





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





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### CONTRIBUTORS

Preparation	
Curriculum Research & Development Scientific Group	
Dr. Hatim Alzahrani Dr. Zulfa AlRayees Dr. Abdul Sattar Khan Dr. Muath Alammam (Resident Representative: Family Medicine)	
Supervision	
Curriculum Specialist	
Dr. Zubair Amin Dr. Sami AlShammari	
Review and Approval	
Scientific Committee	
Dr. Mohammad Alrukban Dr. Maha Alatta Dr. Abdullah Alkhenizan Dr. Basmah Alkudhair Dr. Abdulaziz Aljuhani Dr. Ahmed Almojel Dr. Ali Mubarak	Dr. Ibrahim Alarfaj Dr. Mohammad Alghamdi Dr. Monera Baraja Dr. Noura Alzamel Dr. Saad Albatal Dr. Shaher Alshehri Dr. Yousef Alshammari



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**Correspondence:**

P.O. Box: 94656

Postal Code: 11614

Consolidated Communication Center: 920019393

International Contact Number: 00-966-114179900

Fax: 4800800

Extension: 1322

Website: [www.scfhs.org.sa](http://www.scfhs.org.sa)

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## 1 INTRODUCTION

There has been a remarkable progress in the detection and treatment of mental health disorders in Saudi Arabia over the past 60 years, especially during the last two decades. The healthcare system has been making great strides toward addressing the mental health needs of its people. However, there is still a long way to go in (a) extending care to the entire population including expatriates, (b) developing training programs in Saudi medical centers and academic institutions, especially those that offer fellowship training in the subspecialties of psychiatry, and (c) conducting research so that the resultant evidence can inform efforts to modernize the mental healthcare system (1).

Mental disorders are common in all regions of the world, affecting every community and age group across all countries. Since the introduction of specific diagnostic criteria for mental health disorders in the 1970s, there has been a rapid expansion of the international recognition of mental health disorders. The prevalence of mental disorders was 20–30% among primary healthcare patients just before 2007. According to a report that has been published by the World Health Organization (WHO) and World Organization of Family Physicians (Wonca), this number had doubled and reached 60% in 2008 (2). Although no past study has examined the prevalence of mental disorders among the general Saudi community, many small studies have shown that they are an emerging problem in this community (2).

Mental health problems presented mainly at the level of primary healthcare (PHC) centers with physical symptoms rather than psychological symptoms. It can cause mild to severe suffering that affects not only the patient but also his/her family and the immediate community. Affected individuals commonly have chronic comorbidities such as diabetes and hypertension. In addition, patients tend to be unable to cope with the ordinary demands and routines of their daily lives.

The most common mental health problems are depression and anxiety disorders, which should be diagnosed and managed in PHC centers. However, PHC physicians receive insufficient undergraduate training to effectively diagnose and help individuals with mental health problems.

### 1.1 Context of Primary Mental Health Care Practice

In 1989, the Kingdom of Saudi Arabia (KSA) established PHC centers throughout the country to improve the diagnosis and treatment of medical problems in the community. At present, all Saudis citizens can receive medical care in these centers. In 2000, the WHO encouraged countries to make PHC centers the point of first contact for those with mental disorders to improve the detection and treatment of mental health problems (3). They also recommended that, when PHC physicians are unable to handle these patients, they must refer them to mental health fellows in general hospitals (secondary level); further, if they are also unable to manage these patients, they must refer them to specialty psychiatric or teaching hospitals (tertiary level) (4). Given that psychiatric and medical illnesses often coexist, and most individuals first visit their medical doctors for health problems, the WHO considers this system to be the best way to identify and treat those with mental health problems. The KSA has followed the recommendations of the WHO, and this process has worked reasonably well and helped a majority of the population with mental health needs.

Most mental health needs of community members will continue to be met by PHC physicians who work in more than 2000 PHC centers in the country. Thus, there is an urgent need to establish a mental healthcare program at the PHC level. However, detection rates for mental disorders at the PHC level is very low; past research has shown that Saudi primary care physicians (PCPs) fail to identify up to 90% of patients with psychiatric problems (5,6). More recent research findings have been indicative of improvement in detection rates; however, PCPs in KSA still fail to detect more than half of those with psychiatric disorders (7).

## **1.2 Duration and Prerequisite**

The one-year Fellowship in Primary Mental Health Care provides systematic training that is designed to impart the knowledge, skills, and attitudes that are relevant to contemporary primary mental health care. Candidates will receive advanced training in a variety of evidence-based interventions and the theoretical principles that underpin them.

All certified family physicians are eligible to enroll in the fellowship program if they fulfill all the requirements of the rules and regulations of the Saudi Commission for Health Specialties (SCHS). The prerequisite for acceptance into the fellowship is two years of practice experience in one's discipline that has been gained after the completion of post-graduate education and passing score for primary mental health selection exam.

## **1.3 Differences between the Existing and Proposed Curriculums**

There is no existing fellowship program that has been approved and established to provide training on the detection of mental health problems at the PHC level. Therefore, the SCHS has taken an initiative to develop a one-year Fellowship in Primary Mental Health Care.

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## 2 OUTCOMES AND COMPETENCIES

### 2.1 Rationale

Primary mental health care is a relatively new concept in the field of healthcare. The WHO has defined it as follows (8): “first line interventions that are provided as an integral part of general health care, and mental health care that is provided by primary care workers who are skilled, able and supported to provide mental health services.”

The development of primary mental health care is indicative of a need for early detection of health problems, better management of chronic illnesses, and improved partnership working between the patient, extended PHC team, and local community support networks and providers (9,10). This fellowship entails collaboration between the Departments of Family Medicine and Psychiatry. This one-year program has been designed in accordance with CanMEDS (11) and SaudiMed competencies (12). Candidates are expected to achieve all competencies by the end of their fellowship.

### 2.2 Overall Goals

1. To equip fellows with integrated knowledge so that they can effectively promote prevention, risk stratification, and early intervention with regard to mental health problems at the PHC level
2. To develop the skills that primary care physicians need to diagnose and treat the most common mental disorders and diagnose and refer more complex cases to mental health
3. To enable primary care physicians to practice the careful management of comorbid and co-occurring mental disorders
4. To learn all the practical skills that are required for the detection and management of common mental health problems at the PHC level
5. To develop excellent communication and consultation skills to serve patients with mental health disorders at the PHC level
6. To be knowledgeable about psychiatric medications, drug-drug interactions, and suitable medications for special populations such as pregnant women, children, and older adults
7. To reduce the likelihood of unnecessary admissions and referrals to hospitals

### 2.3 Learning Outcomes

The learning outcome developed based on CanMEDS (11) and SaudiMed(12) as mentioned below in table no.1.

**Table 1 Program Learning Outcomes (PLOs) with CanMEDS & SaudiMed Competencies**

PLO	Objectives	CanMEDS Competencies	SaudiMed Competencies
<p>1: The fellow demonstrates competence in the provision of patient care.</p>	<ul style="list-style-type: none"> <li>i. Establish a good working relationship with the patient</li> <li>ii. Obtain a thorough history from the patient</li> <li>iii. Conduct a comprehensive mental status examination, including assessments of suicidality and other high-risk behaviors</li> <li>iv. Order appropriate laboratory, neuropsychological, or brain imaging tests</li> <li>v. Synthesize information to determine the diagnosis or differential diagnosis</li> <li>vi. Provide a formulation that considers the biological, medical, social, and psychological factors that have played a role in the development of the patient's problems</li> <li>vii. Develop or suggest a treatment plan</li> <li>viii. Educate patients and families about the nature of their disorder and its treatment.</li> <li>ix. Write appropriate referrals, if necessary</li> </ul>	<ul style="list-style-type: none"> <li>1. Medical Expert</li> <li>2. Communicator</li> <li>6. Scholar</li> </ul>	<p>Theme I: A scientific approach to practice the integration and application of basic, clinical, behavioral, and social sciences in clinical practice</p>
<p>2: The fellow should possess advanced medical knowledge about mental disorders.</p>	<ul style="list-style-type: none"> <li>i. Recognize the nature and extent of mental illness in relation to medical illness and its treatments</li> <li>ii. Discuss the impact of comorbid mental illnesses on the course of medical illness</li> <li>iii. Describe psychological and social factors that are involved in the patient's response to illness</li> <li>iv. List the complications that mental illnesses entail.</li> <li>v. Describe the typical and atypical presentations of mental illness that result from medical, neurological, and surgical illnesses</li> <li>vi. Analyze, evaluate, and manage somatoform disorders and chronic pain</li> </ul>	<ul style="list-style-type: none"> <li>1. Medical Expert</li> <li>5. Health Advocate</li> <li>6. Scholar</li> </ul>	

OUTCOMES AND COMPETENCIES

	<ul style="list-style-type: none"> <li>vii. Analyze, evaluate, and manage substance use disorders in primary healthcare settings</li> <li>viii. Recognize and discuss the impact of mental illnesses and the effects/side effects of psychopharmacological medications on pregnancy and breastfeeding</li> </ul>		
3: The fellow has advanced medical knowledge about treatments for mental disorders.	<ul style="list-style-type: none"> <li>i. Discuss appropriate treatment interventions for mental illnesses</li> <li>ii. List the side effects and complications that treatments for mental illnesses entail</li> <li>iii. Describe nonpharmacological interventions, including psychotherapeutic interventions, to patients who are suffering from the effects of medical disorders or their treatments</li> <li>iv. Classify indications for and use of psychotropic medications for specific medical conditions</li> <li>v. Describe the interactions between psychotropic medications and the full range of medications that are used to treat medical illnesses</li> </ul>	<ul style="list-style-type: none"> <li>3. Collaborator</li> <li>4. Manager</li> <li>5. Health Advocate</li> </ul>	<p>Theme II: Patient care: The establishment and maintenance of essential clinical and interpersonal skills to demonstrate proficient assessment and delivery of patient-centered management</p>
4: The fellow has advanced knowledge about the legal issues that are related to those with mental disorders.	<ul style="list-style-type: none"> <li>i. Describe the policies that pertain to the delivery of medical treatment to an individual who is incapable of providing informed consent</li> <li>ii. Communicate to the patient his or her right to refuse and receive treatment</li> </ul>	<ul style="list-style-type: none"> <li>2. Communicator</li> <li>3. Collaborator</li> <li>7. Professional</li> </ul>	
5: The fellow demonstrates reflective practice.	<ul style="list-style-type: none"> <li>i. Access the literature that is relevant to a case that has been encountered to enhance learning</li> <li>ii. Evaluate prior clinical performance to improve future care</li> <li>iii. Practice experiential learning</li> <li>iv. Demonstrate teaching and administrative skills</li> <li>v. Maintain a reflective portfolio</li> </ul>	<ul style="list-style-type: none"> <li>1. Family Medicine Expert</li> <li>2. Communicator</li> <li>6. Scholar</li> </ul>	
6: The fellow demonstrates competent interpersonal and communication skills.	<ul style="list-style-type: none"> <li>i. Establish rapport with patients</li> <li>ii. Listen attentively to the concerns of patients</li> <li>iii. Understand the cultural factors that play a role in the relationship between doctors and patients</li> <li>iv. Educate patients about the nature of their disorders and recommended treatments, including discharge plans</li> </ul>	<ul style="list-style-type: none"> <li>2. Communicator</li> <li>3. Collaborator</li> <li>7. Professional</li> </ul>	

