الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Psychiatry Board


بسم الله الرحمن الرحيم

The Specialty Curriculum Development Committee prepared this curriculum:
• Prof. Fatima Alhaidar • Dr. Dakhil Alsaeidi • Dr. Sultan Alshahrani
Reviewed 1st time and approved by the Specialty's Scientific Council/Committee Members: (2015 – 2019)
• Dr. Dakhel A. AlSaedi (chairman) • Dr. Fahad K. AlWahabi (deputy chairman) • Dr. Fahad D. Alosaimi • Dr. Hasan S. AlAmri • Dr. Ahmed M. AlSaleh • Dr. Osama A. AlEbrahem • Dr. Mahdi S. Abomdeni • Dr. Saleh H. AlMohamadi • Dr. Husain A. AlHumaid • Dr. Sultan M. AlShahrani
Reviewed 2nd time and approved by the Specialty's Scientific Council/Committee Members: (2019 – 2023)
• Prof. Fahad Alosaimi (chairman) • Dr.Yousef Alshehri(deputy chairman) • Dr. Suliman Alhenaki • Dr. Hasan Alshehri • Dr. Waleed Alghamdi • Dr. Nada Albogami • Dr. Hussain khrad • Dr. Nuha Alshammari • Dr. Moteb Alotaibi

Reviewed 2nd time and approved by the Specialty's Scientific Council/Committee Members: (2019 – 2023)
• Dr. Abdulelah Alrowished • Dr. Ebtihag Fallatah • Dr. Ahmad AlSaleh • Dr. Aisha Gaffas • Dr. Yasser Ad-Dab'bagh • Dr. Nemer Almosyab • Dr. Mohammed Aljaffer
Approved by the Head of Curricula Review Committee:
• Dr. Ali AlYahya, MBBS, Msc.MedEd. FRCSC, FACS

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Correspondence:

Saudi Commission for Health Specialties (SCFHS)

P.O. Box: 94656

Postal Code: 11614

Contact Center: 920019393

E-mail: systemadmin@scfhs.org

Website: www.scfhs.org.sa

Formatted and Designed by: Manoj Thomas Varghese, CMT (SCFHS)

TABLE OF CONTENTS

COPYRIGHT AND AMENDMENTS 5

TABLE OF CONTENTS 6

ACKNOWLEDGMENTS 9

INTRODUCTION 10

OUTCOMES AND COMPETENCIES 13

OBJECTIVES OF TRAINING 14

General Objectives 14

Specific Objectives 14

CORE (COMPULSORY) PSYCHIATRY ROTATIONS 33

Inpatient General Psychiatry 33

Goals and Objectives: 33

Outpatient General Psychiatry 39

Goals and objectives: 39

Psychosomatic Medicine Rotation (Consultation-Liaison Psychiatry) 50

ELECTIVE PSYCHIATRY ROTATIONS 69

LEARNING OPPORTUNITIES 77

EDUCATIONAL AND LEARNING OBJECTIVES AND FORMATS 78

Universal Topics 78

LEARNING OBJECTIVES AND FORMATS 83

Core Specialty Topics 83

ASSESSMENT 86

Purpose 86

General Principles 86
Annual Assessment 87
APPENDIX 91
ASSESSMENT TOOLS 91
Portfolio and Logbook 99
POLICIES AND PROCEDURES 106
Duty Hours Policy 106
Duty Hours 106
On-call Activities 107
Residents' On-Call Responsibilities 107
Changes to the Call Schedule: 107
Holiday and Weekend Calls: 108
Work Hour Monitoring 108
Back-Up Faculty Member: 108
Supervision and Graded Responsibilities 108
General Statement 109
Inpatient Services: 109
Outpatient Services: 109
Documentation of Supervision 110
Residents Responsibilities 110
Graded Responsibilities: 110
REFERENCES 112
Supplements 113
Training activities during different rotations in the psychiatry residency training program 113

Mandatory rotations 113

Elective rotations 135

Training activities to improve leadership competency in the psychiatry residency training program 151

Training activities to improve health advocacy competency in the psychiatry residency training program 156

Psychiatric Trainees Mentorship Program of Scientific Council of psychiatry at Saudi Commission for Health Specialties 165

Saudi Board of Psychiatry Residents Academic Activities 2021-2022 168

Promotion Criteria, psychiatry residency program, updated 2021-2022* 174

Detailed logbook for each specific rotation 177

SAUDI BOARD RESIDENCY TRAINING PROGRAM 199

Psychiatry 199

Long-Case Clinical Examination (LCCE) and Mock Oral Examination (MOE) 204

Conditions to release trainees from clinical duties 213

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INTRODUCTION

Psychiatry is the branch of medicine focused on the diagnosis, treatment and prevention of mental (psychiatric) disorders. These disorders can involve emotions, behavior, perception, and cognition (thinking).

Treatment of patients with mental health problems involves on a wide range of professionals including psychiatrists, social workers, clinical psychologists, psychiatric nurses, occupational therapists, and other mental health professionals.

Psychiatrists are doctors who look after patients with mental health problems. Unlike other mental health professionals, such as psychologists and social workers, psychiatrists must be medically qualified doctors who have chosen to specialize in psychiatry. They assess patients and form diagnoses; they may investigate medical problems, offer advice, and recommend various treatments including medication, brain stimulation therapies, counseling, psychotherapy, and other lifestyle interventions. Psychiatrists are also are involved in teaching, auditing, and research. The psychiatrist works with a number of other professionals as part of a team.

Psychiatry is an important field in medicine. The field has expanded in scope and depth. We live in an era in which there is a world shortage of psychiatrists. More than ever, we need every available well-qualified psychiatrist, to promote quality medical care for patients.

Saudi Arabia has unique cultural, sociodemographic, and religious characteristics, which exert a strong impact on mental health services. While the majority of patients who are seen in outpatient settings have neurotic (36%) or mood disorders (35%), those admitted to inpatient mental hospitals are more likely to suffer from schizophrenia (50%), substance abuse (20%),

and mood disorders (20%). In a retrospective Saudi study conducted at the mental hospital in Taif, schizophrenia (89%) and drug addiction (61%) were the most common inpatient diagnoses, followed by mental retardation (18%) and personality disorder (4%). However, regional studies of young Saudi adults have reported relatively high rates of emotional symptoms, the most frequent of which were phobic anxiety, anxiety, somatization, and depression. There are high rates of undiagnosed and untreated mental illness in primary care settings. A few studies have examined the characteristics of patients treated in psychiatric specialty hospitals and found that the majority were young, experienced high relapse rates, had a family history of mental illness, exhibited poor drug compliance, and were exposed to stressors that precipitated hospital admission. According to the Saudi National Mental Health Survey, Estimated lifetime prevalence of any DSM-IV/CIDI disorder is 34.2% and lifetime morbid risk is 38.0%. Anxiety disorders are by far the most prevalent (23.2%) followed by disruptive behavior (11.2%), mood (9.3%), eating (6.1%), and substance use (4.0%) disorders. Synthetic estimates of cohort effects suggest that prevalence of many disorders has increased in recent cohorts. Onsets typically occur in childhood for a number of anxiety and disruptive behavior disorders and in adolescence or early adulthood for most other disorders, although age-of-onset distributions for drug abuse is much later (median age of 31) than in CIDI surveys carried out in other high-income countries (Altwaijri YA, 2020).

The total number of psychiatrists, medical physicians, nurses, psychologists, social workers, occupational therapists, and other professionals working in mental health facilities or private psychiatric practice is 22 per 100,000 population in Saudi Arabia. Outpatient clinics treat 1,846 users per 100,000 population annually. Women comprise approximately 50% of the patients seen in outpatient settings and are more likely to use mental health care services relative to men.

In addition, 6% of those seen in outpatient settings are children and adolescents. Patients treated in outpatient facilities are most likely to be diagnosed with mood disorders (35%), neurotic, stress-related, or somatoform disorders (36%), schizophrenia (13%), substance abuse (9%), personality disorders (2%), and others (5%).

The average number of outpatient visits for those with an identified psychiatric problem in Saudi Arabia is 2.5 per year. Approximately one in five (19%) outpatient facilities provides follow-up care in the community, while an unknown number employ mobile mental health teams. In terms of available treatment, 21–50% of psychiatric outpatients in the past year received one or more psychosocial interventions. Almost all facilities have at least one psychotropic medicine from each major drug class (i.e., antipsychotics, antidepressants, mood stabilizers, anxiolytic drugs, and mood-stabilizing antiepileptics) available on site.

The Psychiatry Residency Training program was established in Saudi Arabia in 1997 in an effort to develop local, professional, culturally sensitive manpower and expand and improve specialized mental health services supported by qualified, well-trained psychiatrists.

The Psychiatry residency program offers four years' training in psychiatry. The goal of the program is to provide comprehensive training in the care of mentally ill patients and prepare our residents for a career with a sound clinical and scientific basis and skills for ongoing acquisition of knowledge. The curriculum offered during this training is designed to both meet the minimum requirements for the SCFHS and provide flexibility for the exploration of interests geared toward the resident's individual career goals.

The mission of the Saudi Commission for Health Specialties includes improving "the highest possible standard and quality of medical care for the people of Saudi Arabia." To this end, the SCFHS adopted CanMEDS, which was based on the idea that well-qualified physicians are necessary for excellence in health care.

OUTCOMES AND COMPETENCIES

Upon completion of the training, residents are expected to be competent specialists in Psychiatry and capable of assuming a consultant's role in the specialty. Residents must demonstrate the requisite knowledge, skills, and attitudes required for effective patient centered care and service to a diverse population throughout the lifespan. The resident must acquire a working knowledge of the theoretical basis of Psychiatry, including its foundations in the basic medical sciences and research

OBJECTIVES OF TRAINING

General Objectives

- To provide a professional educational environment that promotes high standards of psychiatric health care delivery.
- To train graduates to become competent, knowledgeable psychiatrists who are capable of functioning independently at a professional level.

Specific Objectives

The graduate should possess the following capabilities and skills:

- Develop a sound knowledge in principles of psychiatry
- Perform a thorough and appropriate examination of the patient's physical and mental
- status and write a detailed and comprehensive case history
- Make reasonable differential diagnoses and recognize common disorders in psychiatry and many other rare disorders
- Recognize psychiatric emergencies and manage them effectively
- Select and perform relevant investigations logically and conservatively and interpret the results correctly
- Manage common psychiatric problems and demonstrate knowledge of alternative management strategies
- Show skill in various diagnostic and therapeutic procedures in psychiatry
- Communicate well with patient and their families, medical colleagues, and allied health personnel
- Keep orderly and informative medical records
- Maintain and update his or her professional knowledge and medical education

- Convey professional skills and knowledge to junior colleagues via teaching and example
- Counsel and advise colleagues from other specialties regarding problems related to psychiatry
- Possess high moral and ethical standards
- Be sensitive to patients' cultural, social, and religious backgrounds and differences
- Be active in professional research, publication, and conferences and contribute to symposia

Residency Program Core and Elective Rotations

Table: Residency program core and elective rotations

<table>
<tr><th>Level</th><th colspan="4">Rotations</th><th>Horizontal rotations</th><th>Vacation</th></tr>
<tr><td>R1</td><td>Inpatient General Psychiatry for 6 blocks</td><td>Neurology for 2 blocks</td><td>Emergency Psychiatry for one block</td><td>Selective rotations for 3 blocks</td><td rowspan="4">Research rotation and psychotherapy rotation</td><td>Annual vacation for one block</td></tr>
<tr><td>R2</td><td colspan="2">Outpatient General Psychiatry for 6 blocks</td><td>Inpatient General Psychiatry for 3 blocks</td><td>Addiction Psychiatry for 3 blocks</td><td>Annual vacation for one block</td></tr>
<tr><td>R3</td><td colspan="2">Psychosomatic Medicine for 6 blocks</td><td colspan="2">Child and Adolescent Psychiatry for 6 blocks</td><td>Annual vacation for one block</td></tr>
<tr><td>R4</td><td>Inpatient General Psychiatry for 3 blocks</td><td>Selective rotations for 3 blocks</td><td colspan="2">Elective rotations for 6 blocks</td><td>Annual vacation for one block</td></tr>
</table>

Terms and Conditions:

- Each training block is equal to 4 weeks rotation.
- Each horizontal rotation will be done as a side training of any other vertical rotations (few hours weekly for a couple of months during the whole 4 years training.)
- Rotations will be decided according to the local centers resources and the discretion of the local training committee.

Minimum training requirements

Forty-eight (48) months of approved residency training. This period must include:

1. The first twenty-four (24) months R1, R2, must include:
    1.1. Mandatory rotations: Inpatient General Psychiatry for 9 blocks (each block = 4 weeks), Outpatient General Psychiatry for 6 blocks, Neurology for 2 blocks, Emergency Psychiatry for 1 blocks, Addiction Psychiatry for 3 blocks.
    1.2. Selective rotations for 3 blocks: choose from the following rotations (Inpatient General Psychiatry, Outpatient General Psychiatry, Psychosomatic Medicine, Geriatric psychiatry, Addiction, forensic psychiatry, community psychiatry (as horizontal rotation). The selective rotations cannot be started before completion of at least 6 blocks of general psychiatry training.
2. The second twenty-four (24) months R3, R4, must include:
    2.1. Mandatory rotations: Child and Adolescent Psychiatry for 6 blocks, Psychosomatic Medicine for 6 blocks, Inpatient General Psychiatry for 3 blocks.
    2.2. Selective rotations for 3 blocks: choose from the following rotations (Geriatric Psychiatry, Forensic psychiatry, Chronic Care, Mood and Anxiety, Inpatient General Psychiatry, Outpatient General Psychiatry, Psychosomatic Medicine, Geriatric psychiatry, Addiction, Emergency psychiatry).

2.3. Elective rotations for 6 blocks: any rotations.

3. Mandatory horizontal rotations (Concurrent and longitudinal training occurring within the 48 months of residency training):

3.1. Psychotherapy:

- The aim is to learn sound psychotherapeutic skills in any psychotherapy modality like Psychodynamic Psychotherapy, Cognitive Behavioral Therapy, ACT, etc.
- Can be done as a side training of any other rotations (two hours weekly), preferably after the first year of training.
- The minimum requirement is to complete supervised psychotherapy intervention for two patients with 1 hour of supervision session for each psychotherapy session.

3.2. Research:

- In summary, each resident either by himself or as a part of a group can select a supervisor and a mental health topic in the first year of the training. By the end of the 4th year, residents must submit to the program director a manuscript that is either published already or publication worthy. Also, they must present their research data to the training committee and their respective supervisors at a national/virtual academic meeting.
- The equivalent of up to half day per week for couple of months (decided case by case) may be devoted to research on approval by the residency training committee.
- This must be documented and evaluated separately from other rotations.

Global CanMEDS Competencies

Upon completion of training, the resident will have acquired the following competencies and will function effectively in the following roles:

Medical Expert

Psychiatrists who apply medical knowledge, clinical skills, and professional attitudes in their provision of patient-centered care throughout the lifespan and in a number of areas including hospital inpatient, outpatient, and community settings.

