

CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP: HOW AND WHY TO APPLY

General Subspecialty Overview Questions

What is this Subspecialty?

Child and adolescent psychiatrists (CAPs) specialize in the evaluation, diagnosis and treatment of children and adolescents with disordered thoughts, feelings and/or behaviors. A child and adolescent psychiatrist offers families the advantages of a medical education, the medical traditions of professional ethics, and medical responsibility for providing comprehensive care. We approach patients and families with a holistic mindset, trying to understand and treat problems using integrated biomedical, developmental, psychological and social perspectives.

(https://www.aacap.org/AACAP/Medical_Students_and_Residents/Medical_Students/What_is_Child_and_Adolescent_Psychiatry.aspx)

What kinds of patients do psychiatrists in this subspecialty see?

Child and adolescent psychiatrists receive training on the full range of human development. They may treat patients of any age, including expectant mothers, young children, adolescents and adults. Often treatment of the child involves working with the family as well. They treat patients with a wide range of thinking, feeling and/or behavioral disorders. Some physicians specialize in treating a particular age group (such as early childhood), disorder (such as obsessive-compulsive disorder or pediatric depression) or treatment modality (such as pediatric psychopharmacology or custody evaluations). (Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

In what settings do psychiatrists in this subspecialty work?

Child and adolescent psychiatrists work in a wide variety of practice settings. They provide care across a continuum of settings, from outpatient to partial hospital to residential to inpatient. They may also consult to multiple agencies including inpatient and outpatient primary care, other pediatric specialties, school systems, court settings and health care organizations. Many child psychiatrists work in more than one setting.

(Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

Can I get Board (ABPN) certification in this subspecialty?

Yes! In order to be eligible for ABPN certification in child and adolescent psychiatry, you will need to be Board-certified in general psychiatry and to complete two years of child and adolescent psychiatry training. One year of CAP training can count towards general psychiatry Board certification, so residents have the option of "fast-tracking" and entering CAP fellowship after three years of general psychiatry training. Residents who enter CAP fellowship as a PGY-4 are typically eligible to take the general psychiatry Board exam as a PGY-5, and then take the CAP Board exam once they are done with training. (Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

Why Do a Fellowship?

Child and adolescent psychiatrists receive special training in the full range of human development and treat patients throughout the life cycle. A developmental perspective is helpful with patients of all ages and often yields a more comprehensive view of their pathology. Job opportunities and lifestyle options are excellent. The demand for child and adolescent psychiatrists far outstrips the supply. This gives child and adolescent psychiatrists the ability to select from multiple activities, and to determine how many hours to commit to different activities at different points in their careers. In addition, the burgeoning area of telepsychiatry allows physicians even more flexibility. Some institutions and agencies pay a higher salary to psychiatrists who have completed CAP training. CAP fellowship prepares physicians to

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enter leadership and administrative roles across variety of employment settings. In addition, many insurance companies reimburse specialists at a higher rate. (Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

What type of career might you pursue after CAP fellowship?

Child psychiatrists may pursue clinical, academic, research and/or administrative careers. Many combine different elements to create a career path that suits their strengths. Clinical opportunities include private practice in group or solo settings or working as an employee in a private or public health system (such as a hospital or community mental health system). Given their unique expertise, they are often called on to consult to health care systems, school districts, courts, or government agencies. There are many opportunities for academic psychiatrists who are interested in teaching and/or research. Child psychiatrists may also become active in community or government arenas as advocates for child mental health.

(Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

Specific Subspecialty Resources

What is the national organization for CAP fellowship?

The American Academy of Child and Adolescent Psychiatry (www.aacap.org) has a wealth of information on CAP training and practice, as well as resources for families, youth and primary care providers.

Should I join and how much does it generally cost?

As of 2018 for \$75 per year, general psychiatry residents and CAP fellows can become trainee members. AACAP resident membership benefits include a free subscription to the Journal of the American Academy of Child & Adolescent Psychiatry and AACAP News, on-line access to the Child and Adolescent Psychiatric Clinics of North America, discounts on AACAP publications and meeting registrations, AACAP award opportunities, and a variety of mentorship and networking opportunities. AACAP members also have access to the members' only section of the AACAP website, which contains the online membership directory, webinars, advocacy opportunities, and many other resources. Medical student membership is free of charge. Membership also includes participation in the state branch of the Academy. Visit www.aacap.org for more information. (Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

When is the annual meeting typically, and are there trainee scholarships to attend?