OUTCOMES AND COMPETENCIES





	<ul style="list-style-type: none"> <li>v. Practice attentive listening and effective communication strategies when interacting with family members and caregivers</li> <li>vi. Collaborate effectively with other members of multidisciplinary treatment teams</li> </ul>		
7: The fellow exhibits professional behavior.	<ul style="list-style-type: none"> <li>i. Answer calls and requests quickly</li> <li>ii. Follow through on assigned tasks or work</li> <li>iii. Complete appropriate documentation</li> <li>iv. Follow policies and procedures</li> <li>v. Maintain confidentiality</li> <li>vi. Maintain professional boundaries</li> <li>vii. Always be respectful toward patients</li> <li>viii. Recognize any impairments in the self or colleagues</li> </ul>	<ul style="list-style-type: none"> <li>1. Family Medicine Expert</li> <li>2. Communicator</li> <li>6. Scholar</li> </ul>	<p>Theme IV: Communication and Collaboration: The practice of effective communication with patients and their families and provision of collaborative care through partnership within a multiprofessional team</p>
8: The fellow understands and is able to provide team-based care."	<ul style="list-style-type: none"> <li>i. Work effectively with healthcare professionals who belong to other specialties and disciplines</li> <li>ii. Engage in effective multidisciplinary treatment planning, including discharge planning</li> <li>iii. Demonstrate effective leadership skills when working with other staff</li> <li>iv. Be familiar with the obstacles that hinder the detection and treatment of mental disorders</li> <li>v. Appraise satisfaction and adherence on management</li> <li>vi. Learn proper referrals to specialized psychiatry services (when, why and how)</li> </ul>	<ul style="list-style-type: none"> <li>3. Collaborator</li> <li>7. Professional</li> </ul>	<p>Theme V: Professionalism: The commitment to comply with the highest standards of ethical and professional behavior in all aspects of health practice and take responsibility for one's own personal and professional development</p>
9: The fellow is sufficiently knowledgeable about research methods and the process of literature review.	<ul style="list-style-type: none"> <li>i. Formulate research methods, including those that pertain to evidence-based practice</li> <li>ii. Differentiate new findings for the research purposes</li> <li>iii. Assimilate new knowledge for application in practice</li> </ul>	<ul style="list-style-type: none"> <li>6. Scholar</li> </ul>	<p>Theme VI: Research and scholarship: Scientifically rigorous research contributions to the advancement of medical practice</p>



## 2.4 Continuum of Learning

This continuum of fellowship illustrates the skills and concepts that are most ready to be introduced, developed, or reinforced along a continuum of learning. During this fellowship, it would be a phasic learning continuum, which is horizontally integrated with each other. Phase I will address the concept of mental healthcare and enhance fellows' understanding of common mental health issues. On the other hand, phase II will focus on the management of the mental health issues at an individual and societal level. Both phases are horizontally integrated with each other; the knowledge, attitudes, and skills that are to be imparted to the fellows are divided into basic and advance levels across the different core topics.

**Table 2 The Learning Continuum of the Fellowship (Phasic Learning)**

Basic Level - Phase I					
Themes	Mental health concept and role of primary health care physicians		Common mental health problems encounter at primary health care level		Psychoses and affective disorders for the prevention, risk stratification, and early intervention
Advance Level - Phase II					
Themes	Mental health problems related to chronic disorders		Psycho and behavioural therapies for the management of mental health disorders		Community rehabilitation services with the recover focus management

## 2.5 Core Conditions

This training will address the core conditions that are listed in Tables 3, 4, and 5 accordance with the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) across the entire duration of the fellowship. The WHO has released the International Classification of Diseases (ICD-11); however, in accordance with the practices of the Ministry of Health, we used the DSM-5 for clinical purposes.”

**Table 3 Most Common Causes of Disability in Saudi Arabia (13)**

(Source: *Institute of Health Metrics and Evaluation: <http://www.healthdata.org/saudi-arabia>)*

S. No.	Conditions/Disorders	% of Change (2005–2016)
1.	Low back and neck pain	53.1
2.	Migraine	39.3
3.	Skin diseases	24.2
4.	Sense organ disorders	29.6
5.	Depressive disorders	43.8

6.	Anxiety disorders	33.9
7.	Diabetes	72.3
8.	Other musculoskeletal conditions	46.2
9.	Iron deficiency anemia	-8.9
10.	Drug use disorders	47.9

**Table 4 DSM-5 Nomenclature and ICD-10 Codes for the Most Common Causes of Outpatient Visits that are Related to Mental Health Problems in Saudi Arabia (13)**

S. No.	Core Conditions (DSM-5)	ICD-10 Codes	Relative Frequency
1.	Bipolar I disorder	F31.0	30.7%
2.	Bipolar II disorder	F31.8	
3.	Major depressive disorder	F32.0	
4.	Persistent depressive disorder (Dysthymia)	F34.0	
5.	Premenstrual dysphoric disorder	F38.8	
6.	Schizophrenia	F20	30.6%
7.	Delusional disorder	F22.0	
8.	Brief psychotic disorder	F23.2–F23.3	
9.	Generalized anxiety disorder	F40.1	13.4%
10.	Obsessive-compulsive disorder	F42.0	
11.	Acute stress disorder	F43.0	
12.	Conversion/dissociative disorders	F44.0	

**Table 5 DSM-5 Nomenclature and ICD-10 Codes for the Most Common Causes of Inpatient Admissions that are Related to Mental Health Problems in Saudi Arabia (9)**

S. No	Core Conditions (DSM-5)	ICD-10 Codes	Relative Frequency
1.	Alcohol abuse	F10	43.2%
2.	Cannabis abuse	F12	
3.	Opioid abuse	F11	
4.	Tobacco abuse	F17	
5.	Schizophrenia	F20	34.9%
6.	Delusional disorder	F22.0	
7.	Brief psychotic disorder	F23.2–F23.3	
8.	Bipolar I disorder	F31.0	12.2%
9.	Bipolar II disorder	F31.8	
10.	Major depressive disorder	F32.0	

**Table 6 Procedures and Behavioral and Communication Skills that are Related to Mental Health Problems**

Name of the Procedure/Examination	Approximate Frequency per 4 weeks
Mental Status Examination (MSE)	04
Mini-Mental State Examination (MMSE)	04
Repetitive transcranial magnetic stimulation (rTMS)	02
Electroconvulsive therapy (ECT)	02
BRANS	02
Six-Item Cognitive Impairment Test	02/week (8)
Abbreviated Mental Test	02/week (8)
Clinical global impression	05
Abreaction	05
<b>List of Category I Behavioral/Communication Skills</b>	<b>Declaration by the Trainee</b>
Total: Conduct an open interview	75 interviews
Total: Sessions on breaking bad news	10
Total: Counseling sessions	50
<b>List of Category II Behavioral/Communication</b>	
Total: Cognitive behavior therapy	20
Total: Psychiatric interview	50
Total: Narrative psychotherapy	25

### 2.6 Generic Problems/Issues and Requisite Competencies

Fellows will learn about the generic problems and issues that pertain to the health and preventive aspects of their specialty that are generally not covered by problem-based models.. Relevant generic problems and issues may include the following:

- a) Health supervision
- b) Health maintenance
- c) Prevention
- d) Nutrition
- e) Therapeutics
- f) Investigations
- g) Mental health behaviors

### 2.7 List of Core Clinical Problems and Representative Diseases

Clinical problems can be differentiated based on their symptoms, signs, results of laboratory tests and investigations, and nature of referrals.

Each disease that is categorized into a core specialty level should belong to one of the following four categories: common, treatable, life-, limb-, or vision-threatening, and preventable.

### 2.7.1 Core Specialty Level

The some topics considered are high priority topics as mentioned in table , and trainees are expected to achieve competency in the comprehensive management of these conditions during phase I of their training.

### 2.7.2 Mastery Level

These are topics that advanced level trainees should be familiar with. Fellows are expected to achieve competency in the management of these conditions during phase II of their training.

**Table 7 Distribution of Core Clinical Problems between the Specialty and Mastery levels with ICD - 10 codes (9,13)**

Core Clinical Problems	Specialty Level	Mastery Level
Intellectual disability F81.9 (C) (L)	Brief psychotic disorder F23.2–F23.3	Bipolar I disorder F31.0 (L)
Autism spectrum disorder F84.0 (C)	Major depressive disorder F32.0 (P) (T)	Bipolar II disorder F31.8 (L)
Attention-deficit/hyperactivity disorder F90.0 (C) (T) (L)	Obstructive sleep apnea-hypopnea G47.3(P) (T)	Conversion disorder (Functional neurological)
Tobacco (use and withdrawal) disorder F17	Specific phobia F40.2(P) (T)	Hypersomnolence disorder F51.1
Premenstrual dysphoric disorder F38.8 (C) (L)	Obsessive-compulsive disorder F42.9 (T)	Delusional disorder F22.0 (T) (L)
Acute stress disorder F43.0 (C) (P) (T)	Generalized anxiety disorder F40.1 (T)	
Somatic symptom disorder M99.0 (C)	Posttraumatic stress disorder F43.1	
Factitious disorder F68.1 (C) (T)	Adjustment disorders F43.2	
Anorexia nervosa F50.0 (T) (P)	Insomnia disorder F51.0 (T)	
Bulimia nervosa F50.2 (T)		
Enuresis F98.0 (T)		
Encopresis F98.1 (T)		

[Common (C), treatable (T), life-, limb-, or vision-threatening (L), and preventable (P)]

### 3 LEARNING OPPORTUNITIES

All fellows should have at least 4 hours per week of protected academic time. Grand rounds will be conducted on a weekly basis in all inpatient units. Junior-level mental health didactics will include introductory courses on basic clinical pharmacotherapy, interviewing, basic narrative psychotherapy, outpatient strategies, electroconvulsive therapy (ECT), repetitive transcranial magnetic stimulation (rTMS), research methods, major and minor psychiatric disorders, psychotropic medications, and drug-drug interactions. Senior-level fellows will continue to undertake advanced courses in interviewing, psychotherapy, ethics, mental health and the law, professionalism, multidisciplinary approaches, system-based learning, evidence-based practice and advanced research methods in mental health, psychiatric disorders and addiction medicine, neuroimaging, biopsychosocial approaches, and cultural competencies in relation to mental health. social neuroscience, psychopharmacology, and treatment protocols for resistant cases.