Psychiatrists are able to:

1. Function effectively as consultants to provide optimal, ethical, and patient-centered medical care
    - Perform a consultation that includes the presentation of well-documented assessments and recommendations in written and/or verbal form, in response to a request from another health care professional
    - Demonstrate the effective use of all CanMEDS competencies that are relevant to psychiatry.
    - Identify and respond appropriately to relevant clinical issues arising in patient care, as follows:
        - Awareness of factors influencing the patient's reactions to the physician and others
        - Awareness of one's own reactions when dealing with patients, including those who are suicidal, depressed, psychotic, demanding, violent, hostile, silent, or withdrawn
        - Boundary issues
        - Burden of medical, surgical, and psychiatric illness on individuals, families, and systems
        - Capacity/competence
        - Confidentiality
        - Comorbidity (medical, psychiatric, developmental, or substance abuse related)
        - Consent

- Culture and spirituality
- Family issues
- Legal and forensic matters
- Long-term illness and rehabilitation
- Psychiatric manifestations of medical and neurological illness
- Stigma
- Suicide, self-harm, or harm directed toward others
    - The assessment and management of safety/risk for patients and providers in all settings
    - Policy, procedure, and practice concerning the management of patient and provider safety, including violent and potentially violent situations, in all settings
- Systems issues such as access to service, limitation of care, and finance
- Therapeutic alliance
- Trauma, abuse, or neglect
    - Demonstrate the ability to prioritize professional duties when faced with multiple patients and problems
    - Demonstrate compassionate and patient-centered care
    - Recognize and respond to the ethical dimensions of Psychiatric decision making

2. Establish and maintain clinical knowledge, skills, and attitudes appropriate to their practice
    - Establish, apply, and maintain knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to psychiatry throughout the lifespan. Although the psychiatrist develops the competence required to interview, assess, and treat patients throughout the course of their lives, the level of psychiatric competence that they develop to treat children, adolescents, and

elderly patients will not reach those of subspecialists. Levels of competence with respect to knowledge, skills, and attitudes must be relevant to psychiatry, include a lifespan approach and must be assured at designated introductory, working knowledge, or proficient levels for the purposes of core competence in each of the following:

- Psychiatrists will be proficient in the following:
  - Etiology, symptoms, course of illness, and treatment for:
    - Anxiety disorders
    - Adjustment disorders and conditions other than disease not necessarily or primarily diagnose this are; noncompliance, malingering, antisocial behavior, borderline IQ, bereavement, academic and occupational problems, cognitive decline, and phase of life
    - Alcohol and other substance abuse disorders
    - Attention deficit hyperactivity disorder
    - Delusional disorders and other psychoses
    - Dementia
    - Organic brain syndromes/delirium
    - Personality disorders
    - Psychiatric disorders secondary to medical conditions
    - Mood disorders
    - Schizophrenia
    - Health care and its regulations
    - Normal and abnormal development
    - Normal aging
    - Normal and abnormal psychology
    - Nosology
    - Psychopharmacology and somatic therapies

- Psychotherapeutic constructs (individual, family, and group)
- Referral patterns, community agencies, systems of mental health care, and delivery

- Psychiatrists will possess a working knowledge of the following:
  - Etiology, symptoms, course of illness, and treatment for
  - Conduct disorders
  - Developmental disabilities including mental retardation
  - Eating disorders
  - Oppositional defiant disorder
  - Other disorders with onset in childhood
  - Pervasive developmental disorders
  - Sexual dysfunction
  - Sleep disorders
  - Somatoform disorders
  - Forensics
  - Research methodology
  - Demonstrate proficiency in applying lifelong learning skills to the role of scholar and implement a personal program to remain up to date with and enhance areas of professional competence.
  - Demonstrate proficiency in contributing to the enhancement of quality care and patient safety in psychiatric practice, integrating the best available evidence and practices

3. Perform a complete and appropriate assessment of a patient
   - Establish and maintain an effective working relationship
   - Identify and explore issues that are to be addressed in patient encounters, including the patient's context, preferences, and relevant safety issues, effectively Perform an appropriate and accurate mental status examination for the purposes of diagnosis, management, prevention, or health promotion

- Perform an appropriate and accurate diagnostic family interview for the purposes of diagnosis, management, prevention, or health promotion
- Perform a focused physical or neurological examination that is relevant and accurate for the purposes of prevention, health promotion, diagnosis, and/or management
- Demonstrate proficiency in selecting appropriate investigative methods in a resource-effective and ethical manner with respect to the following:
- Medical investigation or consultation

- Collateral information gathering ○ Demonstrate working knowledge selecting appropriate investigative methods in a resource-effective and ethical manner with respect to the following:
- Psychological investigations
- Questionnaires
- Neuropsychological investigations
- Neuroimaging ○ Demonstrate proficiency in effective clinical problem solving and judgment, which includes interpreting available data and integrating information to generate differential diagnosis and management plans to address patients' problems
- Integrate and present a bio psychosocial understanding
- Develop and implement an integrated bio psychosocial treatment plan

4. Use preventive and therapeutic interventions effectively
   - Demonstrate proficiency in implementing an effective management plan in collaboration with patients and their families as follows:
   - Develop and implement an integrated bio psychosocial treatment plan
   - Assess suitability and prescribe appropriate psychopharmacological treatments throughout the lifespan

- Assess suitability and prescribe and deliver appropriate somatic treatments (e.g., electroconvulsive therapy [ECT]) throughout the lifespan
- Demonstrate proficiency in suitability assessment and prescribe and deliver appropriate psychological treatments as follows:
  - Demonstrate working knowledge in at least one of the following: interpersonal psychotherapy (IPT) and cognitive behavioral, psychodynamic, family, group, and supportive therapy
- Demonstrate a proficiency in assessing and managing the treatment of side effects that emerge throughout the lifespan in psychopharmacological, somatic, and psychological therapies
- Demonstrate proficiency in assessing and managing treatment adherence
  - Demonstrate effective, appropriate, and timely application of preventive and therapeutic interventions relevant to psychiatry, which includes consideration of risk and safety
  - Ensure that appropriate informed consent is obtained for therapies
  - Ensure that patients receive appropriate end-of-life care

5. Demonstrate proficient and appropriate use of diagnostic and therapeutic procedural skills.
   - Demonstrate effective, appropriate, and timely performance of diagnostic procedures relevant to psychiatry (including but not limited to diagnostic interviewing and questionnaire administration)
   - Demonstrate effective, appropriate, and timely performance of therapeutic procedures relevant to psychiatry, which include but are not limited to the following:
     - Crisis intervention, de-escalation, and nonviolent intervention techniques
     - ECT

- Ensure that appropriate informed consent is obtained for procedures
- Document and disseminate information related to procedures and their outcomes
- Ensure that adequate follow up is arranged for the procedures performed

6. Seek appropriate consultation from other health professionals, recognizing the limits of their expertise.
   - Demonstrate insight into the limitations of one's own expertise
   - Demonstrate effective, appropriate, and timely consultation of another health professional, as required for optimal patient care
   - Arrange for follow-up care services for a patient and his or her family

Communicator

Psychiatrists facilitate the doctor-patient relationship and the dynamic exchanges that occur before, during, and after the medical encounter. Psychiatrists enable patient-centered therapeutic communication via shared decision making and effective dynamic interaction with patients, families, caregivers, other professionals, and other important individuals.

This is a central skill relevant to the practice of psychiatry throughout the lifespan. Psychiatrists are able to:

1. Develop rapport, trust, and ethical therapeutic relationships with patients and their families
   - Recognize that being a good communicator is a core clinical skill for psychiatrists and effective physician-patient communication fosters patient satisfaction, adherence, and improved clinical outcomes in addition to physician satisfaction
     - Use expert verbal and nonverbal communication
     - Convey a nonjudgmental attitude
   - Establish positive therapeutic relationships, which are characterized by understanding, trust, respect, honesty, and empathy, with patients

and their families

- Respect patient confidentiality, privacy, and autonomy
- Listen effectively o Be aware of and responsive to nonverbal cues
- Facilitate a structured clinical encounter effectively

2. Elicit and synthesize relevant information and the perspectives of patients and families, colleagues, and other professionals accurately
   - Gather information about a patient's disease, beliefs, concerns, expectations, and illness experience
   - Seek and synthesize information from other sources such as patients' families,
   - caregivers, and other professionals
3. Convey relevant information and explanations to patients and their families, colleagues, and other professionals accurately
   - Deliver information to patients, their families, colleagues, and other professionals in a humane manner that facilitates understanding and encourages discussion and participation in decision making
4. Develop a common understanding of issues, problems, and plans with patients, their families, and other professionals to develop a shared care plan
   - Identify and explore problems that are to be addressed during a patient encounter, including the patient's context, responses, concerns, and preferences, effectively
   - Respect diversity and difference, which includes but is not limited to the impact of gender, religion, and cultural beliefs on decision making
   - Encourage discussion, questions, and interaction during the encounter ○ Engage patients, their families, and relevant health professionals in shared decision making to develop a care plan

- Address challenging communication issues, such as obtaining informed consent, delivering bad news, and addressing anger, confusion, and misunderstanding, effectively

5. Convey effective oral and written information regarding a psychiatric encounter ○ Maintain clear, concise, accurate, appropriate, and timely written or electronic records of clinical encounters and plans
    - Present verbal reports of clinical encounters and plans
    - Present medical information regarding a medical issue to the public or media

Collaborator

Psychiatrists work within a health care team to achieve optimal patient care. Psychiatrists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. It is essential that psychiatrists are able to collaborate effectively with patients and a multidisciplinary or interdisciplinary team of expert health professionals to provide optimal patient care, education, and scholarship

Psychiatrists are able to:

1. Participate effectively and appropriately in an inter-professional health care team, as follows:
    - Describe the psychiatrist's roles and responsibilities to other professionals within the health care team
    - Describe the roles and responsibilities of other professionals within the health care team
    - Recognize and respect the diversity of the roles, responsibilities, and competencies of other professionals in relation to their own
    - Work with others to assess, plan, provide, and integrate care for individual patients or patient groups

        - Demonstrate the ability to provide treatment in collaboration with physicians providing primary care and understand their roles and contributions
        - Describe the roles and contributions of the workplace, schools, forensic services, and other agencies as part of a service continuum
    - Work with and learn from others to assess, plan, and review, other tasks such as research problems, educational work, program reviews, and administrative responsibilities
    - Participate in inter-professional team meetings
    - Enter into interdependent relationships with other professionals to provide quality care
    - Identify, recognize, and describe the principles of group/system dynamics
    - Respect team ethics including confidentiality, resource allocation, and professionalism
    - Demonstrate leadership in the health care team as appropriate
2. Work with other health professionals to prevent, negotiate, and resolve inter- professional conflict effectively
    - Demonstrate a respectful attitude toward other colleagues and members of an inter-professional team
    - Work with other professionals to prevent conflict
    - Engage in collaborative negotiation to resolve conflict
    - Respect differences and address misunderstandings and limitations that may contribute to inter-professional tension
    - Reflect on inter-professional team functions

Manager

Psychiatrists are integral participants in health care organizations, establishing sustainable practices, making decisions regarding resource allocation, and contributing to the effectiveness of the health care system.

Psychiatrists are able to:

1. Participate in activities that contribute to the effectiveness of their health care organizations and systems
    - Work collaboratively with others in their organizations
    - Participate in systemic quality process evaluation and improvement procedures such as patient safety initiatives
    - Describe the structure and function of the health care system as it relates to psychiatry (including the role of psychiatrist)
2. Manage a practice and career effectively
3. Serve in administration and leadership roles as appropriate
    - Participate effectively in committees and meetings
    - Lead or implement change in health care
    - Plan relevant elements of health care delivery (e.g., work schedules)

Health advocate

Psychiatrists use their expertise and influence responsibly to advance the health and wellbeing of individual patients, communities, and populations.

Psychiatrists are able to:

1. Respond to individual patient health needs and issues as part of patient care
    - Identify the mental health needs of individual patients
    - Identify opportunities for advocacy, health promotion, and disease prevention for individuals to whom they provide care, via awareness of legal issues in mental health care

2. Respond to the health needs of the communities that they serve
    - Describe the practice communities that they serve
    - Identify opportunities for mental health advocacy, health promotion, and disease prevention in the communities that they serve and respond appropriately
    - Appreciate the possibility of competing interests between the communities they serve and other populations
3. Identify determinants of mental health for the populations that they serve
    - Identify determinants of mental health, including barriers to access to care and resources, for the populations that they serve
    - Identify vulnerable or marginalized populations within the larger populations served and respond appropriately
4. Promote the health of individual patients, communities, and populations
    - Describe an approach to implementing a change in one of the determinants of health for the populations that they serve
    - Describe the impact of public policy on the health of the populations that they serve
    - Identify points of influence in the health care system and its structure
    - Describe the ethical and professional issues inherent in health advocacy
    - Appreciate the possibility of conflict with managers when playing the role of health advocate for a patient or community
    - Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

Psychiatrists demonstrate a lifelong commitment to reflective learning and the creation, dissemination, application, and translation of medical knowledge.

Psychiatrists are able to:

1. Maintain and enhance professional activities via ongoing learning
    - Describe the principles of competence maintenance
    - Describe principles and strategies for implementing a personal knowledge management system
    - Recognize and reflect on learning issues in practice
    - Conduct a personal practice audit
    - Pose an appropriate learning question
    - Access and interpret the relevant evidence
    - Integrate new learning into practice
    - Evaluate the impact of any changes in practice
    - Document the learning process
2. Critically evaluate medical information and its sources and apply this to practice decisions appropriately
    - Describe the principles of critical appraisal
    - Critically appraise retrieved evidence to address a clinical question
    - Integrate critical appraisal conclusions into clinical care
3. Facilitate learning for patients, families, students, residents, other health professionals, the public, and others as appropriate
    - Describe principles of learning relevant to medical education
    - Collaborate with others to identify their learning needs and desired learning outcomes
    - Select effective teaching strategies and content to facilitate others' learning
    - Deliver an effective lecture or presentation
    - Assess and reflect on a teaching encounter
    - Provide effective feedback
    - Describe the principles of ethics with respect to teaching
4. Contribute to the development, dissemination, and translation of new knowledge and practices

- Describe the principles of research and scholarly inquiry
- Describe the principles of research ethics
- Pose a scholarly question
- Conduct a systematic search for evidence
- Select and apply the appropriate methods to address the question
- Disseminate the findings of a study

Professional

Psychiatrists are committed to the health and well-being of individuals and society via ethical practice, profession-led regulation, and high personal standards of behavior

Psychiatrists are able to

1. Demonstrate commitment to their patients, profession, and society via ethical practice
   - Exhibit appropriate professional behavior, including honesty, integrity, commitment, compassion, respect, and altruism, in practice
   - Demonstrate commitment to delivering the highest quality of care and competence maintenance
   - Recognize and respond appropriately to ethical issues encountered in psychiatry
   - Manage conflicts of interest including interaction with industry
   - Recognize the principles and limits of patient confidentiality, as defined by professional practice standards and the law
   - Maintain appropriate relationships with patients, colleagues, and students and demonstrate professionalism that adheres to the relevant principles, respecting boundaries in all areas of interaction, particularly those related to sexual and financial matters.
2. Demonstrate commitment to their patients, profession, and society via participation in profession-led regulation

- Demonstrate knowledge and an understanding of professional, legal, and ethical codes of practice
- Fulfill the regulatory and legal obligations of current practice
- Demonstrate accountability to professional regulatory bodies
- Recognize and respond to others' unprofessional behavior in practice
- Participate in per review

3. Demonstrate a commitment to physician health and sustainable practice
    - Balance personal and professional priorities to ensure personal health and a sustainable practice
    - Strive to heighten personal and professional awareness and insight
    - Recognize other professionals in need and respond appropriately

CORE (COMPULSORY) PSYCHIATRY ROTATIONS

Inpatient General Psychiatry

Description: Residents should consider each 3-6 months to be one unit (three rotations, the first two rotations at junior level and the third at senior level). This clinical experience is aimed at establishing grounding in the clinical presentation and care of psychiatric illness as it occurs in psychiatric inpatient settings. This can be a stressful experience, as the resident deals with a very steep learning curve with respect to knowledge and skills, the experience of psychiatric suffering, and the development of professional identity.

