv) Drug interactions
 - (v) Toxicities
 - (vi) Appropriate prescribing practices
 - (vii) Cost-effectiveness
 - b) Electroconvulsive therapy
- i. Emergency psychiatry, including:
 - 1) Suicide ideation and/or attempt
 - 2) Crisis interventions
 - 3) Differential diagnoses in emergency situations
 - 4) Treatment methods in emergency situations
 - 5) child abuse and other violent behavior

- j. Substances of abuse, including the:
 - 1) Pharmacological 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 social factors
 - 6) Prevention and treatment
- 4. Child and Adolescent psychiatrists shall demonstrate knowledge of paediatric neurology and neurodevelopmental disabilities, including:
 - a. Pathophysiology, epidemiology, diagnostic criteria and clinical course of common neurological disorders including:
 - 1) Movement disorders, stroke, traumatic brain injury and seizure disorders
 - 2) Mental retardation and related developmental disorders
 - 3) Neurological manifestations or complications of common psychiatric disorders
 - 4) Psychiatric manifestations of common neurological disorders
 - b. Neuropharmacology
- 5. Child and adolescent psychiatrists shall demonstrate a knowledge of paediatrics and relevant issues related to:
 - a. Developmental behavioral paediatrics
 - b. Adolescent medicine
 - c. Genetics

C. Development

- 1. Normal child development
- 2. Child development theory (e.g., psychodynamics)
- 3. Developmental psychopathology
 - a. Risk factors
 - b. Protective factors
 - c. Longitudinal course
 - d. Parent-child interaction disorder
- 4. Family systems/development

E. Clinical Science

- 1. Epidemiology

2. Statistics
3. Research paradigms
4. Genetics
5. Research ethics

F. Psychopathology/classification/differential diagnosis

1. Developmental disorders
 - a. Mental retardation
 - b. Autism/PDD
 - c. Learning disorders
 - d. Communication/language disorders
2. Disruptive behavior disorders
 - a. ADHD
 - b. Conduct disorder
 - c. Oppositional defiant disorder
3. Mood disorders
4. Bereavement
5. Substance use disorders
6. Sleep disorders
7. Suicide
8. Eating disorders
9. Anxiety disorders
10. Obsessive-compulsive disorder
11. PTSD/dissociative disorders
12. Personality disorders/traits
13. Schizophrenia/psychosis
14. Adjustment disorders
15. Movement disorders
16. Abuse/neglect
17. Family psychopathology
18. Somatoform disorders
19. Violence
20. Comorbidity

G. Consultation/Issues in Practice

1. Pediatrics
2. Neurology
3. School
4. Community
5. Custody/divorce
6. Adoption/foster care
7. Abuse/neglect
8. Delinquency
9. Forensics
10. Ethics, including confidentiality and consent

III. Interpersonal and Communications Skills Core Competencies

A. Child and adolescent psychiatrists shall demonstrate the following abilities:

1. To listen to and understand patients and families and to attend to nonverbal communication
2. To communicate effectively with patients and families using verbal, nonverbal, and written skills as appropriate
3. To develop and maintain a therapeutic alliance with patients and families by instilling feelings of trust, honesty, openness, rapport, and comfort
4. To partner with patients and families to develop an agreed upon healthcare management plan
5. To transmit information to patients and families in a clear and meaningful fashion
6. To understand the impact of physicians' own feelings and behavior so that it does not interfere with appropriate treatment
7. To communicate effectively and work collaboratively with allied healthcare professionals, teachers, and other professionals involved in the lives of patients and families
8. To educate patients, their families, and professionals about medical, psychosocial, and behavioral issues

B. Child and adolescent 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 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 patient and family
- C. Child and adolescent psychiatrists shall serve as an effective consultant to other medical specialists, mental health professionals, teachers, and community agencies by demonstrating the abilities to:
1. Communicate effectively with the requesting party to refine the consultation question
 2. Communicate clear and specific recommendations
 3. Respect the knowledge and expertise of the requesting professionals
- D. Child and adolescent 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 and neurology.
- E. Child and adolescent psychiatrists shall demonstrate the ability to effectively participate in a multidisciplinary treatment team, either as member, consultant or leader, 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
- F. Child and adolescent psychiatrists shall demonstrate the ability to communicate effectively with patients and their families. Such communication may include:
1. The results of the assessment
 2. The risks and benefits of the proposed treatment plan, including possible side-effects of medications and/or complications of nonpharmacologic treatments
 3. Alternatives (if any) to the proposed treatment plan
 4. Appropriate education concerning the disorder, its prognosis, and prevention strategies

IV. Learning and Improvement Core Competencies

- A. Child and adolescent psychiatrists shall recognize limitations in their own knowledge base and clinical skills, and understand and address the need for lifelong learning.
- B. Child and adolescent 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 (e.g., Medline)
 - 3. Active participation, as appropriate, in educational courses, conferences, and other organized educational activities both at the local and national levels.
- C. Child and adolescent 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. Child and adolescent psychiatrists shall demonstrate an ability to critically evaluate relevant medical literature. This ability may include:
 - 1. Using knowledge of common methodologies employed in psychiatric and neurological research
 - 2. Researching and summarizing a particular problem that derives from their own caseloads
- E. Child and adolescent psychiatrists shall demonstrate the ability to review and critically assess scientific literature to determine how quality of care can be improved in relation to one's practice. Within this aim, child and adolescent psychiatrists shall be able to assess the generalizability or applicability of research findings to one's patients in relation to their sociodemographic and clinical characteristics

V. Professionalism Core Competencies

- A. Child and adolescent 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
 - 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. Child and adolescent psychiatrists shall demonstrate ethical behavior, integrity, honesty, compassion, and confidentiality in the delivery of care
- C. Child and adolescent psychiatrists shall demonstrate respect for patients and their ethnicities, genders, socioeconomic backgrounds, religious beliefs, and sexual orientations.
- D. Child and adolescent psychiatrists shall be aware of safety issues, including acknowledging and remediating medical errors.
- E. Child and adolescent psychiatrists shall understand and demonstrate professionalism and ethical behavior in areas especially pertinent to their subspecialty