**Table 8 Program Structure**  
(for a detailed program structure, see Appendix 1)

Block Description		Block Duration (weeks)
Course	Introductory course	1
Rotation	General psychiatric hospital (inpatients)	4
Course	Research and Evidence Based Medicine	1
Rotation	General psychiatric hospital (outpatients)	4
	Primary mental health clinics	12
	Addiction Medicine for Inpatients and Outpatients	4
	Psychotherapy	8
	Psychosomatic medicine for outpatients	4
	Emergency psychiatry	4
	Child and adolescent psychiatry for outpatients	4
Leave	Annual leave	4
	Eid leave	1
	Educational leave	1
<b>Total Duration</b>		<b>52 weeks</b>

#### 3.1 Universal Topics

1. Safe Drug Prescribing: Upon completion of the learning unit, fellows should be able to demonstrate their proficiency in the following:
  - Recognize the importance of safe drug prescribing in healthcare
  - Describe various adverse drug reactions along with examples of commonly prescribed drugs that can cause such reactions
  - Apply the principles of drug-drug, drug-disease, and drug-food interactions to common situations

- Apply the principles of safe drug prescribing to special situations such as renal and hepatic failure
  - Apply the principles of safe drug prescribing when working with older adults and pediatric, pregnant, and lactating patients
  - Promote evidence-based and cost-effective drug prescribing
  - Discuss the ethical and legal frameworks that govern safe drug prescribing in Saudi Arabia
2. Mini-Mental State Examination (MMSE): Upon completion of the learning unit, fellows should be able to demonstrate their proficiency in the following:
- Review the appropriate uses, advantages, and potential pitfalls of the MMSE
  - Identify patients who are suitable to undertake the MMSE
  - Screen patients for cognitive impairment using the MMSE
3. Chronic Pain Management: Upon completion of the learning unit, fellows should be able to demonstrate their proficiency in the following:
- Review the biopsychosocial factors that influence chronic pain perception
  - Discuss the various pharmacological and nonpharmacological treatment options that are available for chronic pain management
  - Provide adequate pain relief to patients with uncomplicated chronic pain
  - Identify and refer patients with chronic pain who will benefit from specialized pain services
- Trainees will be given the freedom to develop their own list of topics.
  - They can choose any topic that is relevant to their needs.
  - All topics must be intentionally rather than randomly chosen.
  - All topics must be approved by the local education committee.
  - The institution may work alongside trainees to help them finalize their topics.

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## 4 SCHEDULING OF ROTATIONS

This Fellowship in Primary Mental Health Care provides systematic training that is designed to impart the knowledge, skills, and attitudes that are relevant to contemporary mental health practice at the PHC level.

### 4.1 Program Duration

The fellowship is a one-year training program.

### 4.2 Training Location

The suitability of the following locations for training purposes will be assessed based on the criteria that have been stipulated by the SCHS (Appendix 2).

- Family Medicine Training Centre, Primary Mental Health Clinics
- Hospitals that provide mental health and addiction services
- Psychiatric departments in secondary and tertiary hospitals

### Passing selection Exam

Passing score for selection exam to be accepted in Primary mental health fellowship program

### 4.3 Program Director

The program director/coordinator should be an SCHS-certified family medicine and mental health consultant.

### 4.4 Structure of the Training Program

1. The Fellowship in Primary Mental Health Care is a structured one-year postgraduate training program that consists of two components: clinical training and research.
2. In order to successfully complete the training, a fellow must be active for a minimum of 52 weeks during the fellowship, which will begin in January each year. This period must include the following:
  - a. 1 week of an introductory course
  - b. 4 weeks of training in a general psychiatric hospital (inpatient care)
  - c. 4 weeks of training in a general psychiatric hospital (outpatient care)
  - d. 12 weeks of training in PHC centers (mental health clinics)
  - e. 4 weeks of training in child and adolescent psychiatry (outpatient care)
  - f. 4 weeks of addiction medicine rotation (inpatient and outpatient settings)
  - g. 4 weeks of training in psychosomatic medicine (outpatient care)
  - h. 4 weeks of training in emergency psychiatry
  - i. 8 weeks of training in psychotherapy (cognitive behavior therapy)
  - j. 1 week of research and Evidence Based Medicine
3. The sequence of clinical rotations will be determined by the local supervisory training committee. Fellows who have successfully completed the one-year training program and obtained the final in training evaluation, will be eligible for the Final Certification Examination of the Saudi Commission for Health Specialties

- Candidates who successfully pass the Final Certification Examination will receive the Saudi Commission Fellowship Certification in Primary Mental Health.

## 4.5 Clinical Rotations

### 4.6 General Psychiatry (Inpatient Settings)

**Duration:** 4 weeks

**Level:** F1

Description: Fellows should consider each month to be a unit. This clinical experience aims to establish one's grounding in the clinical presentation and care of psychiatric illness in psychiatric inpatient settings. This can be a stressful experience and entail a very steep learning curve with respect to the acquisition of knowledge and skills, exposure to the psychological distress of patients, and development of a professional identity.

#### 4.6.1 Goals and Objectives

##### 4.6.1.1 General objectives:

The overall goal of this rotation is to provide fellows with opportunities to develop their knowledge, skills, and attitudes that pertain to the diagnosis, formulation, and management of mental illness in inpatient settings. A fellow may have more than one supervisor. Fellows must acquire all CanMEDS competencies: medical expert/clinical decision-maker, communicator, collaborator, health advocate, scholar, and professional.

By the end of this rotation, the fellow should be able to demonstrate the following:

- Render reasonable differential diagnoses and recognize common and rare psychiatric disorders, particularly those that are amenable to treatment
- Manage common psychiatric problems and utilize alternative management strategies
- Exhibit the knowledge and skills that are necessary to develop a holistic approach toward the management of psychiatric disorders
- List the psychotropic medications that are commonly used in psychiatry and interpret their mode of action, clinical usage, and side effects

##### 4.6.1.1 General objectives:

###### Medical Expert

- Gain knowledge about the presentation, illness experience, appropriate assessment, and management of the entire range of psychiatric illnesses that are encountered in inpatient settings, including affective, psychotic, and eating disorders
- Acquire adequate information about the body and the anatomy and functioning of the central nervous system to understand the pathophysiology and psychopharmacology of the entire range of illnesses that are encountered in inpatient settings
- Develop an understanding of normal and abnormal psychological and neurophysiological development across the lifespan and their implications for the presentation and experience of psychiatric illnesses
- Provide a comprehensive diagnosis in accordance with the DSM-5, particularly with regard to the diagnostic criteria for major psychiatric syndromes such as schizophrenia, bipolar I and II disorders, major depression, anxiety disorders, and personality disorders



- Gain knowledge about the natural course of psychiatric illnesses among the adult population
- Develop the effective interviewing skills that foster professional relationships and therapeutic alliances with patients with mental illnesses and their families
- Develop effective physical examination and history-taking skills to obtain information such as contact date and time, patient profile, history of the present illness, past, developmental, and medical history, and mental status from patients and their families in the aforementioned settings
- Acquire the skills and abilities to relate, evaluate, prioritize, and synthesize the information that is gathered through assessments in the form of a biopsychosocially oriented problem formulation. This must include the following:
  - Gain appropriate applied knowledge through a critical appraisal of the literature
  - Formulate a reasonable problem-oriented management plan
  - Generate a rational plan for diagnostic and therapeutic measures and communicate this to the patient and his or her family
  - Develop the ability to collaborate with other mental healthcare professionals to appropriately develop a treatment plan
  - Appropriately evaluate and modify diagnoses and management plans based on periodic assessments of patient responses
  - Prepare and maintain proper medical records
  - Participate in quality assurance tasks to assess the quality of mental healthcare that is provided to patients
  - Develop appropriate consultation skills through collaborative communication and interaction with other healthcare professionals who are involved in patient care
  - Identify personal limitations that may interfere or limit patient care and cultivate the ability to recognize when to seek help, terminate work, and return home
  - Develop the technical skills that are involved in conducting thorough mental status examinations, limited neuropsychological assessments, and ECT; gain intravenous access and draw blood.

### **Communicator**

- Develop empathic capacities through interactions with patients and imaginary role-play exercises to foster a willingness and desire to understand patient experiences
- Develop the listening skills that encourage patients to communicate their symptoms and experiences, and help patients understand the illnesses that they have been diagnosed with
- Educate patients and their families about psychiatric illnesses effectively and in a manner that helps them communicate and share their understanding in a therapeutic fashion
- Ensure effective presentation of information and diagnoses, and communicate them to patients and their families in a clear and understandable manner
- Recognize personal values and belief systems and their influence on one's understanding of the patient and subsequent communication while also respecting and appreciating the values and belief systems of patients, their families, and colleagues
- Develop the ability to effectively and respectfully communicate with other members of the multidisciplinary healthcare team
- Develop the ability to use communication to be compassionate and patient-centered toward the patient and his or her family amidst their suffering
- Recognize and respect patient boundaries and identify, and protect one's own boundaries (when necessary) to maintain a healthy therapeutic alliance
- Recognize the difference between illness and disease, and help patients develop an understanding of the meaning of their illnesses within the context of their narratives, identities, and lives

**Collaborator**

- Develop a working understanding of the nature of the collaborative relationship between mental health and primary care (family physicians, emergency room staff, and community agencies)
- Develop an awareness of and relationships with community organizations that are essential to the community care of patients with psychiatric illness
- Develop the humility that is required to be both a team leader and an equal team member when working with patients, their families, and community caregivers
- Allocate time to communicate effectively with patients, their families, and community caregivers
- Develop the ability and willingness to share knowledge and negotiate the diagnosis, formulation, and management of psychiatric illnesses with patients and their families

**Manager**

- Develop the awareness and knowledge that is required to manage time effectively, interact as a team leader, and manage patient healthcare within the context of existing resources, policies, and role descriptions
- Begin to play appropriate roles in professional organizations
- Educate patients and their families to use mental healthcare resources effectively and prudently
- Gain knowledge about preventive and evidence-based medicine in the provision of patient care
- Gain knowledge about the cost of healthcare measures (including hospitalization and outpatient care) and use this to provide safe and cost-effective mental healthcare
- Gain knowledge about the introductory-level concepts of audits, quality assurance, quality improvement, incident reporting, and complaint management
- Develop a growing knowledge base about alternative healthcare as it influences patient needs and psychiatric care
- Develop the skills and knowledge that pertain to information technology as they influence patient care; learn how to use this information to develop lifelong learning skills

**Health Advocate**

- Recognize the importance of advocacy in helping patients and their families respond to the environmental, community-level, social, and institutional challenges that are associated with their illness
- Develop a working knowledge of the barriers that hinder access to the mental healthcare and associated resources that are situated within the community, government, and society
- Develop the communication skills that promote advocacy for patients and their families

**Scholar**

- Develop a self-directed learning plan and apply it to each individual rotation and the fellowship as a whole
- Incorporate the habit of conducting critical appraisals and reviews of the literature into daily practice in inpatient settings
- Learn and apply the principles of adult education to the education of patients, colleagues, and other mental health professionals

**Professional**

- Learn and the apply ethical principles that pertain to patient care: autonomy, beneficence, confidentiality, honesty, respect for the boundaries and interests of patients, disclosure of conflicts of interest, and resource allocation
- Demonstrate the knowledge and skills that are required to obtain informed consent
- Demonstrate the knowledge and skills that are required to comply with the provincial Mental Health Act
- Demonstrate trustworthiness and honesty when working with patients
- Recognize personal limitations and be willing to seek help from others with special expertise, when necessary
- Demonstrate an appreciation for the moral and ethical implications of various treatments and research as they relate to patient care

**4.7 General Psychiatry (Outpatient Settings)****Duration:** 4 weeks**Level:** F1

Description: This clinical experience aims to establish a fellow's grounding in the clinical presentation and care of psychiatric illnesses in psychiatric outpatient settings. The fellow will have an outpatient supervisor who will be on site when he or she attends to his or her patients.

**4.7.1 Goals and Objectives****4.7.1.1 General Objectives**

It is essential for fellows in the field of general mental health to receive comprehensive training that covers the entire diagnostic and developmental spectrums. This experience will expose fellows to a large number of patients with diverse conditions within a community environment. They will be provided with opportunities for assessment, case formulation, treatment planning and implementation, consultative communication and review, crisis assessment and intervention, and the maintenance of ongoing communication with primary care physicians, family members, and community-based resources.