Goals and Objectives:

1. General Objectives:

The overall goal of this rotation is to provide the resident with opportunities at two levels, junior and senior, to develop knowledge, skills, and attitudes in diagnosis, formulation, and management in an inpatient setting. The resident may have more than one supervisor. Residents will acquire all of the CanMEDS competencies: medical expert/clinical decision maker, communicator, collaborator, health advocate, scholar, and professional.

By the end of this rotation, the resident should be able to perform the following:

- Make reasonable differential diagnoses and recognize common and rare disorders in psychiatry, particularly those that are amenable to treatment

- Manage common psychiatric problems and demonstrate alternative management strategies
- Display the knowledge and skills necessary to develop a holistic approach to dealing with psychiatric disorders
- List the psychotropic medications commonly used in psychiatry and interpret the mode of action, clinical usage, and side effects

2. Specific Objectives:

Medical Expert

- Develop knowledge of the presentation, illness experience, appropriate assessment, and management of the range of psychiatric illnesses encountered in inpatient settings (Including affective disorders, psychotic disorders, and eating disorder)
- Develop the knowledge of body and central nervous system anatomy and function necessary to understand the pathophysiology and psychopharmacology of the range of illnesses encountered in this setting
- Develop an understanding of normal and abnormal psychological and neurophysiological development throughout the lifespan as it affects patients in the presentation and experience of psychiatric illnesses
- Develop knowledge of normal psychological and neurophysiological function in the adult population
- Make a comprehensive diagnosis using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), particularly the diagnostic criteria for the major psychiatric syndromes including schizophrenia, bipolar I and II disorders, major depression, anxiety disorders, and personality disorders
- Develop knowledge of the natural course of psychiatric illness in the adult population
- Develop effective interviewing skills, which enable the resident to establish professional relationships and therapeutic alliances with psychiatrically ill patients and their families

- Develop effective history taking and physical examination skills to record details including contact date and time, patient profile, history of present illness, past history, developmental history, medical history, mental status, and appropriate physical examination from patients and their families in the above-mentioned setting
- To acquire the skills and ability to correlate, evaluate, prioritize, and synthesize the information gathered in an assessment in the form of bio psychosocially oriented problem formulation. This would include the following:
  - Obtaining appropriate applied knowledge via critical appraisal of the literature
  - Formulating a reasonable problem-oriented management plan
  - Generating a rational plan for diagnostic and therapeutic measures and communicating this to the patient and his or her family
  - Ability to interact and plan appropriately in collaboration with other mental health care professionals and management of the patient
  - Evaluate and modify diagnosis and management plans appropriately via periodic
  - assessment of patients' responses
  - Prepare and maintain proper medical records
  - Participate in quality assurance to assess the quality of care in the provision of mental health care
- Develop appropriate consultation skills in collaborative communication and interaction
- with other health care professionals involved in the patient's care
- Recognize personal limitations that may interfere or limit patient care, the ability to know when to ask for help or cease work and return home

- Develop the technical skills involved in performing thorough mental status assessments, limited neuropsychological assessments, and ECT; gain intravenous access; and draw blood.

Communicator

- Develop empathic capacity via experience and imagination, to ensure that the resident
- can demonstrate a willingness and desire to understand the patient's experience
- Develop listening skills that allow the patient to communicate their symptoms and experiences and facilitate the patient's understanding of his or her illness
- Educate patients and their families about psychiatric illness effectively, in a manner that helps them to communicate and share their understanding in a therapeutic fashion
- Ensure effective presentation of information and diagnoses and convey thoughts to patients and their families in a clear and understandable manner
- Recognize their own values and belief systems and their influence on understanding and communication while respecting and appreciating the values and belief systems of patients, their families, and colleagues
- Develop the ability to communicate effectively and respectfully with other members of the multidisciplinary health care team
- Develop the ability, via communication, to "be" with the patient and his or her family in the midst of their suffering in a compassionate and patient-centered fashion
- Recognize and respect patient boundaries and identify and protect one's own boundaries when necessary, in the interest of maintaining a healthy therapeutic alliance

- Recognize the difference between illness and disease and help patients to develop an understanding of the meaning of their illnesses in 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 relationship with the community organizations that are essential to community care for patients with psychiatric illness
- Develop the humility required to be both team leader and equal team member when working with patients and their families and community caregivers
- Schedule time to participate effectively with patients and their families and community caregivers
- Develop the ability and willingness to share knowledge and negotiate the diagnosis, formulation, and management of psychiatric illness with patients and their families

Manager

- Develop the awareness and knowledge required to manage time effectively, interact as a team leader, and manage patient health care in the context of existing resources, policies, and role descriptions
- Begin to function in appropriate roles in professional organizations
- Educate patients and their families to ensure that they can use mental health care resources effectively and prudently
- Develop knowledge of preventive and evidence-based medicine in the provision of patient care

- Develop knowledge of the cost of health care measures (including hospitalization and outpatient care) and use this to provide safe, cost-effective mental health care
- Develop knowledge of the introductory-level concepts of audits, quality assurance, quality improvement, incident reporting, and complaint management
- Develop a growing knowledge of alternative health care as it influences patient needs and psychiatric care
- Develop skills and knowledge of information technology as it influences patient care and 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, social, and institutional challenges associated with their illness
- Develop a working knowledge of the barriers to accessing mental health care and associated resources in the community, government, and society
- Develop communication skills that facilitate advocacy for patients and their families

Scholar

- Develop a self-directed learning plan and apply it to each individual rotation and the residency as a whole
- Incorporate the practice of critical appraisal and evaluation of literature, as it applies to daily practice, into inpatient care
- Learn and apply the principles of adult education in the education of patients, colleagues, and other mental health professionals

Professional

- Learn and apply ethical principles, including autonomy, beneficence, confidentiality, truth telling, respect for others and patient boundaries, conflict of interest, and resource allocation, as they apply to patient care.
- Demonstrate the knowledge and skills required to obtain informed consent
- Demonstrate the knowledge and skills required to use the provincial Mental Health Act
- Demonstrate trustworthiness and honesty with patients
- Recognize personal limitations and a willingness to call on others with special expertise when necessary
- Demonstrate an appreciation of the moral and ethical implications of various treatments and research as they relate to patient care

Outpatient General Psychiatry

Description: This clinical experience is aimed at establishing a grounding in the clinical presentation and care of psychiatric illness as it occurs in psychiatric outpatient settings. The resident will have an outpatient supervisor who will be on site when the resident is with his or her patients.

Goals and objectives:

1. General objectives

Comprehensive training throughout age and diagnostic spectra is essential for the general psychiatrist. The outpatient service exposes the resident to a large number of diverse patients in a community environment. There are 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 residents in the outpatient service is required to ensure progressive development of expertise in the diagnosis and management of all types of outpatient psychiatry patients. Experience in organizing and providing an outpatient service and strengthening psychotherapeutic skills is an important feature of this rotation.

Close associations with internal medicine, surgery, neurology, family medicine, and emergency physicians should be maintained. Knowledge of community-based resources, such as addiction, family violence, postpartum, and community agency counseling, emergency services, a distress line, and a mobile crisis team, is also expected.

As a result of their outpatient training, residents are expected to acquire adequate theoretical knowledge and appropriate and suitable skills and attitudes in the following areas:

- The evaluation, treatment, and disposition of the full range of psychiatric disorders observed in the outpatient setting, in which immediate intervention is required
- The communication of clinical findings and recommendations to all appropriate parties
- The implementation of treatment including the ability to refer to the appropriate community resources.

2. Specific Objectives

Medical Expert

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

- The phenomenology, epidemiology, etiology, course, and comorbidities (including medical/surgical) of acute psychiatric conditions observed in the outpatient setting

- The interaction of the biological, psychological, social, and cultural factors involved in the etiology, prognosis, and course of acute and chronic disorders, noting the factors that determine presentation to outpatient settings
- The bio psychosocial factors involved in the presentation of violent and suicidal patients, those with substance/alcohol abuse problems, behavioral crises, and family crises, and their requests for consultation
- The methods of consultation and the role of the psychiatrist in individual or community emergencies, trauma, or crisis situations
- Form a comprehensive diagnosis using the DSM-V, particularly the diagnostic criteria for major psychiatric syndromes including schizophrenia, bipolar I and II disorders, major depression, anxiety disorders, and personality disorders
- Health care regulations including legislation concerning the Mental Health Act, protection regulations for children, battered women, and custody regulation
- Biological/psychopharmacological intervention strategies (indications/contraindications) for patients presenting with medical, surgical, and psychiatric comorbidities
- Psychotherapeutic and behavioral crisis intervention strategies
- Ethical considerations relevant to specific patients (e.g., duty to warn, confidentiality, and consent)
- Social and community resources available for patients with chronic psychiatric disorders

Skills

- Effective, efficient, and comprehensive interviewing skills, including those required to determine mental status, using a variety of strategies that allow adequate information collection while maintaining therapeutic alliances with the range of patients who present to the outpatient setting

- The collection and use of alternative sources of information
- Appropriate use of laboratory and other investigative techniques
- The ability to perform risk assessments for suicide, violence, abuse of self or others, and substance abuse
- The identification of acute organic situations, including alcohol and drug intoxication/withdrawal and delirium, requiring medical or psychiatric intervention in the outpatient setting
- Diagnostic formulation using a bio psychosocial framework
- Development and implementation of an initial treatment plan from a bio psychosocial perspective
- Effective triage skills (e.g., recognizing cases in which an outpatient ceases to be safe and requires admission)
- The ability to recognize clinical situations requiring consultation, the expertise of other physicians, and the provision of inpatient treatment
- The ability to manage stress, remain calm, and act in a timely manner
- The implementation of techniques for nonviolent crisis intervention when necessary
- Setting appropriate limits
- The recording and maintenance of accurate and complete medical records
- The 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
- Communication of an accurate and thorough explanation of diagnosis, investigation, treatment, and prognosis to patients and their families
- The ability to discuss appropriate information with the health care team, effectively providing and receiving information

- The ability to convey pertinent information and opinions to medical colleagues effectively
- 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 health care professionals and physicians
- The ability and willingness to teach and learn from colleagues
- The ability to work collaboratively with other members of the health care team, recognizing their roles and responsibilities
- Contribution to interdisciplinary team activities (e.g., unique contributions of social service workers, independent living skills, occupational and recreational therapists, and assertive community treatment
- Facilitation of learning for patients, students, and other health professionals and contributing to new knowledge

Manager

- Cost-effective use of resources 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 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 affecting patients and respond in a role-appropriate fashion to the issues requiring advocacy for patients and hospital wards

- An awareness of major regional, national, and international advocacy groups in mental health care
- An awareness of governance structures in mental health care
- Identification of the need and responsibility for timely initiation of medico legal and medico social interventions and advocacy (e.g., , guardianship, power of attorney, personal directives, and competency and application of the Mental Health Act in an outpatient setting)

Scholar

- The ability to demonstrate and understand commitment to the need for continuous learning and develop and implement an ongoing personal learning strategy
- Critical appraisal of current medical/psychiatric/theoretical knowledge and intervention strategies in crisis situations in the general hospital setting
- The ability to help others learn through 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
- Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
- Responsibility, dependability, self-direction, and punctuality
- 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 own limitations, seeking advice when necessary

Facilitating Circumstances

Maximum educational benefit is obtained when the resident receives feedback regarding an outpatient consultation in a timely fashion. Feedback should be suitable to the resident's level of training.

Information concerning the short- and long-term outcomes of outpatient consultations provides additional educational value and opportunities for self-appraisal.

Facilities with formal outpatient psychiatry services offer additional training benefits; residents should spend most of their training in such settings where possible.

Sites that offer the widest possible range of diagnoses for patients of all ages should be used. Further, sites with a full array of departments (general surgery, medicine, subspecialty surgery, subspecialty medicine, family medicine, obstetrics, and gynecology) ensure competency in all areas of consultation within the general hospital setting.

Neurology Rotation

Description: The neurology rotation provides an opportunity for the psychiatry resident to develop knowledge and skills in the assessment and management of patients with neurological disease, particularly in relation to psychiatry. Most rotations include some combination of inpatient and ambulatory experiences.

Residents will develop an organized approach to performing a neurology assessment. They will learn about common neurological conditions and the management of common neurological emergencies.

Rotation-Specific Objectives Medical Expert

- Develop an organized approach to assessing a patient with neurological complaints, as follows:
  - History taking—obtaining a complete neurological history, including a collateral history where necessary, from adult patients

- Appropriate physical examination
- Neurological examination—determines whether there is univocal, multifocal, or diffuse involvement of the nervous system and localize lesion(s), based on neurophysiology and neuroanatomical factors, appropriately where possible
- Mental status examination

- Formulate appropriate provisional and differential diagnoses
- Outline an appropriate plan for laboratory investigations
- Outline an appropriate therapeutic plan

Communicator

- Establish therapeutic relationships, which includes being able to obtain and synthesize relevant history, with patients and their families, listen effectively, and discuss appropriate information with them
- Communicate effectively with members of the multidisciplinary team in the neurology setting and liaise with the community practitioners and agencies involved with neurology patients and their families

Collaborator

- Describe and understand the role of the psychiatrist in neurology settings
- Describe and understand the roles of allied health care professionals, both within the hospital setting and in the community, with respect to the assessment and management of neurology patients with psychiatric manifestation
- Collaborate effectively with other members of the neurology team and community agencies

Manager

- Develop the ability to prioritize and allocate time appropriately in the face of competing clinical priorities
- Develop time management skills to reflect and balance priority in patient care, education, sustainable practice, and personal life

Health Advocate

- Demonstrate the capacity to advocate for neurology patients with comorbid psychiatric problems, to help them to receive the required services
- Know about helpful community resources
- Counsel patients concerning the importance of taking responsibility for their own wellbeing, recognizing the important determinants predisposing them to their suffering, and understanding medication-related issues

Scholar

- Access relevant literature and other resources to guide the assessment and management of neurology patients with psychiatric comorbidity

Professional

- Demonstrate professional attitudes in interactions with patients, families, and other health care professionals
- Recognize and respond appropriately to ethical challenges in the neurology setting
- Ensure punctuality when attending clinics, consultations, rounds, and teaching sessions. If unable to attend for legitimate reasons, notify the attending staff or senior neurology resident ahead of time

Addiction Rotation

Description: The addiction psychiatry rotation provides an opportunity for the psychiatry resident to develop an understanding of important areas in addiction medicine and psychiatry, which will serve as a basis for further psychiatric training. The focus of the addiction psychiatry rotation is the creation of a foundation for further training by focusing on addiction assessment and treatment in a variety of modalities and settings with a large focus on addiction medicine.