The AACAP Annual Meeting typically takes place in the last half of October each year, starting on a Monday and running through Saturday.

AACAP annually sponsors Educational Outreach Awards for general psychiatry residents. The Educational Outreach Program gives general psychiatry residents the opportunity to receive a formal overview of the field, to establish CAP mentors, and to experience the AACAP Annual Meeting. Benefits include up to \$1,000 reimbursement for travel expenses to the Annual Meeting, a free ticket to attend one Annual Meeting Institute, a free ticket to attend one Annual Meeting Workshop, and participation in various Annual meeting events such as a mentorship program, networking sessions, and awards luncheon and focus groups, as of 2018. Contact the AACAP Department of Research, Workforce and Grants at training@aacap.org for more information.

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Where can I read more about this subspecialty area?

American Academy of Child and Adolescent Psychiatry www.aacap.org

The Journal of the American Academy of Child and Adolescent Psychiatry www.jaacap.org

Dulcan's Textbook of Child and Adolescent Psychiatry, Second Edition. Edited by Mina K. Dulcan, M.D. APA Publishing, 2016.

Lewis's Child and Adolescent Psychiatry: A Comprehensive Textbook, Fifth Edition. Andres Martin and Fred R. Volkmar. Lippincott Williams & Wilkins, 2017.

Does the national organization for this subspecialty have a mentorship program?

AACAP members are committed to mentoring medical students, residents, and early career psychiatrists. The AACAP Mentorship Network aims to identify and recruit AACAP members who are enthusiastic about mentorship; set up initial contact between mentors and mentees; provide high quality mentors to medical students, residents, and early career psychiatrists interested in child and adolescent psychiatry; recruit medical students and residents into child and adolescent psychiatry; and enhance careers and build relationships between mentors and mentees. For more information on the Mentorship Network, please contact the AACAP's Research, Training, and Education Department at training@aacap.org.

How can I get more involved in the national organization for this subspecialty?

Join AACAP and peruse the website (www.aacap.org) to learn more about award opportunities, advocacy, networking, meetings and more. We would recommend that you try to attend the annual meeting and attend a committee meeting (there are many) to potentially become a trainee-member.

Fellowship Application

How do I learn about all the CAP fellowships nationally, and when should I start learning about them?

The Fellowships and Residency Interactive Database (FREIDA) provides up to date information on training programs. Search FREIDA Online to learn more. You can also search the Accreditation Council for Graduate Medical Education website (www.acgme.org/ads/public) to find ACGME-accredited programs. You should start researching programs no later than March of the year you plan to submit an application, as some programs may offer early decision positions (eg. separate from the Match, before July 1 of the year prior to fellowship anticipated start date).

When does the application season typically begin?

Applications are generally available after July 1st for entry the following year. You can apply at the end of your PGY-2 year for CAP entry after your PGY-3 year, or at the end of your PGY-3 year for entry after completion of PGY-4. CAP programs use the Electronic Residency Application Service (ERAS) to participate in the Match.

Is there a formal Match through NRMP?

The vast majority of CAP programs participate in the **National Residency Matching Program (NRMP)**. Between July 1 and mid-December of the year immediately preceding the desired entry, applicants have the opportunity to interview at as many programs as they wish without any pressure to make a decision between programs, and without fear that positions will be given away by programs. In mid-December, applicants and programs fill out rank order lists, and are notified in January of their matches.

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Applicants need to contact the NRMP to register for the Match. For a schedule of dates, Match results statistics, list of participating programs in the previous match, and Match rules, go to: www.nrmp.org/fellowships/psychiatry-match/.