Systematic supervision, including direct observation, of fellows in outpatient services is required to ensure the progressive development of expertise in the diagnosis and management of all types of outpatient psychiatric patients. Gaining experience in organizing and providing outpatient services and strengthening one's psychotherapeutic skills are important features of this rotation.

Close associations with surgeons, neurologists, internal, family medicine, and emergency physicians, gynecologists, and obstetricians should be maintained. Fellows are expected to acquire knowledge about community resources for problems such as addiction, family violence, and mental health issues that pertain to pregnancy and child birth; they may include community agencies that offer counseling and emergency services and have distress lines and a mobile crisis team.

By the end of their training in outpatient settings, fellows must acquire adequate theoretical knowledge and appropriate and suitable skills and attitudes in the following areas:

- The evaluation, treatment, and disposition regarding the full range of psychiatric disorders that are observed in outpatient settings that require immediate intervention
- The communication of clinical findings and recommendations to all appropriate parties
- The implementation of treatment, including the ability to refer a patient to appropriate community resources

#### 4.7.1.2 Specific Objectives

##### Medical Expert

**Knowledge:** Upon completion of training, the fellow should possess adequate information about and an understanding of the following:

- The phenomenology, epidemiology, etiology, course, and comorbidities (including medical/surgical) of acute psychiatric conditions that are observed in outpatient settings
- The interaction between the biological, psychological, social, and cultural factors that are involved in the etiology, prognosis, and course of acute and chronic disorders with due attention to the factors that determine their presentation in outpatient settings
- The biopsychosocial factors that are involved in the presentation of violent and suicidal behaviors, substance/alcohol abuse problems, behavioral and family crises, and patients' requests for consultation
- The methods of consultation and role of the mental health fellow in individual or community emergencies, trauma, or crisis situations
- Rendition of a comprehensive diagnosis in accordance with the DSM-5, particularly the diagnostic criteria for major psychiatric syndromes, including schizophrenia and bipolar I and II, major depression, anxiety, and personality disorders
- Healthcare regulations including those that pertain to the Mental Health Act, regulations that protect children and battered women, and custody regulations
- Biological/psychopharmacological intervention strategies (indications/contraindications) for patients who present with medical, surgical, and psychiatric comorbidities
- Intervention strategies for psychotherapeutic and behavioral crisis
- Ethical considerations that are relevant to specific patients (e.g., duty to warn, confidentiality, and consent)
- Social and community resources that are available to patients with chronic psychiatric disorders

##### Skills

- Develop Effective, efficient, and comprehensive interviewing skills (including those that are required to assess mental status) that rely on the use of a variety of strategies to collect adequate information while also maintaining therapeutic alliances with the entire range of patients who are present in an outpatient setting
- Collection and use of alternative sources of information
- Appropriate use of laboratory tests and other investigative techniques
- The ability to conduct risk assessments for suicide, violence, abuse of self or others, and substance abuse
- Identification of acute organic conditions (including alcohol and drug intoxication/withdrawal and delirium) that require medical or psychiatric intervention in an outpatient setting

- Development of a diagnostic formulation that is based on the biopsychosocial framework
- Development and implementation of an initial treatment plan from a biopsychosocial perspective
- Effective triage skills (e.g., recognition of cases in which an outpatient appears to be a threat to the safety of the self or others and requires admission)
- The ability to recognize clinical situations that require consultation, the expertise of other physicians, and provision of inpatient treatment
- The ability to manage stress, remain calm, and act in a timely manner
- Implementation of techniques for nonviolent crisis interventions, when necessary
- Setting of appropriate limits
- Recording and maintenance of accurate and complete medical records
- Application or recommendation of appropriate legislation, including the accurate completion of mental health certificates and other legal forms, as required

**Communicator**

- The ability to listen effectively
- Provision of an accurate and thorough explanation of the diagnosis, investigation, treatment, and prognosis to patients and their families
- The ability to effectively discuss appropriate information with the healthcare team, and provide and receive information
- Effective communication of pertinent information and opinions to medical colleagues
- Preparation of accurate and timely documentation
- Maintenance of ongoing communication with primary care physicians, family members, and other treatment providers

**Collaborator**

- Effective consultation with other healthcare professionals and physicians
- The ability and willingness to teach and learn from colleagues
- The ability to work collaboratively with other members of the healthcare team and recognize their roles and responsibilities
- Contribution to interdisciplinary team activities (e.g., the unique contributions of social service workers, independent living skills, occupational and recreational therapists, and assertive community treatment)
- Facilitation of learning among patients, students, and other healthcare professionals and contribution of new knowledge

**Manager**

- Cost-effective use of resources that is based on sound judgment
- The ability to set realistic priorities and use time effectively to optimize professional performance
- Evaluation and effective use of resources
- The ability to understand and make use of information technology to optimize patient care and promote life-long learning
- The ability and willingness to direct patients to relevant community resources
- Coordination of the efforts of the treatment team and effective delegation

### **Health Advocate**

- The ability to identify and understand the determinants of health that affect patients and respond in a role-appropriate fashion to the issues that require advocacy for patients and hospital wards
- Awareness of the major regional, national, and international advocacy groups in the field of mental healthcare
- Awareness of governance structures in mental healthcare
- Identification of the need and responsibility for the timely initiation of medicolegal and medicosocial interventions and advocacy (e.g., guardianship, power of attorney, personal directives, and competency in and compliance with the Mental Health Act in an outpatient setting)

### **Scholar**

- Be committed to and understand the need for continuous learning and development and implement an ongoing self-learning plan
- Critical appraisals of the existing medical/psychiatric/theoretical literature and intervention strategies that pertain to crisis situations that are encountered in general hospital settings
- The ability to help others learn by providing guidance and constructive feedback

### **Professional**

- The ability to demonstrate integrity, honesty, compassion, and respect for diversity
- Fulfillment of the medical, legal, and professional obligations of a specialist
- Maintenance of collaborative and respectful patient relationships that demonstrate gender and cultural awareness
- Demonstrate responsibility, dependability, self-directedness, and punctuality
- Demonstrate patience and flexibility in the face of complex clinical/administrative situations
- Acceptance and constructive use of supervision and feedback
- Awareness and application of ethical principles
- Awareness of one's own limitations and the willingness to seek advice when necessary

### **Facilitative Circumstances**

- Timely feedback about outpatient consultation to fellows will yield maximum educational benefits. Feedback should be appropriate to the level of training that a fellow has been receiving.
- Information about the short- and long-term outcomes of outpatient consultations has additional educational value and affords opportunities for self-appraisal.
- Facilities with formal outpatient psychiatric services offer additional training benefits; fellows should spend most of their training in such settings if possible.
- Sites that offer the widest possible range of diagnoses for patients of all ages should be used.
- Sites that consist of a wide range of departments (general surgery, medicine, subspecialty surgery and medicine, family medicine, obstetrics, and gynecology) facilitate the acquisition of competencies in all areas of consultation within the general hospital setting.

## 4.8 Addiction Medicine (Inpatient and Outpatient Settings)

**Duration:** 4 weeks

**Level:** F1

### 4.8.1 Goals and Objectives

Description: The addiction medicine rotation affords fellows the opportunity to develop an understanding of important topics within the fields of addiction medicine and psychiatry; this in turn will serve as a base for further psychiatric training. The addiction medicine rotation aims to create a foundation for further training by focusing on addiction assessment and treatments across different modalities and settings, especially the inpatient and outpatient settings of hospitals that offer addiction services.

#### 4.8.1.1 General Objectives

By the end of this rotation, the fellow should be able to demonstrate the following:

- Describe the factors that are relevant to the etiology, epidemiology, and general classifications of addictive drugs and plants
- Possess knowledge about the pharmacology of drugs such as methadone and buprenorphine that can interact with other psychotropic medication
- Describe the major categories of drugs and the symptoms and signs of intoxication and withdrawal
- Be familiar with the clinical practice guidelines for intoxication and withdrawal interventions for each addictive substance
- Practice different modalities of a therapeutic approach for chronic abuse and addiction
- Be aware of the prevalence of addiction in Saudi Arabia, common substances of abuse, psychosocial factors, and the best management approach for each type of addiction
- Be aware of national Saudi organizations that deal with alcohol and substance abuse

#### 4.8.1.2 Specific Objectives

##### Medical Expert

- Possess competency in the management of acute intoxication and withdrawal
- Possess knowledge about the different levels of care and treatment modalities that can be used to treat substance abuse with and without concurrent disorders
- Conduct a basic assessment of a patient with addiction who may or may not have other comorbid conditions
- Demonstrate a basic understanding and practice of motivational enhancement techniques
- Make a comprehensive diagnosis using the DSM-5, particularly the diagnostic criteria for major addiction disorders

##### Communicator

- Establish effective relationships with patients and their families
- Interact with community caregivers and other health resource groups to obtain and synthesize information that is relevant to the patient
- Develop a discharge plan for hospitalized patients, and learn to involve the family physician, home care providers, and other caregivers in the development of long-term community health plans
- Communicate with colleagues effectively and efficiently using both verbal means and written records (i.e., medical records, discharge summaries, and consultation notes)

**Collaborator**

- Know when to consult other caregivers (e.g., for addiction and concurrent disorder)

**Manager**

- Understand how to balance patient care and healthcare resources effectively
- Develop a knowledge base in order to understand patient navigation between systems (e.g., addiction, mental health, and justice), and understand the interplay between the government and healthcare sector in the allocation of finite healthcare resources
- When an opportunity arises, contribute to the development of effective and efficient patient management strategies

**Health Advocate**

- Adopt a preventive approach in clinical practice
- Identify the important determinants of patient (and public) health

**Scholar**

- Develop reflection and self-assessment skills using a reflection journal
- Take advantage of the opportunities to join the Continuous Care Program, which is offered to patients who have been treated for addiction

**Professional**

- Develop appropriate professional attitudes toward individuals with addiction and concurrent disorders
- Understand professional obligations to patients and colleagues
- Exhibit appropriate professional behaviours in private and interpersonal contexts behaviours

## 4.9 Psychosomatic Medicine (Consultation-Liaison Psychiatry; Outpatient Settings)

**Duration:** 4 weeks

**Level:** F1

### 4.9.1 Goals and Objectives

Description: The psychosomatic medicine rotation introduces fellows to psychiatric care for patients with physical illnesses. It provides mental health fellows the opportunity to acquire skills in the management of patients with comorbid medical and psychiatric illnesses. It offers the trainee an opportunity to reflect on the psychological experience of medical illness and group dynamics within the healthcare system.