By the end of this rotation, the resident should be able to perform the following:

- Describe the factors relevant to the etiology, epidemiology, and general classifications of addictive drugs and plants
- Describe 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 the therapeutic approach for chronic abuse and addiction
- Recognize the prevalence of addiction in Saudi Arabia, common substances of abuse, psychosocial factors, and the best approach for each case
- Be aware of national Saudi organizations dealing with alcohol and substance abuse

Rotation-Specific Objectives:

Medical Expert

- Competency in managing acute intoxication and withdrawal conditions
- Knowledge of the different levels of care and treatment modalities for substance abuse with and without concurrent disorders
- Basic assessment of the addiction patient with and without concurrent disorders
- Basic understanding and practice of motivational enhancement techniques
- Make a comprehensive diagnosis using the DSM-V, particularly the diagnostic criteria for major addiction disorders

Communicator

- Establish effective relationships with patients and their families
- Interact with community caregivers and other health resources to obtain and synthesize relevant information regarding 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 planning
- Communicate effectively and efficiently with colleagues, both verbally and through written records (i.e., medical records, discharge summaries, and consultation notes)

Collaborator

- Know when to consult other caregivers (addiction and concurrent disorder)

Manager

- Understand how to balance patient care and health care resources effectively
- Develop a knowledge base on order to understand patient navigation between systems (addiction, mental health, and justice) and comprehend the interplay between the government and health care sector in allocating finite health care resources
- When the opportunity arises, help to develop effective and efficient patient management strategies

Health Advocate

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

Scholar

- Develop reflection and self-assessment skills using a reflection journal and reflection paper

- Opportunity to join the Continuous Care Program for 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 personal and interpersonal professional behavior

Psychosomatic Medicine Rotation (Consultation-Liaison Psychiatry)

Description: The psychosomatic medicine rotation (previously consultation-liaison psychiatry) provides an introduction to psychiatric care for the physically ill. It provides the psychiatry resident with the opportunity to gain skills in the management of patients with comorbid medical and psychiatric illnesses. It offers the trainee the opportunity to reflect on the psychological experience of medical illness and the group dynamics of the health care system.

By the end of this rotation, the resident should be able to perform the following:

- Recognize psychological problems in physically ill patients
- Adopt a holistic approach to the assessment and management of the patient
- Understand the role and importance of the psychological aspects of medical illness
- Collaborate with colleagues from other specialties to provide professional psychiatric care for physically-ill patients
- Recognize and manage drug-drug interactions in physically-ill patients with psychiatric comorbidity

Rotation-Specific Objectives:

Medical Expert

- Develop foundational skills in the completion of focused psychiatric assessment interviews and appropriate mental status examinations for medical patients with comorbid psychiatric disturbances
- Develop skills in eliciting and interpreting abnormal mental status findings
- Assess and initiate diagnostic work-up and management plans for the medical patient 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
- Foundational knowledge of the pharmacological agents used in the management of psychiatric symptoms in the physically ill, with particular emphasis on the management of delirium, anxiety, and depression. There is a particular focus on indications for medication use, potential side effects, relevant drug interactions, and interactions with comorbid medical illness
- Make a comprehensive diagnosis using the DSM-V, particularly the diagnostic criteria for the major psychosomatic disorders and comorbid psychiatric disorders
- Develop or enhance basic skills in providing supportive psychotherapy
- Demonstrate knowledge and skills related to the use of the Mental Health Act and Consent to Treatment Act in physically ill patients

Communicator

- Deliver understandable information to patients and their families regarding common psychiatric disorders and emergencies in the context of physical illness
- Discuss medico legal and ethical issues related to psychiatric issues in the medically ill with patients and their families
- Communicate effectively with members of multidisciplinary teams in medical settings and liaise effectively with the community practitioners and agencies involved with patients, to obtain collateral information and develop disposition plans
- Develop skills in succinct case presentations in the context of consultation liaison

Collaborator

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

Manager

- Develop the ability to perform focused histories for patients presenting with psychiatric symptoms in the context of medical illness
- 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 concerning psychiatric conditions

Scholar

- Access relevant literature and other resources to guide the assessment and management of psychiatric patients with medical comorbidities
- Develop the skills required to perform a critical appraisal of the literature concerning common psychiatric issues in physically ill patients

Professional

- Demonstrate professional attitudes in interactions with patients, their families, and other health care professionals
- Recognize and respond appropriately to ethical challenges in psychosomatic medicine settings
- Display an ability to appraise and use supervision appropriately
- Monitor emotional reactions to patients, be aware of countertransference and counter reaction in psychosomatic medicine settings and make use of support and supervision to manage the emotional challenges of working with seriously ill and dying patients

Emergency Psychiatry Rotation

Description: The emergency psychiatry rotation provides an opportunity for the psychiatry resident to develop an approach to the assessment of patients with common psychiatric emergencies. There is a strong focus on interviewing skills. Knowledge and skills related to the psychopharmacological and psychotherapeutic management of emergency psychiatric patients are developed and enhanced. Special attention is focused on the legal and ethical aspects of emergency psychiatry

By the end of this rotation, the resident should be able to perform the following:

- Recognize the psychiatric disorders 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

Rotation-Specific Objectives Medical Expert

- Complete a rapid emergency psychiatric assessment interview and appropriate mental status examination
- Enhance skills in eliciting and interpreting abnormal mental status findings in emergency psychiatry settings
- Assess and initiate diagnostic and management plans for patients who present with the following:
  - Acute and chronic psychosis
  - Depression
  - Anxiety
  - Potentially explosive situations or violence
  - Self-harm
  - Homicidal behavior toward others
  - Substance intoxication or withdrawal
  - Acute situational crisis
  - Developmentally delayed patients presenting with psychiatric emergencies
- Enhance foundational skills in risk assessment for self-harm and risk to others
- Form a comprehensive diagnosis using the DSM-V, 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 using knowledge of crisis intervention models and brief therapies
- Develop a foundational knowledge of the pharmacological agents used in the treatment of psychiatric emergencies; this should include the 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 the appropriate use of relevant mental health forms for patient certification, and complete Mental Health Act forms and associated documentation accurately
- Assess for competency to consent to treatment under the Consent to Treatment Act and complete the required forms and documentation accurately
- Demonstrate appropriate use of the commonly used community resources available to emergency psychiatric patients including crisis services in Saudi Arabia such as the National Committee for the Promotion of Mental Health
- Demonstrate a foundational understanding of the concept of institutional transference
- Describe the major medical conditions relevant to the differential diagnosis of behavioral disturbance in the ER, 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 psychiatric emergencies to patients and their families
- Discuss medico legal and ethical issues 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 involved with patients
- Present relevant information succinctly to supervising staff psychiatrists

Collaborator

- Describe and understand the role of the psychiatrist in emergency settings and the systemic issues, involved in emergency psychiatry, which include the gatekeeper function of the emergency department, the consulting role of emergency physicians and psychiatrists, and how to be accepted from community and institutional systems
- Demonstrate an understanding of the roles of allied health care professionals, within hospital settings and the community, with respect to the assessment and management of psychiatric patients and psychiatric emergencies
- Collaborate effectively with other members of the health care 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 for patient education concerning their psychiatric conditions

Scholar

- Access relevant literature and other resources to guide the assessment and management of emergency psychiatric patients
- Develop the skills required to perform a critical appraisal of the literature concerning common psychiatric emergencies

- Actively participate in and contribute to the educational environment (e.g., attend and participate in educational rounds and teach medical students)

Professional

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

Child and Adolescent Psychiatry Rotation

Description: The clinical experience is a six-month rotation. During this rotation, the resident should learn the following:

- Obtain appropriate histories and conduct mental status examinations for those younger than 18 years of age
- Demonstrate a thorough understanding of common psychiatric disorders in children and adolescents
- Manage common psychiatric disorders in children and adolescents
- Differentiate between normal and abnormal development (emotional, cognitive, and social)
- Recognize the family and social factors that are relevant to child and adolescent psychiatric disorders
- Practice different modalities to the therapeutic approach for children and adolescents
- Collaborate with colleagues from other specialties providing care for children and adolescents (e.g., pediatrics, speech therapists, psychologists, and social workers).

- Communicate with other disciplines (e.g., schools) providing care for children and adolescents outside the hospital.
- Maintain knowledge regarding the national organizations and centers that provide care, particularly for those with special needs

General Objectives: The overall goal of this rotation is to expose the resident to the presentation and management of a full range of psychiatric illnesses in children, adolescents, and their families.

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

This rotation offers an opportunity for exposure to the various forms of psychotherapy that are specific to children and adolescents including family therapy, social skills development, parent education, individual cognitive-behavioral and interpersonal therapy, and behavior management.

There are also weekly case conferences, journal clubs, and specific didactic learning sessions aimed at child and adolescent psychiatry topics. A special effort is made to expose the resident to community agencies and treatment programs during this rotation.

Systematic supervision, including direct observation of residents in inpatient, outpatient, and day patient services, should be offered if available, to ensure expertise in the diagnosis and management of all types of patient involved with child and adolescent psychiatry. Experience in organizing and providing a comprehensive and seamless service is an important feature of training.

The child and adolescent service exposes the resident to a large number of diverse patients in an institutional and community environment. There are opportunities to practice assessment, case formulation, treatment planning and implementation, and consultative communication and review.

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

- The evaluation, triage, treatment, and disposition of a full range of psychiatric disorders observed in the child and adolescent service in all settings in which psychiatric intervention is required
- Communication of clinical findings and recommendations to all appropriate parties
- Implementation of treatment including referrals to other hospitals or community resources

Specific Objectives:

Medical Expert

Knowledge: Upon completion of training, the resident should have adequate information and understanding concerning the following:

- The phenomenology, epidemiology, etiology, course, and comorbidities (including medical/surgical) of acute and chronic psychiatric conditions observed in the child and adolescent population
- The interaction between biological, psychological, social, and cultural factors involved in the etiology, prognosis, and course of acute and chronic disorders, noting the developmental and familial factors that determine presentation in the child and adolescent population.
- The bio psychosocial factors involved in the presentation of violent and suicidal patients, patients with substance abuse problems and behavioral, family, and school crises, and their requests for consultation.
- The methods of consultation and role of the psychiatrist in individual or community emergencies, traumas, or crisis situations
- The mental health care system in Saudi Arabia
- Biological and psychopharmacological intervention strategies (indications/contraindications) for inpatients presenting with medical, surgical, and psychiatric comorbidities
- Psychotherapeutic and psychopharmacological interventions for acute and chronic conditions and disorders

- Ethical considerations relevant to specific patients (e.g., duty to warn, confidentiality, and consent)
- Social and community resources available for acute and chronic situations

Skills

- Effective, efficient, and comprehensive interviewing skills, including those required to determine mental status, using a variety of strategies that allow adequate collection of information while maintaining therapeutic alliances with the range of patients and cultures in the child and adolescent population
- The ability to collect, interpret, and use alternative sources of information
- The ability to perform risk assessments for suicide, violence, abuse of self or others, and substance abuse
- Identification of acute organic situations requiring medical or psychiatric interventions, including alcohol and drug intoxication/withdrawal and delirium, in the child and adolescent population
- Implementation of nonviolent crisis intervention techniques as necessary
- The 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
- The ability to communicate accurate and thorough explanations of diagnoses, investigations, treatment, and prognoses to patients and their families
- Discussing appropriate information with the health care team, providing and receiving information effectively
- Conveying pertinent information and opinions to medical colleagues effectively

- Preparation of accurate and timely documentation

Collaborator

- Consulting effectively with other health care professionals and physicians
- The ability and willingness to teach and learn from colleagues
- The ability to work collaboratively with other members of the health care team, recognizing their roles and responsibilities
- Contribution to interdisciplinary team activities
- Facilitation of learning for patients, students, and other health professionals and contributing to new knowledge

Manager

- Effective use of resources to balance patient care, learning needs, and outside activities
- Set realistic priorities and use time effectively to optimize professional performance
- The ability and willingness to direct patients to relevant community resources
- Coordination of the efforts of the treatment team and effective delegation

Health Advocate

- Identification and understanding of the determinants of health affecting patients in health care facilities and communities, responding to the issues involving advocacy for patients in health care facilities and community in a role-appropriate fashion
- An awareness of major regional, national, and international advocacy groups in mental health care
- An awareness of governance structures in mental health care

Scholar

- The ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies for crises in all situations and settings, in consideration of the patient population
- The ability to help others to learn via guidance and constructive feedback
- Contribution to the development of new knowledge

Professional

- The ability to demonstrate integrity, honesty, compassion, and respect for diversity
- Fulfillment of the medical, legal, and professional obligations of a specialist
- Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
- 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

Facilitating Circumstances

- Maximum educational benefit is obtained when the resident receives feedback regarding a child and adolescent consultation in a timely fashion. Feedback should be appropriate for the resident's level of training.
- Information concerning the short- and long-term outcomes of child and adolescent consultations provides additional educational value and opportunities for self-appraisal.
- Facilities with formal child and adolescent psychiatric services offer additional training benefits; residents should spend most of their training in such settings where possible.

Psychotherapy rotation

Description: Psychotherapy is not a separate rotation in the psychiatry residency program. Psychotherapy rotation will be one of the horizontal rotations (Concurrent and longitudinal training occurring within the 48 months of residency training). Resident training in psychotherapy is provided via didactic seminars and case supervision during the other rotations. Residents in RY1 attend seminars and lectures concerning different types of psychotherapy. Residents in RY2–RY4 will have supervised cases managed by psychotherapists, who are either psychiatrists or psychologists.

Rotation-Specific Objectives:

Medical Expert

Key Competencies: Psychiatry residents should be able to perform the following:

- Function effectively as consultants, integrating all of the CanMEDS roles to provide optimal, ethical, and patient-centered medical care
- Establish and maintain clinical knowledge, skills, and attitudes appropriate to their clinical practice
- Perform complete and appropriate patient assessments
- Use preventive and therapeutic interventions effectively
- Demonstrate proficient and appropriate diagnostic and therapeutic procedural skills
- Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

Communicator

Key Competencies: Psychiatry residents should be able to perform the following:

- 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 relevant information and explanations to patients, their families, colleagues, and other professionals
- Develop a common 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 concerning a medical encounter

Collaborator

Key Competencies: Psychiatry residents should be able to perform the following:

- Participate effectively and appropriately in an inter-professional health care team
- Work with other health professionals to prevent, negotiate, and resolve inter- professional conflict effectively

Manager

Key Competencies: Psychiatry residents should be able to perform the following:

- Participate in activities that contribute to the effectiveness of health care organizations and systems
- Manage their practices and careers effectively
- Allocate finite health care resources appropriately
- Serve in administration and leadership roles as appropriate

Health Advocate

Key Competencies: Psychiatry residents should be able to perform the following:

- Respond to individual patients' health needs and issues as 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: Psychiatry residents should be able to perform the following:

- Maintain and enhance professional activities via ongoing learning
- Critically evaluate information and its sources and apply this to practice decisions appropriately
- Facilitate learning for patients, families, students, residents, other health professionals, the public, and others as appropriate
- Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices.