Occasionally, trainees and programs may choose to commit to each other before the Match. This usually occurs in special circumstances, when a trainee is certain that they wish to attend a particular training program without interviewing elsewhere. Examples: A resident may be involved in a multi-year research project with a faculty member, and wishes the certainty of seeing it through to completion. A medical student may not wish to relocate to a different city, unless receiving a guarantee of being able to remain at the same program for both general psychiatry and CAP training (integrated program from the start). A resident may have strong clinical interests matching the particular faculty and program involvement at their university and they reach a mutual commitment prior to the Match process beginning. It is expected, however, that most residents will wish to avail themselves of the opportunity afforded by the Match to consider a variety of programs, and are encouraged to go through the Match. If you are intending to interview at a variety of places and select between them, you should NOT apply "early decision," but should go through the Match. (Fox, Geri. "Why Child and Adolescent Psychiatry." aacap.org, 2017.)

How many programs should I apply to?

For candidates with no significant deficiencies in their general psychiatry training, applying to three to five programs is usually adequate, although may depend on your past experiences as a resident. There may be some variation for specific programs or regions, so it's good to research Match results statistics at nrmp.org for programs that you are interested in.

How competitive is getting a fellowship spot?

Most residents match with their top choice for CAP Fellowship. In general, not all CAP fellowship spots will be filled each year. Some programs may be much more competitive than others, and there is some variation geographically.

Is there a research/scholarly activity requirement or completed suggested rotations to get my desired fellowship spot?

General psychiatry residents must complete the eligibility requirements listed in the next section before starting CAP training. It is expected that residents will have had at least some experience in CAP prior to applying, so that they can determine whether a career working with children and families is appropriate for them. Specific programs may require research or scholarly activity, but most programs do not.

Are there any eligibility requirements or things one must complete before applying/starting CAP fellowship?

Prior to matriculating into CAP fellowship, general psychiatry residents must have completed the following minimum requirements at an ACGME-accredited general psychiatry program: 4 months of primary care, 2 months of neurology, 6 months of adult inpatient psychiatry, 12 months of continuous general outpatient psychiatry, 2 months of consultation-liaison, 1 month of geriatric psychiatry, 1 month of addiction psychiatry, forensic psychiatry experience, community psychiatry experience and emergency psychiatry experience. In addition, applicants must be expected to have met the psychotherapy competencies by the time of transfer to CAP training. Fellowships also may require that the candidate has passed two or three clinical skills examinations.

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What does the application typically entail, and how many interviews should one go to?

In addition to the completing the universal application within ERAS, applicants need a CV, personal statement, 3-4 letters of recommendation including 1 from program director, program director's attestation form, photo, USMLE or COMLEX scores, and medical school transcript and Dean's letter..

Is there a difference between ACGME accredited and non-accredited fellowships?

All allopathic CAP fellowship programs are accredited by ACGME. Currently several AOA-approved osteopathic CAP fellowship programs are applying for ACGME accreditation as a part of single accreditation system.

Training in an ACGME accredited program means that you will be eligible for Board certification in CAP. Many employers and insurance companies require at the minimum Board eligibility and optimally Board certification for employment, hospital privileges, and reimbursement at a children's hospital. This may not be the case at other agencies.

The Fellowship Years

How long is the fellowship?

A CAP fellowship that is ACGME accredited is two years in length.

What would I learn during the fellowship ?

During training, CAP fellows learn to evaluate and treat patients representing the full spectrum of psychiatric illnesses in children and adolescents, including developmental and substance use disorders. Working with families and multiple systems of care that influence children and adolescents is an integral part of CAP fellowship.

In what settings would I work during fellowship?

All CAP programs provide organized educational experience in normal development, intellectual and developmental disabilities, pediatric neurology, pediatric psychiatric emergencies, acute care, long term continuity care, consultation liaison, substance use, and forensics. These exposures occur in a variety of public or private settings including inpatient, outpatient, partial program, residential, foster care, school, juvenile justice system etc.

Are there major differences between the fellowship programs, and if so, how do I choose the right program for me?

Fellowship programs vary in the settings they utilize to provide educational experiences. Programs may affiliate with state hospitals, community mental health centers, academic institutions, private institutions or healthcare systems, including combination of these settings. Fellowships also vary based on the populations they serve (rural versus urban) and variations in socioeconomic demographics. Programs may have particular areas of research expertise or clinical intervention. There may also be variations in program size, supervision, faculty and didactics. Choosing the right program often means assessing one's priorities, such as geographic location, research or service opportunities, special interests, and finding programs that are the best fit for oneself.

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