#### 4.9.1.1 General Objectives:

By the end of this rotation, the fellow should be able to demonstrate the following:

- Recognize psychological problems in physically ill persons
- Adopt a holistic approach toward the assessment and management of the condition
- Understand the role and importance of psychological factors with regard to medical illness
- Collaborate with colleagues who belong to other specialties to provide professional psychiatric care to physically ill patients
- Recognize and manage drug-drug interactions in physically ill patients with psychiatric comorbidities



**4.9.1.2 Specific Objectives:****Medical Expert**

- Develop the foundational skills that are required to conduct focused interview-based psychiatric assessments and appropriate mental status examinations with medical patients with comorbid psychiatric conditions
- Develop the skills that facilitate the elicitation and interpretation of abnormal mental status examination results
- Assess and initiate diagnostic work-up and management plans for medical patients with the following psychiatric presentations:
  - Agitation, confusion, and delirium
  - Dementia
  - Depression
  - Anxiety
  - Self-harm
  - Acute situational crises
  - Behavior that is difficult for the medical team to manage
  - Personality disorder
- Possess foundational knowledge about the pharmacological agents that are used in the management of psychiatric symptoms in the physically ill, with a particular emphasis on the management of delirium, anxiety, and depression; special attention should be paid to indicators of medication use, potential side effects, relevant drug interactions, and interactions with comorbid medical illnesses
- Make a comprehensive diagnosis using the DSM-5, particularly the diagnostic criteria for major psychosomatic and comorbid psychiatric disorders
- Develop or enhance basic supportive psychotherapeutic skills
- Demonstrate the knowledge and skills that are related to compliance with the Mental Health Act and Consent to Treatment Act when working with physically ill patients

**Communicator**

- Deliver understandable information about common psychiatric disorders and emergencies in relation to physical illness to patients and their families
- Discuss the medicolegal and ethical issues that are related to the psychiatric problems that accompany medical illness with patients and their families
- Communicate effectively with members of multidisciplinary teams in medical settings and liaise effectively with the community practitioners and agencies that are involved with patients to obtain collateral information and develop disposition plans
- Develop the skills that facilitate succinct case presentations within the context of consultation liaisons

**Collaborator**

- Describe and understand the role of the mental health fellow in medical settings and learn how to gain the acceptance of the community and institutional systems
- Describe and understand the roles of allied healthcare professionals with respect to the assessment and management of patients with comorbid medical and psychiatric diagnoses both within hospital settings and the community
- Collaborate effectively with other members of the healthcare team and community agencies
- Initiate specialty consultations appropriately

### **Manager**

- Develop the ability to take focused histories of medically ill patients who also present with psychiatric symptoms
- Prioritize and allocate time appropriately in the face of competing clinical priorities

### **Health Advocate**

- Advocate effectively on behalf of psychiatric patients
- Identify opportunities for patient education regarding psychiatric conditions

### **Scholar**

- Access the relevant literature and other resources to guide the assessment and management of psychiatric patients with medical comorbidities
- Develop the skills that are required to critically appraise the literature on common psychiatric issues that physically ill patients experience

### **Professional**

- Demonstrate a professional attitude when interacting with patients, their families, and other healthcare professionals
- Recognize and respond appropriately to ethical challenges in psychosomatic medicine settings
- Demonstrate an ability to appraise and use supervision appropriately
- Monitor emotional reactions to patients, be aware of countertransference and counterresistance in institutions that treat psychosomatic conditions and make use of support and supervision to manage the emotional challenges that are involved in working with seriously ill and dying patients

## **4.10 Emergency Psychiatry**

**Duration:** 4 weeks

**Level:** F1

### **4.10.1 Goals and Objectives**

Description: The emergency psychiatry rotation provides fellows an opportunity to develop an approach to assess patients with common psychiatric emergencies. There will be a strong focus on interviewing skills. Knowledge and skills that are related to the psychopharmacological and psychotherapeutic management of emergency psychiatric patients will be developed and enhanced. Special attention will be paid to the legal and ethical aspects of emergency psychiatry.

#### **4.10.1.1 General Objectives**

By the end of this rotation, the fellow should be able to demonstrate the following:

- Recognize the psychiatric disorders that are observed in the emergency department
- Manage acute psychiatric disorders
- Recognize and manage the acute side effects of psychotropic medications
- Communicate efficiently with colleagues from other departments and hospitals to improve patient care

#### 4.10.1.2 Specific Objectives

##### Medical Expert

- Complete a rapid emergency psychiatric assessment interview and appropriate mental status examination
- Enhance the skills that are necessary to conduct a mental status examination and interpret abnormal results in emergency psychiatric settings
- Assess and initiate diagnostic and management plans for patients with the following conditions:
  - Acute and chronic psychosis
  - Depression
  - Anxiety
  - Potentially explosive behaviors or violence
  - Risk assessment
  - Substance intoxication or withdrawal
  - Acute situational crisis
  - Psychiatric emergencies in developmentally delayed patients
- Enhance the foundational skills that are required to assess the risk of harm to self and others
- Render a comprehensive diagnosis using the DSM-5, particularly the diagnostic criteria for major psychiatric emergencies such as suicide, aggression, and disorders with emergency presentation
- Construct a psychiatric formulation of a crisis intervention based on knowledge about crisis intervention models and brief therapies
- Develop foundational knowledge about the pharmacological agents that are used in the treatment of psychiatric emergencies, which should include indications and contraindications, potential side effects, and common serious drug interactions for medications with a focus on antipsychotics and benzodiazepines
- Demonstrate an understanding of the Mental Health Act and appropriate use of relevant mental health forms for patient certification; complete forms that pertain to the Mental Health Act and associated documentation accurately
- Assess a patient's ability to consent to treatment as per the Consent to Treatment Act, and complete the required forms and documentation accurately
- Demonstrate the appropriate use of commonly used community resources that are available to emergency psychiatric patients, including crisis services in Saudi Arabia (e.g., the National Committee for the Promotion of Mental Health)
- Demonstrate a foundational understanding of the concept of institutional transference
- Describe the major medical conditions that are relevant to the differential diagnosis of behavioral disturbance in the Emergency room recognize urgent medical problems in psychiatric patients, and make appropriate referrals

##### Communicator

- Develop therapeutic relationships with patients
- Deliver understandable information regarding common psychiatric disorders and emergencies to patients and their families
- Discuss the medicolegal and ethical issues that are related to psychiatric emergencies with patients and their families
- Communicate effectively with members of the multidisciplinary team in emergency settings and liaise effectively with community agencies that are involved with patients
- Present relevant information succinctly to the staff who supervise mental health fellows

**Collaborator**

- Describe and understand (a) the role of the mental health fellow in emergency settings, (b) the systemic issues that are involved in emergency psychiatry, which include the gatekeeping function of the emergency department, consulting role of emergency physicians and mental health fellows, and (c) how to be accepted from community and institutional systems
- Demonstrate an understanding of the roles of allied healthcare professionals in the assessment and management of psychiatric patients and emergencies both within hospital settings and the community
- Collaborate effectively with other members of the healthcare team and community agencies
- Know when and how to initiate specialty consultations

**Manager**

- Demonstrate the ability to prioritize competing clinical demands

**Health Advocate**

- Demonstrate the capacity to serve as an effective advocate for psychiatric patients
- Identify opportunities to educate patients about their psychiatric conditions

**Scholar**

- Access the relevant literature and other resources to guide the assessment and management of emergency psychiatric patients
- Develop the skills that are required to conduct a critical appraisal of the literature on common psychiatric emergencies
- Actively participate in and contribute to educational processes/activities (e.g., attend and participate in educational rounds and teach medical students)

**Professional**

- Fulfill the medical, legal, and professional obligations of a mental health fellow
- Demonstrate responsibility, dependability, self-directedness, and punctuality
- Accept and make constructive use of supervision and feedback
- Engage in collaborative and respectful interactions with patients, their families, and other healthcare staff, and demonstrate gender and cultural awareness
- Identify and respond to the ethical challenges that are involved in the care of emergency psychiatric patients

**4.11 Rotations in Primary Mental Health Clinics**

**Duration:** 12 weeks

**Level:** F1

**4.11.1 Goals and Objectives**

By the end of this rotation, the fellow should be able to demonstrate the following:

- Possess knowledge about integrated mental health in the practice of family medicine
- Deal with the common mental health problems that are encountered in family medicine practice
- Provide psychotherapy and counseling as a part of family medicine practice
- Screen for and diagnose schizophrenia and other psychotic disorders
- Explore and manage suicidal and homicidal thoughts

- Demonstrate the ability to prescribe medications to manage schizophrenia and other psychotic disorders
- Recognize human rights and ethical principles
- Screen for mental health disorders in chronic medical patients
- Determine the effect of mental health problems and stress on chronic medical problems
- Possess knowledge about drug selection and use in the treatment of comorbid conditions
- Be aware of the criteria for referrals of certain patients (e.g., treatment-resistant mental health conditions such as presence of suicidal and homicidal thoughts, agitated or aggressive behaviors, severe bipolar depression and schizophrenia) who may need further consultations in mental health hospitals

#### 4.11.2 Objectives and Competencies

Trainees should develop all seven CanMEDS—Family Medicine core competencies and also learn the basic skills that pertain to the diagnosis and management of common psychiatric conditions.

##### **Medical Expert**

- Demonstrate a thorough understanding of relevant basic sciences, including the pathophysiology of the presenting mental health problem
- Conduct a complete clinical assessment of the patient including his or her medical history; conduct a mental status examination and interpret its results
- Formulate appropriate provisional and alternative diagnoses of key presenting problems and underlying conditions
- Order appropriate and selective investigations and interpret the findings within the context of patient problems
- Recognize, assess, manage, and follow up on psychiatric conditions that are commonly encountered in family medicine settings, including psychiatric emergencies
- Appropriately recognize and manage patients with psychiatric complaints and accordingly provide referrals to those who need them
- Identify the social, economic, and cultural factors that affect the etiology, course, and management of psychiatric and behavioral problems
- Provide effective counseling and behavioral modification interventions that can be appropriately implemented in PHC settings
- Demonstrate proper drug prescribing for psychiatric problems

##### **Collaborator**

- Facilitate the coordination of patient care, including collaboration and consultation with other healthcare professionals and caregivers
- Recognize the role of other professionals (e.g., psychologists, social workers, and agencies who are involved in the provision of care) and utilize their expertise

##### **Communicator**

- Conduct effective consultations within the context of consultation models
- Document patient findings in their medical records in a legible and timely manner

##### **Scholar**

- Provide evidence-based treatments to patients
- Integrate clinical knowledge and effective patient-centered care skills into patient care

**Professional**

- Practice professionalism and adhere to ethical guidelines when making decisions about individual patient care
- Exhibit professional behaviors when providing care to patients and their families and during interactions with their healthcare teams and communities

**4.12 Child and Adolescent Psychiatry (Outpatient Settings)**

**Duration:** 4 weeks

**Level:** F1

**4.12.1 Goals and Objectives**

Description: This clinical experience will entail a two-month rotation. By the end of this rotation, the fellow should demonstrate the following:

- Obtain appropriate histories and conduct mental status examinations for those who are younger than 18 years of age
- Demonstrate a thorough understanding of common psychiatric disorders among children and adolescents
- Manage common psychiatric disorders that affect children and adolescents
- Differentiate between normal and abnormal development (emotional, cognitive, and social)
- Recognize the familial and social factors that play a role in child and adolescent psychiatric disorders
- Practice the different modalities of applying a therapeutic approach when working with children and adolescents
- Collaborate with colleagues from other specialties who provide care to children and adolescents (e.g., pediatricians, speech therapists, psychologists, and social workers)
- Communicate with other institutions that provide care to children and adolescents outside the hospital
- Possess knowledge about national organizations and centers that provide care to children and adolescents, particularly those with special needs

**4.12.1.1 General Objectives**

The overall goal of this rotation is to expose the fellow to the presentation and management of a full range of psychiatric illnesses that affect children, adolescents, and their families.

During this rotation, the fellow will work as part of a multidisciplinary team in pediatric consultation-liaison, outpatient, and emergency settings.

This rotation will offer fellows the opportunity to encounter various types of psychotherapeutic techniques that are specifically used with children and adolescents; these include family therapy, social skills development, parent education, individual cognitive-behavioral and interpersonal therapy, and behavior management.

Weekly case conferences, journal clubs, and specific didactic learning sessions that focus on topics that pertain to child and adolescent psychiatry will be conducted; a special effort will be made to expose fellows to community agencies and treatment programs during this rotation.