Professional

Key Competencies: Psychiatry residents should be able to perform the following:

- Demonstrate commitment to their patients, profession, and society via ethical practice
- Demonstrate commitment to their patients, profession, and society via participation in profession-led regulation
- Demonstrate commitment to physician health and sustainable practice

Research rotation

Description:

Starting October 2022, residents who will start their postgraduate psychiatric training are required to engage in a scholarly project as a fundamental mandatory part of the psychiatry training program. Research rotation will be

one of the horizontal rotations (Concurrent and longitudinal training occurring within the 48 months of residency training).

In summary, each resident either by himself or as a part of a group can select a supervisor and a mental health topic in the first year of the training. Eventually, residents must submit to the program director a manuscript that is either published already or publication worthy. Also, they must present their research data to the training committee and their respective supervisors at a national/virtual academic meeting.

Objective of the research activity:

Upon the completion of this activity, the resident will have acquired the following skills:

- Contribute to the development, dissemination, and translation of new knowledge and practices
- Describe the principles of research and scholarly inquiry
- Describe the principles of research ethics
- Pose a scholarly question
- Conduct a systematic search for evidence
- Select and apply the appropriate methods to address the question
- Disseminate the findings of a study

Description of the research activity

- Mandatory horizontal rotation from PGY1 to PGY4.
- In terms of teaching, residents are offered research-related lectures during academic national teaching.
- Residents will be asked to identify an area of interest in psychiatry/mental health during PGY1 year either as individual or jointly.
- Once an area of interest is identified, the resident with assistant from the training program committee will identity a scholar who works in that area.
- Residents will be required to submit their research proposal (and name of research supervisor) ASAP.

- If residents have difficulty finding a project and/or a supervisor, they should contact the training program committee maximum by the end of the PGY1 for assistant.
- Residents are responsible for allocating sufficient time for the scholarly project, including using some of their personal time to conduct the research.
- In addition, during their training (PGY1–4), the program also offers residents the chance to ask for specific protected research time during the workdays, on and off, as per the following:
  - Each block consists of specific four, half a day weekly ,4 times a month (one block) to work on their project.
  - This specific requested time need not to interfere with the flow of the clinical services.
  - The research supervisor, the program director and the training program committee must approve this requested time, at least 2 weeks before the beginning of this requested time.
  - Before the beginning of the requested time, trainees must submit, to the training program committee and their research supervisor, a detailed description of what they plan to accomplish during the requested time. This will be reviewed by the program director or the associated program director.
  - Within 5 workdays of completing their requested time, the residents are required to submit, to the program director or the associated program director, a summary of the work accomplished during their requested time (i.e. progress report along with the actual research activity).
  - Each progress report must demonstrate significant advancement in the resident's
  - scholarly project.

- Such block could be repeated on and off whenever is needed during the training years (PGY1–4).

- By end of second year, R2 must have an IRB approved research protocol and started the data collection. (provide to the training committee a copy of the IRB approved protocol and a summary of what have been done so far). Failure to do that, may impact the promotion to R3 level.
- By the end of the 4th year, residents must submit to the program director a manuscript that is either published already or publication worthy. Also, they must present the research data to the training committee and their respective supervisors at a national/virtual academic meeting.
- Residents must play the role of either the primary investigator or the co-PI in his research project regardless of the total number of investigators in his project.
- However, it is allowed for the resident to play the role of contributing author (not the PI or the co-PI) within his research team (who could be residents or other researchers), only in case the research project was of higher quality either multi -center research project and/or prospective cohort or intervention-based studies.

ELECTIVE PSYCHIATRY ROTATIONS

The objective of these rotations is to offer each trainee the opportunity to overcome weaknesses in training or gain further exposure, experience, and skills in a specific area of psychiatry or related specialties.

Elective rotations may be organized in any area of psychiatry or clinical medicine and may be used to gain exposure to research and other academic or scholarly pursuits.

There is a wide range of elective rotations tailored residents' learning objectives in the chosen

rotation.

Examples include but are not restricted to the following:

- Geriatric psychiatry
- Forensic psychiatry
- Rehabilitation psychiatry
- Community psychiatry (Primary Mental Health)
- Sleep medicine
- Chronic Care
- Mood & Anxiety
- Psychosis
- Any of the core psychiatry rotations

Geriatric Psychiatry Rotation

Description: The geriatric psychiatry rotation lasts for 3 months. Geriatric psychiatry focuses on the assessment, diagnosis, and treatment of complex mental disorders that occur in later life. Geriatric psychiatry is focused on

providing care for patients with intensive needs, and their caregivers, at the end of the life cycle, a time during which many complex physical and mental health issues coalesce. Geriatric psychiatry organizes the delivery of psychiatric care to the elderly in multidisciplinary teams and locations that best serve the needs of this elderly population. Geriatric psychiatry is engaged in the advocacy and development of health policy and planning related to late-life mental illness and mental health, caregiver and care provider support, and care systems.

General Objectives:

The goal of geriatric psychiatry rotations is to provide general psychiatry residents with supervised clinical experience and training in comprehensive assessment and initial treatment planning for elderly patients

Rotation-Specific Objectives:

Medical Expert General Competencies

- Function effectively as consultants, integrating all of the CanMEDS roles to provide optimal, ethical, and patient-centered medical care
- Establish and maintain clinical knowledge, skills, and attitudes appropriate to their practice
- Use preventive and therapeutic interventions effectively
- Seek appropriate consultation from other health professionals, recognizing the limits of their expertise

Specific competencies

- Acquire the clinical knowledge, skills, and attitudes required to function effectively as a competent consultant in general psychiatric practice involving elderly patients
- Perform complete and appropriate assessments of elderly patients
- Demonstrate knowledge of and proficiency in the use of the appropriate preventive, diagnostic, and therapeutic procedural skills necessary for psychiatry practice involving elderly patients

- Recognize the limits of their expertise and seek appropriate consultation with other health professionals

Communicator

- Develop rapport, trust, and ethical relationships with elderly patients and their families or caregivers
- Elicit and synthesize accurate, relevant information and the perspectives of elderly patients, their families/caregivers, colleagues, and other professionals
- Convey relevant information and explanations to elderly patients, their families and caregivers, colleagues, and other professionals accurately
- Develop a common understanding of issues, problems, and plans with elderly patients, their families and caregivers, colleagues, and other professional
- Convey effective oral and written information concerning medical encounters

Collaborator

- Participate effectively and appropriately in an inter-professional health care team
- Work effectively with other health professionals to prevent, negotiate, and resolve inter-professional conflict

Manager

- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practices and careers effectively
- Allocate finite health care resources appropriately
- Serve in administration and leadership roles as appropriate

Health Advocate

General competencies

- Participate in activities that contribute to the effectiveness of their health care organizations and systems
- Manage their practices and careers effectively
- Allocate finite health care resources appropriately
- Serve in administration and leadership roles, as appropriate

Specific Competencies

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

Scholar

- Maintain and enhance professional activities via ongoing learning
- Critically evaluate information and its sources and apply this to practice decisions appropriately
- Facilitate learning for patients, other psychiatrists, families, students, residents, other health professionals, the public, and others as appropriate
- Contribute to the creation, dissemination, application, and translation of new medical knowledge and practices

Professional

- Demonstrate commitment to their patients, profession, and society via ethical practice
- Demonstrate commitment to their patients, profession, and society via participation in profession-led regulation
- Demonstrate commitment to physician health and sustainable practice

Forensic Psychiatry Rotation

Description: This training is for senior residents. The rotations will offer clinical experience that may include the following:

- Forensic inpatient assessments and inpatient and violence assessments
- Forensic outpatient assessments
- Forensic outreach experiences at various institutions
- Treatment of patients in various forensic settings
- Exposure to and participation in forensic psychiatric research projects where possible
- Exposure to forensic psychiatric administration
- Exposure to civil forensic psychiatric assessment
- Didactic supervision and review of core forensic psychiatric curricula

By the end of this rotation, the resident should be able to perform the following:

- Describe the concept of psychiatry and law
- Understand national and international mental health legislation
- Deal with patients referred from the police station, court, security, and other agencies
- Collect comprehensive case histories and perform meticulous mental status examinations
- Assess, diagnose, and implement effective management plans
- Prepare succinct psychiatric reports and present them to various legal and statutory bodies
- Provide courts of law with sound clinical judgments pertaining to issues such as fitness to plead, fitness to appear in court, risk of violence, institutionalization or other compulsory treatment, testamentary capacity, and other civil litigation

Goals and objectives

General Objectives: Upon completion of the rotation, the resident and fellow will be expected to demonstrate the following:

- Perform a forensic psychiatric assessment in the various settings described above
- Produce a forensic psychiatric report addressing various legal issues
- Treat patients within a broad range of forensic settings and manage high-risk patients effectively
- Give expert evidence in court
- Liaise with lawyers, the police, the department of corrections, and courts
- Work in a forensic psychiatric interdisciplinary team
- Conduct in continuing professional development and/or forensic psychiatric research
- Understand important issues in forensic psychiatric administration
- Possess a good working knowledge of the core curriculum for forensic psychiatry

Specific Objectives

Medical Expert

- Demonstrate the ability to assess and treat patients with mental disorders in hospital/outpatient/correctional settings
- Understand and develop the skills necessary to perform assessments to determine fitness to stand trial and criminal responsibility
- Demonstrate an ability to assess the risk of violent behavior in mentally disordered individuals
- Demonstrate the ability to assess patients for malingering or symptom exaggeration

- Form a comprehensive diagnosis using the DSM-V, particularly the diagnostic criteria for major psychiatric disorders with forensic presentation

Communicator

- Establish therapeutic relationships with patients and their families
- Obtain and synthesize relevant history from patients, their families, and agencies
- Discuss appropriate information with patients, their families, health care providers, and the criminal justice system
- Establish working relationships, relevant to forensic psychiatric issues, with criminal justice and correctional personnel
- Develop skills in report writing for medico legal purposes

Collaborator

- Demonstrate the ability to work effectively with an interdisciplinary team of care providers
- Develop knowledge and understanding of the legal process to facilitate collaboration with officers of the court
- Develop skills in assessing and managing risk of harm to the public and use these in collaboration with law enforcement and other agencies

Manager

- Demonstrate the ability to make balanced decisions with respect to the use of finite resources
- Demonstrate the ability to prioritize patient care issues with regard to the abilities and available resources in the mental health care team and criminal justice and correctional systems
- Use technology to optimize patient care, lifelong learning, and other activities

Health Advocate

- Recognize and contribute to addressing the mental health needs of forensic psychiatric patients
- Educate the public, government, and health and legal systems about the harmful effects of the stigmatization of forensic psychiatry patients
- Support initiatives that decriminalize mentally ill offenders where appropriate

Scholar

- Demonstrate evidence of ongoing self-education
- Participate in forensic service educational rounds
- Facilitate learning for other residents, medical students, and health care professionals
- Facilitate learning for legal professionals with respect to mental health issues
- Contribute to the development and application of new knowledge, quality assurance, and guideline development to maintain best practice standards

Professional

- Exhibit appropriate personal and interpersonal professional behavior while managing countertransference issues in dealing with difficult patients
- Develop practical strategies to manage ethical issues that arise in balancing the wellbeing of the patient and obligations to the legal system and society.

LEARNING OPPORTUNITIES

All psychiatry residents have protected academic time lasting a minimum of 4 hours per week in the psychiatry department, where series of lectures and seminars alternate with interview skill training sessions.

Bimonthly case presentation and discussion alternate with bimonthly journal club presentation to discuss evidence-based literature related to each case.

Grand Rounds are held on a weekly basis in all inpatient units.

Junior-level psychiatry didactics include introductory courses in descriptive psychopathology, psychology, human development, basic clinical pharmacotherapy, interviewing, basic psychotherapy, basic neuroscience, inpatient strategies, ECT, research methods, major psychiatric disorders, psychotropic medications, and drug-drug interactions.

Senior-level residents continue to undertake advance courses in interviewing, psychotherapy, ethics, psychiatry and the law, professionalism, multidisciplinary approach, system-based learning, evidence-based practice in mental health, advanced research methods in psychiatry, psychiatric disorders and neurology, neuroimaging and neurophysiology in psychiatry, advance neurobiology in psychiatry, bio psychosocial psychiatry, psychodynamic case formulation, cultural competencies in psychiatry, social neurosciences, advanced psychopharmacology, and treatment protocol for resistant cases.

EDUCATIONAL AND LEARNING OBJECTIVES AND FORMATS

1. Time management for the distribution of learning and educational activities
    - At least 4 hours of formal training time should be reserved each week.
    - Formal teaching time is an activity for which an assigned tutor, time slots, and a venue are arranged in advance. Formal teaching time excludes bedside teaching and clinical postings.
    - Every two weeks, at least 1 hour should be allocated to activities such as meeting with mentors and reviewing portfolios.
    - The core education programme (CEP) will be supplemented by other practice-based learning (PBL) as follows:
        - Morning report or case presentation
        - Journal clubs
        - Hospital grand rounds and other continuing medical education

Universal Topics

*The list of universal topics is updated periodically, based on new materials added to the SCFHS website. Please, refer to the new list approved by the SCFHS each new academic year.

