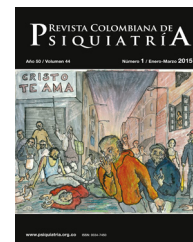




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Review Article

An International Curriculum for Neuropsychiatry and Behavioural Neurology

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ABSTRACT

With major advances in neuroscience in the last three decades, there is an emphasis on understanding disturbances in thought, behaviour and emotion in terms of their neuroscientific underpinnings. While psychiatry and neurology, both of which deal with brain diseases, have a historical standing as distinct disciplines, there has been an increasing need to have a combined neuropsychiatric approach to deal with many conditions and disorders. Additionally, there is a body of disorders and conditions that warrants the skills sets and knowledge bases of both disciplines. This is the territory covered by the subspecialty of Neuropsychiatry from a 'mental' health perspective and Behavioural Neurology from a 'brain' health perspective. This paper elaborates the neuropsychiatric approach to dealing with brain diseases, but also argues for the delineation of a neuropsychiatric territory. In the process, it describes a curriculum for the training of a neuropsychiatrist or a behavioural neurologist who is competent in providing a unified approach to the diagnosis and management of this set of conditions and disorders. The paper describes in some detail the objectives of training in neuropsychiatry and the key competencies that should be achieved in such higher training after a foundational training in psychiatry and neurology. While aiming for an internationally relevant training program, the paper acknowledges the local and regional differences in training expertise and requirements. It provides a common framework of training for both Neuropsychiatry and Behavioural Neurology, while accepting the differences in skills and emphasis that basic training in psychiatry or neurology will bring to the subspecialty training. The future of Neuropsychiatry (or Behavioural Neurology) as a discipline will be influenced by the successful adoption of such a unified training curriculum.

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Un currículo internacional para neuropsiquiatría y neurología conductual

R E S U M E N

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Los grandes avances en las neurociencias en las últimas 3 décadas han hecho hincapié en la comprensión de las perturbaciones en el pensamiento, el comportamiento y las emociones. Mientras que la psiquiatría y la neurología se ocupan de enfermedades del cerebro, recientemente ha habido una creciente necesidad de tener un enfoque neuropsiquiátrico combinado para tratar muchos trastornos. Además, hay múltiples condiciones en las que confluyen habilidades y bases de conocimiento de ambas disciplinas. Este es el territorio cubierto por la subespecialidad de Neuropsiquiatría desde una perspectiva de salud «mental» y la Neurología Conductual desde una perspectiva de salud «cerebral». Este artículo elabora el enfoque neuropsiquiátrico para tratar las enfermedades cerebrales, pero también discute los límites del territorio neuropsiquiátrico. En este proceso, se describe un currículo para la formación de un neuropsiquiatra o un neurólogo conductual competente para proveer un abordaje integral en términos diagnósticos y terapéuticos. El documento describe con cierto detalle los objetivos de la formación en neuropsiquiatría y las competencias clave que se debe alcanzar en dicha formación superior, después de una formación inicial en psiquiatría y neurología. Al mismo tiempo que aspira a un programa de formación internacionalmente pertinente, el documento reconoce las diferencias locales y regionales en materia de conocimientos y requisitos de formación. Proporciona un marco común de formación tanto para la Neuropsiquiatría como para la Neurología Conductual, aceptando las diferencias en habilidades y el énfasis que la formación básica en psiquiatría o neurología traerá a la formación de la subespecialidad. El futuro de la Neuropsiquiatría (o Neurología Conductual) como disciplina estará influido por la instauración exitosa de un currículo de capacitación unificado.

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Introduction

Neuropsychiatry (NP) involves the application of neuroscientific principles to the study of disturbances in thought, behaviour and emotion. Its broader definition encompasses a wide territory that includes all of psychiatry and much of neurology. This in fact was the conceptualisation of NP in the early throes of its development in the 19th century.¹ Historical developments, however, led to the emergence of psychiatry and neurology as two distinct disciplines with a wide and sometimes unbridgeable gulf between them. NP thereby came to define itself as a border discipline, valiantly attempting to bridge the gulf between two disciplines, both studying the same organ but with different tools and biases.²

The development of psychiatry and neurology as distinct disciplines was for more than historical reasons. The disciplines require different, albeit complementary, sets of skills, training experiences and baskets of knowledge. Psychiatry prides itself in its rich phenomenological descriptions, nuanced observation of behaviour, highly sophisticated interviewing skills, interpersonal sensitivity, ability to deal with ambiguity, and the seamless synthesis of the biological with the psychological. Only an exclusive training in psychiatry can deliver competence of all this. Indeed, an ability to use an interview both for diagnosis and treatment, and to achieve both objectives concurrently, is a skill only years of psychiatric training and practice can deliver. Neurology lays claim to its unabashed empiricism, rigorous clinical examination skills and its pure

objectivity, again requiring considerable exposure and training in the traditional subject matter. These differences seem sufficient to ensure that the two disciplines are unlikely to be subsumed under one super discipline of NP, even though new developments in neuroscience are likely to blur their boundaries forever more.

How then can NP, if it defines itself as a border-zone discipline, survive and thrive? Are the fortunes of the border-zone not dependent upon the vagaries of the two disciplines that it joins (or separates)? The approach we recommend is to chart neuropsychiatric “territory” and define the neuropsychiatric “approach”. The latter combines the skills required of the two disciplines into a unique set, which along with expertise in neuropsychology, neuroimaging and neurophysiology makes a neuropsychiatrist well equipped to traverse the neuropsychiatric territory.³ Training in NP thereby relies on a curriculum that clearly defines the territory to be covered and the unique skills that a neuropsychiatrist must develop. This paper attempts to describe both.

The curriculum of NP must take into consideration the somewhat different emphasis that behavioural neurology (BN) brings. For most purposes, the two sub-disciplines of NP and BN differentiate themselves by approach rather than substance, as the subject matter is very similar, if not identical. Since NP stems out of psychiatry and BN from neurology, the proponents bring different biases and propensities to the subject matter. The United Council for Neurologic Subspecialties (UCNS) of the USA has a common core curriculum for BN and NP (<http://www.ucns>).

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