Systematic supervision (including direct observation of fellows in inpatient, outpatient, and day patient services) will be offered (if available) to promote expertise in the diagnosis and management of all types of patients who seek child and adolescent psychiatric care.

Experience in organizing and providing a comprehensive and seamless service is an important feature of this training.

The child and adolescent psychiatry rotation exposes fellows to a large number of patients with a diverse range of presenting problems within an institutional and community environment. They will have opportunities to practice assessment, case formulation, treatment planning and implementation, and consultative communication and review.

At the end of training, fellows are expected to have acquired adequate theoretical knowledge, appropriate skills and attitudes, and competence with regard to the following:

- Evaluation, triage, treatment, and disposition regarding the full range of psychiatric disorders that are observed in child and adolescent psychiatric settings
- Communication of clinical findings and recommendations to all appropriate parties
- Implementation of treatment, including referrals to other hospitals or community resources

#### 4.12.1.2 Specific Objectives

##### **Medical Expert**

**Knowledge:** Upon completion of the training, the fellow should have adequate information and understanding about the following:

- The phenomenology, epidemiology, etiology, course, and comorbidities (including medical/surgical) of acute and chronic psychiatric conditions that are observed among the child and adolescent population
- The interaction between the biological, psychological, social, and cultural factors that are involved in the etiology, prognosis, and course of acute and chronic disorders; due attention must be paid to the developmental and familial factors that determine their presentation among the child and adolescent population
- The biopsychosocial factors that are involved in the presentation of violent and suicidal behaviors, substance abuse problems, and behavioral, familial, and school-related crises, as per their requests for consultation
- The methods of consultation and role of the mental health fellow in individual or community emergencies, traumas, or crisis situations
- The mental healthcare system in Saudi Arabia
- Biological and psychopharmacological interventions (indications/contraindications) for inpatients with medical, surgical, and psychiatric comorbidities
- Psychotherapeutic and psychopharmacological interventions for acute and chronic conditions and disorders
- Ethical considerations that are relevant to specific patients (e.g., duty to warn, confidentiality, and consent)
- Social and community resources that are available to those with acute and chronic conditions

### **Skills**

- Demonstrate effective, efficient, and comprehensive interviewing skills (including those that are required to assess mental status) that rely on the use of a variety of strategies to facilitate the collection of adequate information while also maintaining therapeutic alliances with the diverse range of patients who belong to the child and adolescent population
- Collect, interpret, and use alternative sources of information
- Conduct risk assessments for suicide, violence, abuse of self or others, and substance abuse
- Identify acute organic conditions that require medical or psychiatric interventions (including alcohol and drug intoxication/withdrawal and delirium) among the child and adolescent population
- Implement nonviolent crisis intervention techniques, if necessary
- Implement the recommendations of appropriate legislations, including the accurate completion of mental health certificates and other legal forms, if required

### **Communicator**

- Listen effectively
- Provide an accurate and thorough explanation of diagnoses, investigations, treatments, and prognoses to patients and their families
- Share appropriate information with the healthcare team and effectively provide and receive information
- Convey pertinent information and opinions to medical colleagues effectively
- Prepare documentation in an accurate and timely manner

### **Collaborator**

- Consult with other healthcare professionals and physicians effectively
- Be able and willing to teach and learn from colleagues
- Work collaboratively with other members of the healthcare team and recognize their roles and responsibilities
- Contribute to interdisciplinary team activities
- Facilitate learning among patients, students, and other healthcare professionals, and contribute new knowledge

### **Manager**

- Make effective use of resources to balance patient care, learning needs, and outside activities
- Set realistic priorities and use time effectively to optimize professional performance
- Be able and willing to direct patients to relevant community resources
- Coordinate the efforts of the treatment team and practice effective delegation

### **Health Advocate**

- Identify and understand the determinants of health that affect patients in healthcare facilities and communities; respond to the issues that are involved in advocacy for patients in healthcare facilities and community in a role-appropriate fashion
- Be aware of major regional, national, and international advocacy groups in the field of mental healthcare
- Be aware of governance structures in mental healthcare



**Scholar**

- Critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies that pertain to crises that occur in all situations and settings in accordance with the nature of the patient population
- Help others learn by providing guidance and constructive feedback
- Contribute to the development of new knowledge

**Professional**

- Demonstrate integrity, honesty, compassion, and respect for diversity
- Fulfill the medical, legal, and professional obligations of a specialist
- Build collaborative and respectful relationships with patients, and demonstrate gender and cultural awareness
- Demonstrate patience and flexibility in the face of complex clinical/administrative situations
- Demonstrate acceptance and constructive use of supervision and feedback
- Be aware of and apply ethical principles

**Facilitative Circumstances**

- The provision of timely feedback about child and adolescent consultations to fellows will yield maximum educational benefits. Feedback should be appropriate to the level of training that a fellow has been receiving.
- Information about the short- and long-term outcomes of child and adolescent consultations has additional educational value and affords opportunities for self-appraisal.
- Facilities with formal child and adolescent psychiatric services offer additional training benefits; fellows should spend most of their training in such settings, when possible.

**4.13 Psychotherapy (Training in Cognitive Behavioural Therapy Primarily)****Duration:** 8 weeks**Level:** F1**4.13.1 Goals and Objectives**

Description: CBT, which is a psychotherapeutic approach, will not offered as a separate rotation during the fellowship. Training in CBT will be provided through didactic seminars and case supervisions during other rotations. Fellows who belong to F1 will attend seminars and lectures on CBT. They will work on supervised cases that are managed by psychotherapists who are either mental health fellows or psychologists.

**4.13.2 Specific Objectives****Medical Expert**

- Function effectively as consultants by integrating all the CanMEDS roles and providing optimal, ethical, and patient-centered medical care
- Establish and maintain clinical knowledge, skills, and attitudes that are appropriate to their clinical practice
- Conduct complete and appropriate patient assessments
- Use preventive and therapeutic interventions effectively
- Demonstrate proficient and appropriate diagnostic and therapeutic procedural skills
- Be aware of personal limitations and consult other healthcare professionals, when necessary

### **Communicator**

Key Competencies: Mental health fellows should be able to demonstrate the following by the end of the program:

- Develop rapport, trust, and ethical relationships with patients and their families
- Accurately elicit and synthesize relevant information and the perspectives of patients, their families, colleagues, and other professionals
- Convey accurate and relevant information and explanations to patients, their families, colleagues, and other professionals
- Develop a shared understanding of issues, problems, and plans with patients, their families, colleagues, and other professionals to develop a shared care plan
- Convey effective oral and written information about a medical encounter

### **Collaborator**

Key Competencies: Mental health fellows should be able to demonstrate the following by the end of the program:

- Participate effectively and appropriately in an interprofessional healthcare team
- Work with other healthcare professionals to prevent, negotiate, and effectively resolve interprofessional conflict

### **Manager**

Key Competencies: Mental health fellows should be able to demonstrate the following by the end of the program:

- Participate in all activities that contribute to the effectiveness of healthcare organizations and systems
- Manage their practices and careers effectively
- Appropriately allocate finite healthcare resources
- Play administrative and leadership roles when appropriate

### **Health Advocate**

Key Competencies: Mental health fellows should be able to demonstrate the following by the end of the program:

- Respond to individual patients' health needs and issues as a part of patient care
- Respond to the health needs of the communities that they serve
- Identify the determinants of health for the populations that they serve
- Promote the health of individual patients, communities, and populations

### **Scholar**

Key Competencies: Mental health fellows should be able to demonstrate the following by the end of the program:

- Maintain and enhance engagement in professional activities through ongoing learning
- Critically evaluate information and its sources, and apply them to make appropriate decisions
- Facilitate learning among patients, families, students, fellows, healthcare professionals, the public, and others, when appropriate
- Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices

**Professional**

Key Competencies: Mental health fellows should be able to demonstrate commitment toward the following by the end of the program:

- Their patients, profession, and society through ethical practice and compliance with professional regulations
- Physician health and sustainable practice

**4.14 An Introduction to Research and EBM**

Duration: 2 weeks

Level: F1

**4.14.1 Goals and Objectives**

At the beginning of a year, fellows must identify their area of research interest and the faculty member with whom they wish to work. They should work closely with the faculty member to plan their project and prepare a written proposal. Their faculty mentor will closely supervise fellows during their fellowship year, and fellows will be trained as a clinical researcher with in-depth statistical and analytical knowledge and skills in relation to population-based, clinical, or outcomes-based research studies.

**4.14.2 Specific Objectives**

By the end of this module, the fellows should be able to demonstrate the following:

- Know the principles and clinical implications of epidemiology and evidence-based medicine
- Know the fundamentals of research types and methodology
- Critically appraise all kinds of articles
- Extrapolate the results of research studies and apply them to clinical practice

**Medical Expert**

- A. Generate patient-centered clinical questions to promote knowledge-acquisition when designing a research study by undertaking the following steps:
  - Identify one's knowledge deficits and develop a system of generating and answering clinical questions based on patient cases
  - Use a standard format to phrase clinical questions (e.g., PICO = patient/problem, intervention, comparison intervention, outcome) to facilitate an efficient literature search to assess what has already been studied
  - Assess the type of question that is being asked in order to identify the type of study that will best answer the research question
- B. Identify and locate the best available information resources to address one's research question when developing a research project by undertaking the following steps:
  - Conduct a computerized literature search on databases such as Medline and PubMed or use another similar method
  - Use keywords to limit searches to articles that pertain to therapy, diagnosis, or prognosis
  - Use secondary sources (e.g., Cochrane databases) to efficiently obtain evidence
  - Use practice guidelines (e.g., American College of Family Physicians Practice Guidelines) to identify and review recommended care plans for a variety of common mental health problems

- C. Select the appropriate study design that can answer the research question
- D. Identify the indicators that can comprise confidentiality as per the requirements of the an Institutional Review Board (IRB) approval ; these may include studies that involve patients, patient medical records, and other data, especially those that pertain to patients
- E. At the beginning of the mental health fellowship, fellows must prepare a written research proposal for their mental health research project, plan and execute the research project during F1, and submit the final research project before the end of F1; the fellow must also pass research evaluation.

**Communicator**

- Present one's project during grand rounds or on an academic or research day upon conclusion
- Write a scientific abstract for submission to a regional or national research conference upon completion, strive to write a scientific paper that reports the findings of the project
- Complete final IRB reporting

**Collaborator**

- Discuss the project with an advisor and appropriate consultants, including statisticians and other specialists with expertise in research design or scientific knowledge
- Describe the roles of other disciplines in research in primary mental health care
- Demonstrate the ability to form a collaborative agreement with other groups or institutions to conduct research on mental health problems

**Health Advocate**

- Consider healthcare delivery, management of specific disease processes, screening for diseases, and other aspects of healthcare as potential research areas
- Advocate for research to promote current understandings of various disease processes or means of healthcare delivery
- Demonstrate an understanding of whether research is appropriate or inappropriate based on the health of the patient and his/her understanding of the project

**Manager**

- Understand the cost of the research study
- Determine the best methods of conducting the research study within the confines of the fellowship and medical system

**Scholar**

- Compare newly obtained data to previously collected data and identify differences between the two datasets
- Review the existing literature to substantiate the study findings
- Determine how the study findings can be applied to patient care and describe how patient care can be changed based on the study findings

**Professional**

- Respect patient privacy with respect to their medical information, when conducting the study
- Understand the function of an IRB and the means by which it serves to protect patients
- Discuss the ethics of research, including subject recruitment, informed consent, patient privacy, and the role of IRBs

- In research studies that require information to be obtained from patients and their families, respect their privacy when such information is obtained
- Practice honesty in the reporting of data
- Present data in an aggregate manner to avoid the identification of a specific patient in the research report

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## 5 ASSESSMENT OF LEARNING

### 5.1 Purpose of Assessment

Assessment plays a vital role in the success of postgraduate training. Assessment can guide trainees and trainers achieve targeted learning objectives. Further, reliable and valid assessment can serve as excellent means of improving training because the results that they yield have implications for curriculum development, teaching methods, and the quality of learning environments.