1. *Safe Drug Prescribing:* Upon completion of the learning unit, residents should be able to demonstrate their proficiency in the following:
    - Recognize the importance of safe drug prescribing in health care

- Describe various adverse drug reactions with examples of commonly prescribed drugs that can cause such reactions
- Apply the principles of drug-drug interactions, drug-disease interactions, and drug food interactions to common situations
- Apply the principles of prescribing drugs in special situations such as renal and hepatic failure
- Apply the principles of prescribing drugs in elderly, pediatric, pregnant, and lactating patients
- Promote evidence-based cost-effective prescribing
- Discuss the ethical and legal frameworks governing safe drug prescription in Saudi Arabia

2. *Mini-Mental State Examination (MMSE):* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
   - Review the appropriate uses, advantages, and potential pitfalls of the MMSE
   - Identify patients suitable for assessment via the MMSE
   - Screen patients for cognitive impairment using the MMSE
3. *Chronic Pain Management:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
   - Review the bio psychosocial and physiological bases of chronic pain perception
   - Discuss the various pharmacological and non-pharmacological options available for chronic pain management
   - Provide adequate pain relief for patients with uncomplicated chronic pain
   - Identify and refer patients with chronic pain who would benefit from specialized pain services

4. *Evidence-Based Approach to Smoking Cessation:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
    - Describe the epidemiology of smoking and tobacco use in Saudi Arabia
    - Review the effects of smoking on the smoker and his or her family members
    - Use pharmacological and non-pharmacological measures effectively to treat tobacco use and dependence
    - Use pharmacological and non-pharmacological measures effectively to treat tobacco use and dependence in special populations such as pregnant women, adolescents, and patients with psychiatric disorders
5. *Patient Advocacy:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
    - Define patient advocacy
    - Recognize patient advocacy as a core value governing medical practice
    - Describe the role of patient advocates in patient care
    - Develop a positive attitude toward patient advocacy
    - Be a patient advocate in conflicting situations
    - Be familiar with local and national patient advocacy groups
6. *Ethical Issues: Transplantation/Organ Harvesting and Withdrawal of Care:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
    - Apply the key ethical and religious principles governing organ transplantation and withdrawal of care
    - Be familiar with the legal and regulatory guidelines regarding organ transplantation and withdrawal of care

- Counsel patients and their families in light of applicable ethical and religious principles
- Guide patients and families to make informed decisions

7. *Ethical Issues: Treatment Refusal; Patient Autonomy:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
   - Predict situations in which a patient or family member is likely to decline prescribed treatment
   - Describe the concept of a "rational adult" in the context of patient autonomy and treatment refusal
   - Analyze the key ethical, moral, and regulatory dilemmas in treatment refusal
   - Recognize the importance of patient autonomy in the decision-making process
   - Counsel patients and family members who decline medical treatment, in the best interests of the patient
8. *Role of Doctors in Death and Dying:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
   - Recognize the important role a doctor can play during the dying process
   - Provide emotional and physical care to dying patients and their families
   - Provide appropriate pain management to a dying patient
   - Identify patients suitable for referral to palliative care services
9. *Assessment of Frail Elderly Patients:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
   - Enumerate the differences and similarities between comprehensive assessment of elderly and other patients

- Perform comprehensive assessments of frail elderly patients in conjunction with other members of the health care team, with special emphasis on social factors, functional status, quality of life, diet and nutrition, and medication history
- Develop a problem list based on the assessment of an elderly patient

10. *Prescribing Drugs for the Elderly:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
    - Discuss the principles of prescribing for the elderly
    - Recognize poly pharmacy, prescribing cascade, inappropriate dosages, inappropriate drugs, and deliberate drug exclusion as major causes of morbidity in the elderly
    - Describe the physiological and functional decline that contribute to increases in drug-related adverse events in the elderly
    - Discuss drug-drug interactions and drug-disease interactions in the elderly
    - Be familiar with the Beers Criteria
    - Develop rational habits for prescribing for the elderly
    - Counsel elderly patients and their families regarding safe medication use
11. *Care of the Elderly:* Upon completion of the learning unit, you should be able to demonstrate your proficiency in the following:
    - Describe the factors that need to be considered while planning care for the elderly
    - Recognize caregivers' needs and monitor their well-being
    - Identify the local and community resources available for care of the elderly
    - Develop, with input from other health care professionals, individualized care plans for elderly patients

LEARNING OBJECTIVES AND FORMATS

Core Specialty Topics

Junior Level

Core Topics – Residency years 1 and 2
Psychiatric Interview – 1
Psychiatric Interview – 2
Mental Status Examination – 1
Mental Status Examination – 2
Psychiatric Emergencies
Introduction to Psychotic Illnesses – 1
Introduction to Psychotic Illnesses – 2
Introduction to Antipsychotics
Psychosomatic medicine / Consultation-Liaison Psychiatry – 1
Psychosomatic medicine / Consultation-Liaison Psychiatry – 2
Theories of Development – 1 & 2
Introduction to Antidepressants
Introduction to Anxiety Disorders – 1 & 2
Trauma & Stress-Related Disorders
Introduction to Mood Stabilizers
Obsessive Compulsive & Related Psychiatric Disorders
Emergencies Requiring Medical Treatment

Core Topics – Residency years 1 and 2
Introduction to Mood Disorders
Introduction to Bipolar Disorders
Psychology for Psychiatrists
Introduction to Research Concepts/EBM Evidence Based Medicine
Neurology for Psychiatrists
Cognitive Behavioral Therapy
Interpersonal Therapy
Introduction to Psychodynamic Therapy
Defense Mechanisms
Introduction to Child Psychiatry – 1
Introduction to Child Psychiatry – 2
Introduction to Geriatric Psychiatry
Introduction to Addiction Medicine – 1
Introduction to Addiction Medicine – 2
Personality Disorders

Senior Level

Core Topics – Residency Years 3 and 4
Emergency Psychiatry
Diagnosis and Patient Care
Psychosomatic Medicine Psychiatry I
Psychosomatic Medicine Psychiatry II
Child & Adolescent Psychiatry I
Child & Adolescent Psychiatry II
Advanced Psychopharmacology
Management of Treatment-Resistant Psychosis
Management of Treatment-Resistant Mood Disorders

Core Topics – Residency Years 3 and 4
Psychotherapy
Interviewing, Communication, and Supportive Psychotherapy
Evidence-Based Psychotherapies
Psychodynamic Psychotherapy
Cognitive Behavioral Therapy
Group Therapy
Marital Therapy
Family Therapy
Psychodynamic Case Formulations
Cross-Cultural Psychiatry
Ethics/Forensics
Human Sexuality
Teaching to Teach
Research and Evidence-Based Psychiatry I
Research and Evidence-Based Psychiatry II

Trainee-selected topics: 20–30%

- Psychiatry trainees are offered the opportunity to develop a list of topics independently.
- They can choose any topics that are relevant to their needs.
- All of these topics must be planned and cannot be chosen at random.
- All of the topics require approval from the local education committee.
- Delivery will be local/ national.
- The institution may work with trainees to determine the topics.

ASSESSMENT

Purpose

The purposes of trainee assessments during the residency are to:

- Support learning.
- Develop professional growth.
- Monitor progression.
- Judge competency and allow for certification.
- Evaluate the quality of the training program.

General Principles

- Judgment should be based on holistic profiles of psychiatry trainees rather than individual traits or instruments
- Psychiatry trainees' assessment should be continuous and completed for each rotation, at the end of each year, and upon completion of the program.
- Psychiatry trainees and faculty must meet to review portfolios and logbooks once every 2–3 months and at the end of each rotation.
- Assessment should be strongly linked to the curriculum and program content.

*Evaluations and assessments throughout the program are conducted in accordance with the Commission's training and examination rules and regulations.

*The annual promotion criteria from year to year are updated periodically. Please, refer to the new list approved by the SCFHS each new academic year.

The process includes the following steps.

Annual Assessment

Continuous Appraisal

This assessment is conducted toward the end of each training rotation throughout the academic year and at the end of each academic year as a continuous assessment in the form of a formative and summative evaluation.

Formative Continuous Evaluation

To fulfill the CanMEDS competencies based on the end-of-rotation evaluation, the resident's performance will be jointly evaluated by relevant staff for the following competencies:

- Performance of the trainee during daily work.
- Performance and participation in academic activities.
- Performance in a 10- to 20-min direct observational assessment of trainee–patient interactions. Trainers are encouraged to perform at least one assessment per clinical rotation, preferably near the end of the rotation. Trainers should provide timely and specific feedback to the trainee after each assessment of a trainee–patient encounter.
- Performance of diagnostic and therapeutic procedural skills by the trainee. Timely and specific feedback for the trainee after each procedure is mandatory.
- The CanMEDS-based competencies end-of-rotation evaluation form must be completed within 2 weeks after the end of each rotation (preferably in electronic format) and signed by at least two consultants. The program director will discuss the evaluation with the resident, as necessary. The evaluation form will be submitted to the Regional Training Supervisory Committee of the SCFHS within 4 weeks after the end of the rotation. Currently, this process is achieved electronically through trainee's electronic record app One45.

- The assessment tools used, can be in the form of an educational portfolio (i.e., monthly evaluation, rotational Mini-CEX*, long case assessment CBDs,** DOPS,*** and MSF****).
- Academic and clinical assignments should be documented on an annual basis using the electronic logbook (when applicable). Evaluations will be based on accomplishment of the minimum requirements for the procedures and clinical skills, as determined by the program.
- *Clinical evaluation exercises
- **Case-based discussions
- ***Direct observation of practical skills
- ****Multisource Feedback

Summative Continuous Evaluation

This is a summative continuous evaluation report prepared for each resident at the end of each academic year. The report may also involve the result of clinical examination, oral examination, objective structured practical examination (OSPE), objective structured clinical examination (OSCE), and international in training evaluation exam

End-of-Year Examination

The number of exam items, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are posted on the commission website: www.scfhs.org.sa

Principles of Psychiatry Examination (Saudi Board Examination: Part I)

This written examination, which is conducted in multiple choice question formats, is held at least once a year. The number of exam items, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

Final In-training Evaluation Report (FITER)/Comprehensive Competency Report (CCR).

In addition to approval of the completion of clinical requirements (resident's logbook) by the local supervising committee, FITER is also prepared by program directors for each resident at the end of his or her final year in residency (R4). This report may also involve clinical examinations, oral examinations, or other academic assignments.

Final Psychiatry Board Examination (Saudi Board Examination: Part II)

The final Saudi Board Examination comprises of two parts, a written examination and a clinical examination.

Written Examination

This examination assesses the trainee's theoretical knowledge base (including recent advances) and problem-solving capabilities with regard to the specialty of Psychiatry. It is delivered in multiple choice question formats and held at least once a year. The number of exam items, exam format, eligibility, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

Clinical Examination

This examination assesses a broad range of high-level clinical skills, including data collection, patient management, communication, and counseling skills. The examination is held at least once a year, preferably in an OSCE format in the form of patient management problems (PMPs). The exam eligibility, format, and passing score will be in accordance with the Commission's training and examination rules and regulations. Examination details and blueprints are published on the commission website: www.scfhs.org.sa

Certification

Certificates of training completion will only be issued upon the resident's successful completion of all program requirements. Candidates passing all components of the final specialty examination are awarded the "Saudi Board in Psychiatry" certificate.

APPENDIX

ASSESSMENT TOOLS

In-Training Evaluation Report (ITER)

Purpose: To assess the psychiatry trainee using all of the competencies in the context of the roles of medical expert, communicator, collaborator, health advocate, manager, scholar, and professional during or at the end of each rotation

Principles:

- Candidates should achieve scores of at least 5 (satisfactory) out of 9 in the ITER.
- The Assessment Scheme table shows how the ITER is weighted against other assessment tools for all training levels at the end of each year.

Method:

Hard copy or electronic evaluation form

In-Training Evaluation Report (ITER) Psychiatry Residency Program

Date: _____

Resident: _____

Supervisor: _____

Registration No: _____

Rotation: _____

Date of Rotation: _____

Level (please check one): _____RY1 _____ RY2_____RY3___RY4

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
MEDICAL EXPERT – KNOWLEDGE					
1. Basic Science: physiology, neuro anatomy, neurochemistry, and genetics					
2. Etiology, symptoms, and course of illness					
3. Normal and abnormal development and psychology					
4. Psychotherapeutic constructs: individual, family, and group					
5. Knowledge of indications, dosing, side effects, and interactions for psychotropic medications					
6. Culture-, gender-, and age-specific theoretical, clinical, and therapeutic issues					
7. Community resources					
8. Health care regulations and confidentiality					
9. Ability to reference and use the research literature pertinent to clinical practice and perform a critical appraisal					
10. Nosology (DSM V)					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
MEDICAL EXPERT – SKILLS					
1. Establishes and maintains rapport and an effective working relationship					
2. Conducts and organizes an appropriate interview					
3. Performs an appropriate Mental Status Examination					
4. Synthesizes a diagnosis or differential diagnosis					
5. Integrates and presents a bio psychosocial understanding					
6. Develops and implements an integrated treatment plan					
7. Uses psychiatric, psychological, and medical diagnostics and investigations independently					
8. Uses appropriate psychotherapies (specify types in comments section)					
9. Manages own reaction to patients					
10. Use of pharmacotherapy					
11. Use of somatic therapy (ECT)					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
11. Records and maintains accurate and complete medical records					
12. Overall proficiency in technical and procedural skills. Minimizes risk and discomfort to patients					
13. Ability to assess, document, and intervene regarding suicidal or homicidal risk and/or other emergencies					
COMMUNICATOR					
1. Listens effectively					
2. Conveys accurate, coherent accounts of diagnoses, treatment plans, and prognoses to patients and their families					
3. Discusses appropriate information with the health care team					
4. Conveys pertinent information and opinions to medical colleagues effectively					
5. Prepares accurate and timely documentation. Maintains comprehensive, organized medical notes					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
COLLABORATOR					
1. Consults other physicians and health care professionals effectively					
2. Able and willing to teach and learn from colleagues					
3. Works in collaboration with other members of the health care team, recognizing their roles and responsibilities					
4. Contributes to interdisciplinary team activities					
MANAGER					
1. Understands and uses information to optimize patient care, life-long learning, and other activities effectively					
2. Uses resources cost-effectively based on sound judgment					
3. Evaluates the effective use of resources					
4. Able and willing to direct patients to the relevant community resources					
5. Sets realistic priorities and uses time effectively to optimize professional performance					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
6. Applies practice management principles					
7. Coordinates the efforts of the treatment team					
HEALTH ADVOCATE					
1. Aware of structures in mental health care					
2. Aware of major regional, national, and international advocacy groups in mental health care					
3. Identifies and understands the determinants of health affecting patients and communities and responds appropriately in advocacy situations					
SCHOLAR					
1. Demonstrates and understanding of and commitment to the need for continuous learning.develops and implements personal learning strategy					
2. Critically appraises medical information. successfully integrates information from a variety of sources					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
3. Helps others to learn via guidance, teaching, and constructive feedback					
4. Contributes to the development of new knowledge					
5. Demonstrates awareness and application of research principles					
6. Able to supervise junior residents and students					
PROFESSIONAL					
1. Demonstrates integrity, honesty, compassion, and respect for diversity					
2. Fulfills the medical, legal, and professional obligations of the psychiatrist					
3. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness					
4. Demonstrates responsibility, dependability, self- direction, and punctuality					
5. Demonstrates acceptance and constructive use of supervision and feedback					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
6. Demonstrates awareness and application of ethical principles					
7. Aware of personal limitations					
8. Understands and has the capacity to apply the regulations pertaining to access to health care records by patients or others					

Additional Comments	

Name of Trainee _____

Signature _____ Date _____

Name of Supervisor _____

Signature _____ Date _____

Institute Training Supervisor _____

Signature _____ Date _____

Residency Training Director _____

Signature _____ Date _____

Portfolio and Logbook

Portfolio

- The portfolio will be an integral component of the training.
- Each trainee will be required to maintain a logbook.
- The educational supervisor is responsible for monitoring and reviewing the portfolio and providing continuous feedback to the trainee.
- The portfolio should include the following:
  - Curriculum vita
  - Professional development plan
  - Records of educational training events or reports from the educational supervisors
  - Logbook
  - Case reports (selected) or reflection
  - Others (e.g., patient feedback and clinical audit)

Logbook

The logbook will be a part of the portfolio. The purposes of the logbook are as follows:

- Monitor trainees' performance on a continual basis
- Document and record cases observed and managed by trainees
- Maintain a record of procedures and technical interventions performed
- Enable trainees and supervisors to identify learning gaps
- Provide a basis for trainee feedback

Principles

- The portfolio and logbook should be reviewed by the supervisor, with the trainee, biweekly, and if completed satisfactorily, they will be reviewed by the main supervisor at the center.

- The Assessment Scheme table shows how the portfolio and logbook are weighted against other assessment tools for all training levels at the end of each year.

Mini-Clinical Evaluation Exercise (Mini-CEX)

Purpose:

- Evaluate psychiatry trainees' clinical skills via direct observation
- Promote trainees' learning by providing structured feedback on performance within an authentic workplace context

Method: Supervised clinical case interview with discussion and feedback. An assessor (supervisor) assesses the trainee's clinical skills using an assessment form, listed competencies, and feedback.

Principles:

- The Mini-CEX is performed for trainees at all levels.
- Candidates should achieve scores of at least 5 (adequate) out of 9 for the Mini-CEX assessment to pass this test.
- R1 and R2 trainees should achieve at least 3–5 adequate Mini-CEX scores each year.
- R3 and R4 trainees should achieve at least 6–8 adequate Mini-CEX scores each year.
- The Mini-CEX is weighted differently for each training level.

The Assessment Scheme table shows how the Mini-CEX is weighted against other assessment tools for all training levels at the end of each year.

Assessment criteria: The Mini-CEX is intended to assess trainees' ability in the following competencies:

- History-taking process
- History-taking content
- Mental state examination different from MMSE
- Physical examination skills

- Communication skills
- Risk assessment
- Management
- Overall clinical judgment and decisions

Mini-CEX assessment conditions:

- Assessment of a psychiatric emergency (acute psychosis)
- Management of a psychiatric emergency (acute psychosis)
- Assessment of a high-prevalence psychiatric condition
- Management of a high-prevalence psychiatric condition
- Assessment of a low-prevalence psychiatric condition
- Management of a low-prevalence psychiatric condition
- Assessment of a severe and enduring mental illness
- Management of a severe and enduring mental illness
- Assessment of a psychiatric emergency (suicidal feelings and acts)
- Management of a psychiatric emergency (suicidal feelings and acts)
- Clinical review of a patient
- Assessment of response to treatment
- Obtaining informed consent
- Other (specify):

Mini-CEX Assessment Form - Psychiatry Residency Program

Date:_____

Resident: _____

Assessor: _____

Registration No: _____

Rotation: _____

Date of Rotation: _____

Setting: ED/Ward/Outpatient Clinic/Other: _____

Patient Age: _____

Competency: _____

Level (please check one): _____RY1_____RY2_____RY3_____RY4

Sr. No.	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
History-Taking Process					
History-Taking Content					
Mental State Examination					
Physical Examination Skills					
Communication Skills					
Risk Assessment					
Management					
Overall Clinical Judgment and Decisions					

Mini-CEX time: Observing: _____minutes Providing feedback: _____minutes
1. To what degree was this case an adequate test of the trainee's abilities?

1 2 3 Inadequate test	4 5 6 Adequate test	7 8 9 Superior test

2. How did the candidate perform? Did not meet expectations _____ Borderline _____ Met expectations _____ Above Expectations_____
Assessor's signature _____ Trainee's Signature_____ Date_____

Multi-source feedback (360-degree evaluation)

Purpose: To assess psychiatry trainees' interpersonal communication, professionalism, inter-professional teamwork abilities, and patient advocacy.

Principles: The supervisor gathers information about the trainee from resident peers, other physicians, medical students, psychologists, nurses, pharmacists, and receptionists in the outpatient department or wards. The supervisor provides the trainee with feedback concerning the following:

- Communication
- Availability
- Emotional intelligence

- Decision making
- Relationships with patients
- Relationships with patients' families
- Relationships with the team
- Relationships with other psychiatrists

Method: Detailed feedback from peers, supervisors, allied health staff, and co-workers is used.

The trainee should achieve at least 3 out of 5 in both self-assessment and colleague and coworker assessment to pass the evaluation.

The 360-degree evaluation is performed at the end of each year for all trainees.

The Assessment Scheme table shows how 360-degree evaluation is weighted against other assessment tools for all training levels at the end of each year.

Multi-source feedback (360-degree evaluation)

Psychiatry Residency Program

Date: _____

Resident: _____

Supervisor:_____

Registration No: _____

Rotation: _____

Date of Rotation: _____

Level (Please check one): _____RY1 _____RY2 ___RY3___RY4

	Self-assessment					Colleagues and co-worker assessment				
Please rate the following skills on a scale from 1 to 5 for the abovementioned trainee in the following areas:	1- Strongly disagree 2- Disagree 3- Neutral 4- Agree 5- Strongly agree (circle one)					1- Strongly disagree 2- Disagree 3- eutral 4- Agree 5- Strongly agree (circle one)				
1. Communication skills	1	2	3	4	5	1	2	3	4	5
2. Availability	1	2	3	4	5	1	2	3	4	5
3. Emotional intelligence	1	2	3	4	5	1	2	3	4	5
4. Decision making	1	2	3	4	5	1	2	3	4	5
5. Relationships with patients	1	2	3	4	5	1	2	3	4	5
6. Relationships with patients' families	1	2	3	4	5	1	2	3	4	5
7. Relationships with the team	1	2	3	4	5	1	2	3	4	5
8. Relationships with other psychiatrists	1	2	3	4	5	1	2	3	4	5
Mean Score										

Please comment on the trainee's performance (describe what was effective, what could be improved, and your overall impression, and if required, suggest actions for improvement and a timeline).

Supervisor's signature_____

Trainee's signature_____

Date_____

POLICIES AND PROCEDURES

Duty Hours Policy

The training program conforms to the Saudi Commission for Health Specialties regulations.

Duty Hours

Schedules for residents in the general adult psychiatry program, as per assigned hospital policy or as follows:

The resident's working week runs from Sunday through Thursday.

Working hours are as follows:

Inpatient, Psychosomatic Medicine, and outpatient department: residents are on shift from 8:00 A.M. to 5:00 P.M.

During working hours, residents are expected to be readily available. It is the resident's responsibility to inform Supervisors as to their whereabouts. Beepers/ cell phones should be carried at all times and pages/calls must be answered promptly. If it is necessary for a resident to leave work at any time, it is his or her responsibility to inform the supervisor, chief resident, or program director and arrange for another physician to cover for him or her. If a resident feels that he or she is frequently working excessively long hours, this should be brought to the attention of the chief resident, who determines where the problem, if any, lies and attempt to solve the issue.

Residents are responsible for all inpatients assigned to them, with the understanding that the on-call resident is responsible only for patients admitted after working hours, as per assigned hospital policy. Coverage during leave or vacations must be clearly delineated.

On-call Activities

On-call duty complies with assigned hospital duty hours policy and procedures. On-call duty occurs no more frequently than every third night, averaged over a four-week period. No distinction is made between residential levels in scheduling night shift or call-out duty. Hospital on-call duty must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical care. No new patients will be assigned after 24 hours of continuous duty.

The chief resident produces an on-call schedule each month. Any special requests will be considered prior to production of the schedule. The call schedule contains the names of the on-call resident and back-up faculty member. If a resident is unable to take a call for any reason, he or she should contact the chief resident during working hours and the back-up faculty member outside working hours. The chief resident and back-up faculty member are ultimately responsible for finding a replacement.

Residents must provide a home telephone or mobile number for their residency program files, the on-call roster, and the hospital switchboard.

Residents' On-Call Responsibilities

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

Changes to the Call Schedule:

After the call schedule has been distributed for the coming month, individual residents may arrange to make changes to the schedule with another resident, subject to mutual agreement. The resident originally scheduled to be on call notifies the chief resident and residency training coordinator of

these changes, to ensure that the hospital call list will be updated accordingly. If the appropriate parties are not notified of changes to the call schedule, for whatever reason, it will be assumed that the resident originally listed on the schedule will be on call, and he or she will be held responsible for those call duties.

Holiday and Weekend Calls:

Holiday and weekend calls are distributed between trainees at their respective call levels.

Work Hour Monitoring

The program conforms to hospital policy and the working hours monitoring program for all rotations. Violations are monitored and addressed to ensure compliance when difficulties are noted.

Back-Up Faculty Member:

The back-up faculty member must be available to respond to calls from the on-call resident when needed in either the inpatient unit or emergency room.

Supervision and Graded Responsibilities

The program adheres to Saudi Commission for Health Specialties' resident supervision and graded responsibilities policy, which is shown on the Saudi Commission for Health Specialties website.

Residents are supervised by a teaching supervisor and they assume progressively increasing responsibility according to their level of education, ability, experience, and clinical responsibilities

General Statement

During the rotations, each resident will be supervised directly on a daily basis. The supervisor observes the resident's progress in developing and performing an assessment and management plan and counseling and educating patients and their families and provides feedback as required.

Inpatient Services:

During the inpatient rotation, all residents are supervised daily. The supervisor observes the resident's progress in developing and carrying out management plans in cooperation with a multidisciplinary team. Supervision is provided via direct supervision of teaching, for patients newly admitted to the service, and individual patient care and family meetings held by the faculty. In the daily rounds in inpatient units and the weekly multidisciplinary ground round, the attending supervisor provides the trainee with direct verbal feedback, a more structured written evaluation, and feedback at the end of the rotation. Senior Residents can serve in supervisory role, managing junior residents and medical students in recognition of their progress toward independence.

Outpatient Services:

Every patient is admitted, evaluated, and treated in the outpatient section of the psychiatry department and closely supervised by an attending physician. Residents' interviewing skills, administration of the MMSE, and discussions and plans for management are also supervised directly. The minimum expectation is for direct supervision of the MMSE and management plan. Evaluation, treatment planning, and patient progress are reviewed by the attending physician and discussed with the resident on a regular basis. Residents receive regular feedback regarding areas of improvement during and subsequent to completion of the rotation.

Documentation of Supervision

All cases should be documented in the logbook.

Residents Responsibilities

Residents should arrange their schedules to permit full and regular participation 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. Schedule conflicts should be brought to the attention of the resident's immediate supervisor. If satisfaction cannot be achieved, then such conflicts should be reported to the chief resident and program director.

Graded Responsibilities:

1. Residents' responsibilities increase gradually based upon their years of successful progression through each year of training, with due concern for the benefit and safety of each patient.
2. Residents cannot become competent, make judgments of increasing complexity, or perform procedures of increasing difficulty without involvement in the decision-making process throughout residency training. Whenever possible, the responsibility for making the "first decision" is relegated to residents, with all patient care decisions subject to review and modification by faculty clinicians, who make the final decision in all cases.
3. Supervision is provided by faculty members and other, more senior residents as appropriate. It is desirable that residents who are more senior are assigned some responsibility for the supervision and education of junior residents, in keeping with Saudi Commission for Health Specialties graded responsibilities policy for residents.

4. While the faculty has the ultimate authority over patient care, both faculty members and residents, at all levels, have individual responsibility for their actions in patient care, scholarly activities, and teaching others. During training, a great deal of varied supervision is offered via teaching-focused rounds or structured seminars, many of which require case discussion.

REFERENCES

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SUPPLEMENTS

Training activities during different rotations in the psychiatry residency training program

General points

- On 2019, the Scientific Council of psychiatry at Saudi Commission for Health Specialties formed several subcommittees to suggest specific training activities to achieve the objectives of the psychiatry residency training program.
- These subcommittees were led by the members of the Scientific Council and composed of many national experts for all mandatory rotations as well as some elective rotations of the curriculum of the program. Therefore, there is some variabilities in the style within this document.
- This supplement document was created to help program directors/ trainers/ trainees during the training journey. However, the curriculum of the program (posted in the SCFHS website) will continue to be the only official reference for the program.
- Residents are expected to perform the following specific training activities during each of the following rotations in the psychiatry residency training program; (this list is not exhaustive):

Mandatory rotations

The child and adolescent psychiatry rotation

1. Medical expert:

- Perform comprehensive psychiatric assessments for children and adolescents under supervision

- Learn the unique interviewing and assessment techniques utilized during child and adolescent psychiatry assessments
- Develop a proficient understanding of normal development in children
- Acquire proficient knowledge about the major psychiatric disorders in childhood and adolescence including but not limited to:
    - ADHD
    - Autism spectrum disorder
    - Conduct disorders
    - Mood and anxiety disorders
    - Intellectual disabilities
    - Elimination disorders
    - Tourette's Disorder and other tic disorders
    - Eating disorders
    - Other relevant conditions: e.g. abuse, neglect, parent- child relational problems
- Learn signs of abuse, neglect and maltreatment of children and adolescents
- Perform comprehensive safety and risk assessments in children and adolescents
- Initiate and monitor pharmacological interventions for ADHD
- Initiate and monitor pharmacological interventions for problems associated with autism spectrum disorder
- Initiate and monitor pharmacological interventions for mood and anxiety disorders
- Provide psychoeducation and counseling to parents regarding common psychiatric disorders in childhood and adolescence
- Provide counseling to parents regarding management of common behavioral problems
- Perform at least one case of brief therapeutic modality (e.g. CBT, supportive, play)

2. Communicator:

- Obtain the appropriate language skills required in communicating with children with variable levels of understanding
- Maintain comprehensive and accurate written documentations of assessments and therapeutic interventions
- Communicate effectively with referral source to facilitate the best continuing care

3. Collaborator:

- Work with interprofessional teams that include psychologist, nurses, social workers, speech therapist, behavioral therapists and others
- Attend and assist in psychological assessments performed by psychologists

4. Advocate:

- Participate in advocating for rights or access to services of child and adolescent patients
- Actively advocate for the appropriate academic accommodations needed by child and adolescent patient via preparing medical reports or direct communication with schools
- Become aware of the reporting process in cases of suspected abuse, neglect and maltreatment

5. Leader:

- Utilizes available resources for children and their families effectively
- Learn to coordinate the efforts of the treatment team by effectively using the varied skills of other health professionals

6. Scholar:

- Attend all academic activities (minimum of once weekly) during the child and adolescent psychiatry rotation
- Become familiar with major research studies in the field of child and adolescent psychiatry

- Participate in the teaching of students and junior colleagues during the rotation

8. Professional:

- Demonstrate collaborative and respectful relationships with children, adolescents, families/caregivers and other health care professionals.