Assessment can promote learning as a result of the following reasons:

- a. trainers use information about the performance of their trainees to improve learning experiences
- b. the learning strategies that trainees use depend on assessment criteria
- c. assessment outcomes are quality metrics that can improve future learning experiences.

This fellowship aims to enhance family physicians' competency to address mental health problems at the PHC level. The assessment aims to ascertain whether the trainees are competent enough to deal with mental health issues and manage them effectively at the PHC level. Assessments can be broadly classified into two main categories: formative and summative assessments.

### 5.2 Formative Assessment

As adult learners, trainees should constantly seek feedback as they ascend from “novice” to “mastery” levels across the duration of their fellowship.

Formative assessment (also referred to as continuous assessment) is the component of an assessment that is administered throughout an academic year; it primarily aims to provide trainees with effective feedback. Inputs from overall formative assessment tools will be utilized at the end of the fellowship to compile the final results and ascertain whether a student has passed or failed the assessment in accordance with the executive policy on continuous assessment (available online: [www.scfhs.org](http://www.scfhs.org)). The formative assessment will have the following features:

- a. **Multisource:** it will include sources such as a logbook, ePortfolio, reflection, Mini-Clinical Evaluation Exercise (mini-CEX), case-based discussion (CbD), and direct observation of procedural skills (DOPS)
- b. **Comprehensive:** it will cover all learning domains (knowledge, skills, and attitudes)
- c. **Relevant:** it will utilize workplace-based assessments, namely, the mini-CEX and DOPS
- d. **Competency- and milestone-oriented:** it will assess the competencies that a trainee is expected to have acquired in accordance with his or her development level using logbooks, ePortfolios, and reflection”

Trainees should play an active role in seeking feedback during their training. On the other hand, trainers are expected to administer timely and formative assessments through an effective ePortfolio system (i.e., the SCHS; available online: [www.scfhs.org](http://www.scfhs.org)) to enhance communication and analysis of data that are yielded by the formative assessment. Completion of the fellowship depends on the satisfactory performance of the trainee in each rotation during the period of one year; further, the trainee should satisfactorily pass each assessment tool (borderline/clear pass/fail).

## 5.2.1 ePortfolio and Reflection

**5.2.1.1 Aim:** They are designed to support learning by providing a secure record of appraisal discussions, an ongoing personal development plan, workplace assessments, and reflections on clinical and other learning experiences.

**5.2.1.2 Expectation:** An ePortfolio will be prepared and managed by the trainees, and the mentors that they select at the beginning of the fellowship will continuously supervise them. It is the mentor's responsibility to check the ePortfolio every month and provide online feedback to all trainees.

The portfolio should include the following:

- A curriculum vita
- A professional development plan
- The records of educational training events that one has attended
- The reports of educational supervisors
- Case write-ups (selected)
- Reflection
- Others: patient feedback, clinical audits, etc.

**5.2.1.3 Frequency:** **Frequency:** This assessment will be conducted at the end of each rotation.

## 5.2.2 Logbook

**5.2.1.1 Aim:** A logbook is mainly intended to serve as a record of all educational activities to facilitate assessment and provision of feedback for improvement.

**5.2.1.2 Expectation:** Trainees' logbooks will be signed by all supervisors in their training sites (Appendix 2) after the completion of each required educational activity. The logbook will be a part of the portfolio, and it will be maintained in accordance with the Enquiry, Physical Examination, Investigation, technical procedures, Options in diagnosis, Management, Information handling, Sciences, and Education of patients (EPITOMISE) framework (Appendix 3). The purposes of the logbook are as follows:

1. Continually monitor trainees' performance
2. Document and record the cases that have been seen and managed by the trainees
3. Maintain a record of procedures and technical interventions that trainees have conducted
4. Help trainees and supervisors determine learning gaps
5. Provide useful information based on which the supervisor can provide feedback to the trainee

**5.2.1.3 Frequency:** One complete logbook should be ready at the end of the fellowship.

## 5.2.3 Mini-CEX and DOPS

**5.2.1.1 Aim:** Mini-CEX and DOPS will be used to observe and provide feedback to trainees so that they can improve their skills.

**5.2.1.2 Expectation:** Mini-CEX is a structured assessment of an observed clinical encounter. This “snapshot” is designed to help one provide feedback about the skills that are essential to the provision of good clinical care. The observer will provide immediate feedback, and the evidence will be rated and recorded in the trainee’s ePortfolio. On the other hand, DOPS has been designed to assess and provide feedback on procedural skills that are essential to the provision of good mental healthcare. The selected mandatory procedures have been chosen because they are considered to be sufficiently important and/or technically demanding to warrant specific assessment.

**5.2.1.3 Frequency:** A total of 10 Mini-CEX and 20 DOPS must be completed across the one-year duration of the fellowship (See appendix 3).

## 5.2.4 CbD

**5.2.1.1 Aim:** The aim of CbD is to guide a trainee’s learning by providing structured feedback and improve clinical decision-making and knowledge and patient management.

**5.2.1.2 Expectation:** Throughout their one-year fellowship, trainees will be required to work with patients while they are being observed by their supervisors. At least 15 minutes should be dedicated to the sharing of feedback. CbD assesses trainees’ clinical reasoning and formulation of a management plan.

**5.2.1.3 Frequency:** In each rotation, at least 4 CbDs should be completed.

## 5.3 Summative Assessment

### 5.3.1 General Principles

Summative assessment is the component of an assessment that aims to primarily make informed decisions about a trainee’s competency. In comparison to formative assessment, summative assessment does not aim to provide constructive feedback. For further details on this type of assessment, please refer to the pertinent general bylaws and executive policy (available online: [www.scfhs.org](http://www.scfhs.org)). “In order to be eligible to take the final examination, a trainee should have been granted a “Certification on Training-Completion.”

### 5.3.2 Certification of Training Completion

In order to be eligible to take the final specialty examinations, each trainee is required to obtain the “Certification of Training-Completion.” In accordance with the training bylaws and executive policy (please visit [www.scfhs.org](http://www.scfhs.org) for more details), trainees will be granted “Certification of Training-Completion” once they fulfill the following criteria:

- Successful completion of all training rotations
- Completion of training requirements as outlined by the scientific council/committee for a specialty (e.g., logbook, research, others)
- Clearance from Saudi Commission of Health Specialties (SCFHS) training affairs with regard to compliance with payment of tuition fees and completion of other requirements. universal topics

A “Certification of Training-Completion” will be issued and approved by the local supervisory committee or its equivalent as per the policies of the SCFHS.



### 5.3.3 Clinical Specialty Examination

Final specialty examination is the summative assessment component that grant trainees the specialty's certification. It consists of the two following components:

- Final written examination: in order to be eligible for this examination, trainees are required to have a "Certification of Training-Completion"
- Final clinical/practical examination: Trainees will be required to pass the final written examination to be eligible to take the final clinical/practical examination.

The blueprint that is presented in the following table summarizes the objectives of the examinations. It can be used to help trainees prepare for their examinations. As this is subject to changes, please refer to the updated version of the blueprint (available online at: [www.scfhs.org.sa](http://www.scfhs.org.sa)).

**Table 10 Blueprint of the Final Specialty Examination**

#### A. Written Examination

Content						
Category	Section	Proportion	Medical Science	Diagnosis	Management	Investigation
General Psychiatry (16%)	Schizophrenia	4%	1	1	1	1
	Schizoaffective disorder	3%	1	1	1	1
	Schizophreniform disorder	3%	1.5	0.5	0.5	0.5
	Delusional and shared psychotic disorder	2%	0.5	0.5	0.5	0.5
	Brief psychotic disorder	2%	0.5	0.5	0.5	0.5
	Other psychotic disorders and catatonia	2%	0.5	0.5	0.5	0.5
Research and Evidence based medicine (EBM) (5%)	Research, ethics, Professionalism, and patient safety	5%	2	1	1	1
Primary Mental Health Clinics (32%)	Mood disorders	3%	1	1	1	0
	Anxiety disorders	3%	1	1	1	0
	Obsessive-compulsive and related disorders	3%	1	1	0.5	0.5
	Dissociative disorders	2%	0.5	0.5	0.5	0.5
	Trauma- and stressor-related disorders	2%	0.5	0.5	0.5	0.5
	Chronic fatigue syndrome and fibromyalgia	2%	0.5	0.5	0.5	0.5
	Feeding and eating disorders	3%	1.5	0.5	0.5	0.5

	Normal sleep and sleep-wake disorders	3%	0.5	1.5	0.5	0.5
	Human sexuality and sexual dysfunctions	3%	1	1	0.5	0.5
	Gender dysphoria	2%	0.5	0.5	0.5	0.5
	Disruptive, impulse-control, and conduct disorders	3%	1	1	0.5	0.5
	Personality disorders	3%	1	1	0.5	0.5
<b>Addiction Medicine (6%)</b>	Substance use disorders	6%	3	1	1	1
<b>Psychotherapy (11%)</b>	Group psychotherapy and combined individual and group psychotherapy	2%	1	1	1	1
	Family and couples therapy	2%	0.5	1.5	0.5	0.5
	Cognitive therapy	3%	1	1	2	1
	Behavior therapy	2%	0.5	1	0.25	0.25
	Interpersonal therapy	2%	0.5	0.5	0.5	0.5
<b>Psychosomatic medicine (12%)</b>	Somatic symptom disorder	2%	2	1	0.5	0.5
	Illness anxiety disorder	1%	0.25	0.25	0.25	0.25
	Functional neurological symptom disorder (conversion disorder)	2%	1.5	0.5	0.5	0.5
	Psychological factors that affect other medical conditions	2%	1	1	0.5	0.5
	Factitious disorder	3%	1	1	0.5	0.5
	Pain disorder	2%	1.25	0.25	0.5	0.5
	Suicide	2%	1	0.75	0.5	0.5
<b>Emergency Psychiatry (4%)</b>	Psychiatric emergencies in adults	1%	0.25	0.25	0.25	0.25
	Psychiatric emergencies in children	1%	0.25	0.25	0.25	0.25

<b>Child and Adolescent Psychiatry (16%)</b>	Intellectual disability	1%	0.25	0.25	0.25	0.25
	Language and communication disorder	1%	0.25	0.25	0.25	0.25
	Attention deficit/hyperactivity disorder	2%	1.75	0.25	0.25	0.25
	Specific learning, stereotypic, movement, oppositional defiant, conduct, and separation anxiety disorder	2%	1.75	0.25	0.25	0.25
	Communication disorders	1%	0.25	0.25	0.25	0.25
	Child maltreatment and neglect	3%	2	0.25	0.5	0.25
	Autism spectrum disorder	2%	0.5	0.5	0.25	0.75
	Academic problems	2%	0.25	0.75	0.5	0.5
	Feeding and eating disorders of infancy or early childhood and Elimination Disorders (Encopresis and Enuresis)	2%	0.75	0.25	0.5	0.5
	<b>Total</b>			<b>100%</b>		

**B. Objective Structured Clinical Examination (OSCE)**

		DIMENSIONS OF CARE				
		Health Promotion and Illness 1±1 Station(s)	Acute Illness 4 ± 1 Station(s)	Chronic Illness 4 ± 1 Station(s)	Others 1 ± 1 Station(s)	No. of Station(s)
<b>DOMAINS FOR INTEGRATED</b>	<b>Patient Care</b> 7 ± 1 Station(s)	1	1	1	0.25	2.25
	<b>Patient Safety &amp; Procedural Skills</b> 1 ± 1 Station(s)		1	1	0.25	2.25
	<b>Communication and Interpersonal skills</b> 2 ± 1 Station(s)		1	1	0.25	2.25
	<b>Professional Behavior</b> 0 ± 1 Station(s)		1	1	0.25	2.25
	<b>Total No. of Stations</b>	1	4	4	1	10

**Table 10 Summary of Assessment Methods**

Assessment Tool	Grading System	Evaluator	Timing and Frequency	Skills Assessed
Rotation evaluation	Borderline/clear, pass/fail	Site director/local program director	Collected at the end of the each rotation by Logbook	Global performance
Mini Clinical Examination	Borderline/clear, pass/fail	Supervisor / consultant	Once a month; a total of 10 sets across the one-year fellowship	Clinical skills: problem-solving, data interpretation, history-taking, physical examination, counseling, and communication
Case-based discussion	Borderline/clear, pass/fail	Supervisor / consultant	Once every 2 months; approximately 6 times per year	Clinical reasoning, formulation of a management plan
Direct Observation of Procedural Skills	Borderline/clear, pass/fail	Supervisor / consultant	Once every 1 month; approximately 10 per year	Procedural skills
ePortfolio and Reflection	Borderline/clear, pass/fail	Mentor	Bimonthly review	Required competency/reflections
Written examination	pass/fail	Saudi Commission for Health Specialties examination committee	Final written fellowship certification examination	Knowledge
OSCE	pass/fail	Saudi Commission for Health Specialties examination committee	Final fellowship certification clinical examination	Knowledge/clinical skills: problem-solving, data interpretation, history-taking, and physical examination

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## 6 TRAINEE SUPPORT

### 6.1 Policies and Procedures

#### 6.1.1 Duty Hours Policy

The training program will conform to the regulations of the SCHS.

#### 6.1.2 Duty Hours

Fellows must adhere either to the schedules of their assigned hospitals or the schedules that are delineated in this section:

A fellow's working week will span from Sunday through Thursday. The meaning of this sentence is unclear. However, I have edited it as follows (see below) based on contextual information. Please use this revision if it is consistent with your intended meaning.

In inpatient, psychosomatic medicine, and outpatient departments in both psychiatric hospitals and PMHC, fellows will be required to work from 8:00 A.M. to 5:00 P.M.

Fellows are expected to be readily available during working hours. It is the fellow's responsibility to inform supervisors of their whereabouts. Beepers should be carried at all times, and pages must be promptly answered. If it is necessary for a fellow to leave work at any time, it is his or her responsibility to inform the supervisor, chief fellow, or program director and arrange for another physician to cover for him or her. If a fellow feels that he or she is frequently working excessively long hours, this should be brought to the attention of the chief fellow who will subsequently determine the source of the problem, if any, and attempt to solve the issue. Fellows are responsible for all inpatients who are assigned to them, based on the understanding that the on-call fellow is responsible only for the patients who are admitted after working hours, as per the assigned hospital policy. Coverage during leave or vacations must be clearly delineated.

#### 6.1.3 On-call Activities

On-call duty must comply with the duty hours policy and procedures of the assigned hospital. On-call duty must not occur more frequently than an average of every third night across a four-week period. The assignment of night shifts and on-call duties will not be contingent on a fellow's level of training. The duration for which a fellow engages in on-call duty must not exceed 24 consecutive hours. Fellows may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, provide outpatient care, and maintain continuity of medical care. No new patients will be assigned after 24 hours of continuous duty.

The chief fellow will produce an on-call schedule for each month. Any special requests will be considered prior to the generation of the schedule. The call schedule will contain the names of the on-call fellows and a back-up faculty member. If a fellow is unable to respond to a call for any reason, he or she should contact the chief fellow during working hours or the back-up faculty member after working hours. The chief fellow and back-up faculty member are ultimately responsible for finding a replacement.

Fellows must include their residential telephone or mobile number in their fellowship program files, on-call roster, and the hospital switchboard.

### **6.1.4 Fellows' On-Call Responsibilities**

Regardless of the time, the fellow (on-call or inpatient) who begins an admission is responsible for completing it unless another fellow explicitly agrees to take over.

### **6.1.5 Changes to the Call Schedule**

After the call schedule has been distributed for an upcoming month, individual fellows may make changes to their schedules based on mutual agreement among themselves. The fellow who was originally scheduled to be on call must notify the chief fellow and fellowship training coordinator of the changes to ensure that the hospital call list is accordingly updated. If the appropriate parties are not notified of the changes that have been made to the call schedule, it will be assumed that the fellow who was originally listed on the schedule will be on call, and he or she will be held responsible for the respective on-call duties.

### **6.1.6 Holiday and Weekend Calls**

Holiday and weekend calls will be assigned to trainees based on their respective training levels.

## **6.2 Monitoring of Employees during Working Hours**

The program will conform to the hospital policy and employee monitoring software for all rotations. When problems arise, violations will be monitored and addressed to ensure compliance.

### **6.2.1 Back-Up Faculty Member**

The back-up faculty member must be available to respond to calls from on-call fellows who need their assistance in either the inpatient unit or emergency room.

## **6.3 Supervision and Graded Responsibilities**

The program will adhere to the policies of the Saudi Commission For Health Specialties (SCFHS) that pertain to the supervision and graded responsibilities of fellows. A teaching supervisor will supervise the fellows, who in turn will progressively assume greater responsibility in accordance with their training level, ability, experience, and clinical responsibilities.

## **6.4 General Statement**

During rotations, each fellow will be directly supervised on a daily basis. The supervisor will observe the fellow's progress in (a) developing and administering an assessment and management plan and (b) counseling and educating patients and their families; subsequently, he or she will provide necessary feedback.

## 6.5 Inpatient Services

During inpatient rotations, all fellows will be supervised daily. The supervisor will observe the fellow's progress in developing and implementing management plans in cooperation with a multidisciplinary team. Supervision will be provided through direct supervision of teaching that is provided to patients who have been newly admitted to the service and individual patient care and family meetings that are organized by the faculty. During daily rounds in inpatient units and weekly multidisciplinary ground rounds, the attending supervisor must provide trainees with direct verbal feedback, a structured written evaluation, and feedback at the end of the rotation. Senior fellows can also play a supervisory role by managing junior fellows and medical students and recognizing their progress toward professional autonomy.

## 6.6 Outpatient Services

Every patient will be admitted, evaluated, and treated in the outpatient section of the psychiatry department, and patients will be closely supervised by an attending physician. Fellows' interviewing skills, administration of the MMSE, and discussions and plans for management will also be directly supervised. At the least, the administration of the MMSE and formulation of the management plan must be supervised. Evaluation, treatment planning, and patient progress will be reviewed by the attending physician and discussed with the fellow on a regular basis. Fellows will receive regular feedback about areas that require improvement during and subsequent to the completion of their rotation.

## 6.7 Documentation of Supervision

The details of cases that have been supervised must be documented in the logbook.

## 6.8 Fellows' Responsibilities

Fellows should organize their schedules in such a manner that they can completely and regularly participate in scheduled seminars, regular supervision, and other departmental educational activities. Patient appointments, clinical duties, rounds, and research activities should be scheduled in such a manner that they do not conflict with supervision and seminars. Conflicting demands should be brought to the attention of the fellow's immediate supervisor. If a satisfactory solution cannot be found, then such conflicts should be reported to the chief fellow and program director.

## 6.9 Graded Responsibilities

1. Fellows' responsibilities will be gradually increased based on their successful progression through the one-year training program albeit with due attention to the benefit and safety of each patient.
2. Fellows cannot become competent, make increasing complex decisions, or perform increasing difficult procedures without being involved in decision-making processes that the fellowship entails. Whenever possible, the responsibility to make the "first decision" must be relegated to fellows, and all patient care decisions will be subject to review and modification by faculty clinicians who will make the final decision in all cases.

3. Faculty members and other more senior fellows will provide supervision when necessary. It is desirable for senior fellows to be assigned a few responsibilities that pertain to the supervision and education of junior fellows as per the SCHS' policy on the graded responsibilities of fellows.
4. Although the faculty has the ultimate authority over patient care, both faculty members and fellows of all training levels are individually responsible for their actions that pertain to patient care, scholarly activities, and education.
5. During training, many types of supervision will be offered through teaching-focused rounds or structured seminars, many of which will require Cbd.



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APPENDICES

Rotation	Primary Mental Health Clinics: 8 weeks					Psychotherapy: 8 weeks					Psychosomatic Medicine (Outpatients): 4 weeks					Emergency Psychiatry: 4 weeks					Child and Adolescent Psychiatry (Outpatients): 4 weeks					
	Sunday	Monday	Tuesday	Wednesday	Thursday	Sunday	Monday	Tuesday	Wednesday	Thursday	Sunday	Monday	Tuesday	Wednesday	Thursday	Sunday	Monday	Tuesday	Wednesday	Thursday	Sunday	Monday	Tuesday	Wednesday	Thursday	
F1	Outpatient	Outpatient	Educational Activity	Self-Directed Learning/ Portfolio Assessment	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	
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	Outpatient	Outpatient	Educational Activity	Self-Directed Learning/ Portfolio Assessment	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	Outpatient	
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	A.M.					P.M.																				

**Appendix 2: Logbook as per the Enquiry, Physical Examination, Investigation, technical procedures, Options in diagnosis, Managment, Information handling, Sciences, and Education of patients( EPITOMISE ) Framework (Source: Dent J, Harden RM. A Practical Guide for Medical Teachers)**

**Core clinical problem:** Depression

**Core condition:** Disruptive mood dysregulation (DMD); mild, moderate, and severe depression

Patient Medical Record	DMD	Mild Depression	Moderate Depression	Severe Depression
	Date			
E: Enquiry				
P: Physical examination				
I: Investigation				
T: Technical procedures*				
O: Options in diagnosis				
M: Management				
I: Information handling				
S: Sciences				
E: Education of patient				

\*Technical procedures: Observed, Assisted, Performed

Learning gaps (if any):

Supervisor's name and signature: \_\_\_\_\_

## Appendix 3: Direct Observation of Procedural Skills

Name of Procedure/Examination	Frequency per Month
Mental Status Examination	4
Mini-Mental State Examination	4
Repetitive transcranial magnetic stimulation	4
Electroconvulsive therapy	2
Clinical global impression	2
Abreaction	2
<b>List of Category I Behavioral/Communication skills</b>	
Total: Conduct an open interview	4
Total: Sessions on breaking bad news	2
Total: Counseling sessions	2
<b>List of Category II Behavioral/Communication skills</b>	
Total: Cognitive behavior therapy	3
Total: Psychiatric interview	4
Total: Narrative psychotherapy	2