Psychosomatic Medicine rotation

1) In-patient daily or every other day consultations liaison rounds in the non-psychiatric wards/ICUs, which may include the following:
    - Phone consultation (receiving consults from other wards)
    - Psychosomatic diagnostic/therapeutic interviews in diverse clinical settings, showing medical expertise and decision-making skills.
    - Physical exam/ neurological exam of relevant cases.
    - Cognitive assessment (MMSE/MOCA).
    - Capacity assessment and management of relevant professional, ethical, legal and regulatory aspects.
    - Provide psychopharmacological care including management of drug- drug interactions and side effects in complex medical cases.
    - Provide bedside psychotherapy.
    - Writing appropriate psychiatric' notes in the medical file (in a language understandable to non-psychiatric healthcare professionals).
    - Leading the psychosomatic team.
    - Liaison with other healthcare professionals & advocate for the patients' comprehensive biopsychosocial needs.
    - Provide support and collaborate with other clinical teams including conflict management.
    - Family counselling
2) Out-patient clinical activities, providing comprehensive biopsychosocial care in different settings:

- General psychosomatic clinics within outpatient psychiatric setting (receive consults from other departments in the hospital).
- Specialized psychosomatic clinics (co-located in other medical/surgical/ OB/Gyn facilities), including application of psychosocial assessment tools and application of stepped care program.
- Collaborative (shared care) mental health with Primary care and other community services, may include:

* Co-location collaborative model with care-manager involvement.

* Phone, electronic collaboration with primary care physicians.

3) General oncall activities covering the whole hospital
4) Academic activities:
   - Weekly educational psychosomatic activities (case discussion, journal clubs, grand rounds and others).
   - Teach and train other junior members of the PM team and other healthcare providers.
   - Participating in multidisciplinary round and inter-professional academic activities with other departments.
   - Participate in research & other scholarly works.
5) Learn how to create psychosomatic medicine programs, identify and manage gabs in psychosomatic care, and learn the principles and practice of quality assurance.
6) OTHERS.....

Inpatient psychiatry rotation

❑ Clinical Activities:

- Psychiatric diagnostic/therapeutic interviews using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) in diverse clinical settings, showing medical expertise and decision-making skills.
- Physical exam/ neurological exam of relevant cases.

- Request relevant investigation and follow up the result, & discuss it with the supervisor.
- Provide psychopharmacological care including management of drug-drug interactions in dual diagnosis cases and also provide the care in side effects especially the common and serious one (EPS, metabolic syndrome, drug toxicity).
- Learn the protocol of starting some special medications (Clozapine , Lamotrigine, Lithium ,...etc.)
- Follow up the patient from psychiatric as well as medical perspectives (this is the minimum required follow up visits):
  - For new cases (less than 2 weeks), and any unstable cases: daily follow up, plus at least one round with the consultant and another round with the senior registrar per week.
  - For new cases (more than 2 weeks), and the more stable patient: at least 3 times a week, plus at least one round with the supervisor per week and more if needed.
  - For long stay patient (6 month or more): once per week plus if needed and discuss it with the supervisor.
- Be familiar with psychological and neuropsychological assessment in the adult population and learn how to perform some psychological tests.
- Meet the families for taking collateral history, collaborate in designing and implementing management plans and to to take consent for procedures if needed.
- Write and document an appropriate note for patients.
- Perform ECT, rTMS and other neurostimulations under supervision and learn how to prepare patients for ECT.
- Provide appropriate consultation skills in collaborative communication and interaction with other health care professionals involved in the patient's care.

- Provide support, collaborate and advocating for the patient with other government agencies including e.g ministry of interior (drug enforcement agency).
- Leading the round under supervision.
- Attending some related committees for inpatient population and being aware of the process like (domestic abuse, critical and dangerous patients).
- Participate in discharge decisions and perform the all things related to discharge (out on pass, discharge summary, appointment in clinics)
- Develop the ability to supervise the lower level juniors from (resident, intern, medical student, and other health care providers).
- Learn how to work in a multidisciplinary team including (nurses, social workers, psychologists and others....).
- Learn and apply ethical principles, including autonomy, beneficence, confidentiality, truth telling, respect for others and patient boundaries, conflict of interest, and resource allocation, as they apply to patient care.

❑ On call activities (as per the SCFHS regulations(:

- The objective of on-call activities is to provide residents with continuity of care experiences throughout a 24 hours period.
- In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.
- In-house call must occur no more frequently than every fourth night or less than every sixth averaged over four- week period.
- Continuous one-site duty, including in-house call, must not exceed 24 consecutive hours.
- Residents may remain in duty for up to 4 additional hours to participate in didactic activities and transfer care of patients.
- Residents can't take more than 2 week end call per month.

- At home call must occur no more frequently than 10 and not consecutive than 6 days averaged over a four- weeks period.
- The resident is allowed to have post call if he was called into the hospital to perform duties for at least 4 consecutive hours with at least one hour of which extends past midnight.

❑ Academic activities:

- Weekly educational psychiatry related activities (case discussion, journal clubs, grand rounds and others).
- Teach and train other junior members of the psychiatry team and other healthcare providers.
- Participating in the multidisciplinary round.
- Participate in research & other scholarly works.
- Learn how to identify and manage gabs in inpatient care, and learn the principles and practice of ACT (assertive community training including home visit care , social welfare home, and others) .

Outpatient psychiatry rotation

Medical Expert

- Seeing at least 12 new cases, including at least six cases under direct Supervision.
- At least 16 supervised follow-up cases.
- May collect cases from patients discharged from inpatient psychiatry ward (make first assessment in the ward immediately before discharge).
- Demonstrate the skills for both psychopharmacological and psychosocial management including brief psychotherapies in outpatient setting.
- Follow recommend guidelines in the table below.

Communicator

- Deliver the Diagnosis; investigations & treatment to patient and family under supervision.

- Demonstrate communication skills and history taking process in at least 3 mini CEX
- Write progress notes that are well structured and timely
- Present at least one (1) educational activity

Collaborator

- Effective Consultation with other health care professionals and physicians

Leader/Manager

- Completion of all clinical tasks in a timely manner
- Communication of absences/vacation in timely manner and coverage plan.
- At least eight (8) Management plan that are cost effective and sound judgement.

Scholar

- Attending weekly educational activity
- Review four (4) different subjects and discussed them with other trainees and supervisors in group discussion.
- Critical appraisal of two articles or clinical cases during the rotation.

Health Advocate

- Ability to identify the need and responsibility for timely initiation of medico legal and medico social interventions and advocacy [e.g. competency, guardianship and application of mental health act in outpatient setting].

Professional

- Feedback given by supervisor and changes observed based on the feedback.

recommended Guidelines for Residents on the Adult Outpatient Psychiatry Rotation	
Disorders/Symptoms	**Minimum no. of patients**
Adjustment disorder	5
Anxiety disorders [primary or comorbid] generalized anxiety, obsessive – compulsive, social phobia and/or posttraumatic stress disorder	3
Bipolar disorder	3
Borderline personality disorder	1
Development disorder or acquired traumatic brain injury [if available]	1
Eating disorder [primary or comorbid], if available	2
Major depression	5
Schizophrenia and schizoaffective disorder	5
Substance abuse, excluding nicotine [primary or comorbid]	4
Psychopharmacology Clinical Experiences	
Start a mood stabilizer such as lithium or valproic, and monitor blood work and side effects	2
Follow a patient on a mood stabilizer such as lithium or valproic acid	2
Manage acute side effects from antipsychotic medications [not to include neuroleptic malignant syndrome	4
Manage metabolic and chronic side effects of psychotropic medication	5
Follow a patient on long- acting intramuscular antipsychotic	3
Follow a patient on clozapine	1

recommended Guidelines for Residents on the Adult Outpatient Psychiatry Rotation	
Disorders/Symptoms	**Minimum no. of patients**
- Use one [1] scale to follow a patient with a mood disorder [e.g. MADRS, HRSD] and one scale to follow a patient with anxiety disorder [e.g. HRSA, Y-BOCS]: Self and clinician administered rating scales may include: Montgomery, Asberg Depression Rating Scale [MADRS], Hamilton Rating Scales for Depression and Anxiety [HRSD and HRSA], Yale Brown Obsessive-Compulsive Scale, Beck Depression Inventory, The Mood Disorder Questionnaire [MDQ] for bipolar disorder, PHQ-9, PHQ-7...ETC. - Perform and document an Abnormal Involuntary Movements Scale [AIMS] examination on 2 patients.	

Neurology rotation

Clinical Activities:

- Be familiar with common neurological diseases with special emphasis on neurological diseases with psychiatric manifestations.
- Be able to do an appropriate neurological physical examination.
- Be able to take a neurological history and learn appropriate tools commonly used in neurological assessment.
- Be able to appreciate the psychological burden of neurological diseases.
- Participate in the care of assigned patients in the neurology ward.
- Participate in the rounds of admitted patients in the neurology ward.
- Participate in the outpatient neurology clinics as assigned.
- Be involved in the neurology in-patient referral and consultation service.
- Observe procedures commonly used in neurology practice such as lumbar puncture, EEG, radiology, and others.
- Be familiar with medications commonly used in neurology practice and their potential psychiatric side-effects.
- Observe non-pharmacological interventions commonly used in neurology such as speech therapy, physical rehabilitation, and others.

- Be familiar with psychotherapeutic interventions used in neurology practice and provide bedside psychotherapy.
- Be an effective communicator with patients, their families, and team members.
- Be an advocate for the psychiatric well-being of neurological patients.
- Be able to work cooperatively with a multi-disciplinary team.
- Be able to appreciate the overlap between psychiatry and neurology.
- Be involved in the on-call duty and learn appropriate management of acute presentations.

Academic Activities:

- Participate in weekly educational activities of the neurology team (e.g. case presentations, journal clubs, roundtable discussions, etc).
- Participate in research opportunities and related scholarly works.
- Assist in teaching junior members of the team and other healthcare providers.

Emergency Psychiatry rotation

Clinical Activities:

- Learn how to evaluate psychiatric patients in an emergency setting.
- Be able to conduct physical examination/MSE in an emergency setting.
- Be able to conduct a psychiatric evaluation with uncooperative patients.
- Be able to formulate a treatment plan with emphasis on safety.
- Participate in and prepare for rounds of active and admitted patients in the emergency room.
- Be able to prioritize safety of patients and staff and be familiar with procedures designed to ensure the safety of patients and staff.
- Be responsible for writing progress notes for assigned patients.
- Acquire practical knowledge of methods to assess:
    - Suicide risk
    - Homicide risk
    - Risk of committing violent acts

- Be familiar with the psychotropics commonly used in the emergency room and knowing their indications, contraindications,
- doses, routes of administration, and potential side effects and interactions.
- Provide bedside psychotherapy, counseling, and crisis intervention.
- Be familiar with indications and procedures for non- pharmacological interventions such as seclusion, physical restraining, and admission into the psychiatric ward.
- Be able to work cooperatively with a multi-disciplinary team.
- Learn the appropriate management of common psychiatric emergencies such as acute psychosis, agitation, suicidal patient, confusion and others.
- Be able to effectively communicate with the patient and their family.
- Be able to utilize the services of relevant teams in the hospital and make appropriate referrals when indicated.
- Be familiar with the laws and regulations for involuntary commitment and other components of the mental health act in addition to hospital policies.
- Be able to incorporate psychiatric ethics into emergency psychiatry practice.

Academic Activities:

- Weekly educational emergency psychiatry related activities (e.g. grand rounds, journal clubs, case presentations, etc).
- Teach and assist in training junior members of the emergency psychiatry team and other healthcare providers.
- Participate in research opportunities and other scholarly works.

Others:

- Learn how to create emergency psychiatry program, identify and manage gaps in emergency psychiatric care, and learn the principles and practice of quality assurance.

Addiction Psychiatry rotation

❑ Clinical Activities

- Addiction psychiatry diagnostic/therapeutic interviews in diverse clinical settings, showing medical expertise and decision-making skills.
- Provide psychopharmacological care including management of drug-drug interactions and side effects in dual diagnosis cases.
- Provide bedside psychotherapy.
- Writing an appropriate psychiatric' note.
- Provide support, collaborate and advocating for the patient with other government agencies including e.g ministry of interior (drug enforcement agency)
- To be able to explain to the patient/ family; the difference between addiction and risky use.
- Know and be able to educate patient/ family about risk factors that contribute to the development of addictive disorders.
- Know and be able to explain basic principles of at least three non-pharmacological treatment modalities for addictive disorder.
- Follows regulatory requirements related to requesting confirmatory lab test. e.g (requesting drug screen from the regional lab (المختبر الإقليمي)
- Being able to evaluate domestic abuse cases and complete the necessary documents to report the case to internal committee.
- Attending domestic abuse committee and being aware of the process
- To be given the opportunity to respond to consultations from outside facility/referral agency under the supervision of addiction specialist.
- Coordinates patient care for patients in transition from one level to another during treatment in the addiction rehabilitation facility.
- Attending 12 step session which runs by the hospital counselors
- To be familiar with the concept
- Being aware of some of the relapse preventive interventions.
- General oncall activities covering the whole hospital

❑ **Academic activities:**

- Weekly educational addiction psychiatry related activities (case discussion, journal clubs, grand rounds and others).
- Teach and train other junior members of the addiction psychiatry team and other healthcare providers.
- Participating in the multidisciplinary round.
- Participate in research & other scholarly works.

❑ **Be aware about elements of having a successful substance abuse rehabilitation program,**

identify and manage gabs in substance abuse care, learn the principles and practice of quality assurance based on local (CIBAHI) and the international benchmark.

Psychotherapy Rotation

- Psychotherapy Rotation is an obligatory horizontal rotation and residents will not complete their residency training and become Board Eligible before conducting psychotherapy with at least two patients in any modality of psychotherapy (e.g. psychodynamic psychotherapy, cognitive behavioral therapy, interpersonal therapy, etc.) under supervision.
- Some of the major psychotherapies and psychotherapeutic concepts are taught during the didactic lectures on academic days.
- Below are the didactic lectures for psychotherapy for the academic year 2021-2022:

R1

- CBT for Depression
- CBT for Anxiety
- Interpersonal Psychotherapy

R2

- Motivational Interviewing

- Dialectal Behavioral Therapy (DBT)
- Introduction to Psychoanalysis (Main Concepts: Unconscious Mind, Transference, Countertransference)
- Introduction to Psychoanalysis (Different Schools of Psychoanalysis)
- Introduction to Psychoanalysis (Classical Freudian Theories and Dream Interpretation)
- Introduction to Psychoanalysis (Therapeutic relationship-Psychoanalytic Implications)
- CBT for Depression (with R1 residents)
- CBT for Anxiety (with R1 residents)
- Interpersonal Psychotherapy (with R1 residents)

R3

- Acceptance and commitment therapy (ACT)
- Family Therapy
- CBT in Children

R4

- Brief Bedside Psychotherapy
- The required psychotherapy training under supervision should be imbedded within clinical rotations during the residency training from R2 to R4. Residents should provide psychotherapy as primary therapists for at least two patients in any modality of psychotherapy during their residency training under supervision. If the program has available supervisors for long-term psychotherapy, it is preferred that one of the psychotherapy cases is long-term psychodynamic psychotherapy.
- Completion of a psychotherapy case is achieved when any of the following achieved:

  - The planned therapy course has been completed and therapy has been properly terminated.
  - An adequate number of sessions has been completed as determined by the supervisor in case of early termination for any reason.
  - For short-term psychotherapy modalities (e.g. CBT, IPT, etc.): usually 12 – 20 therapy sessions have been conducted.
- A supervision session with the assigned supervisor should be provided for each therapy session. Supervision may take place in person or virtually. Small group supervision can be offered where residents learn from each others' cases as well as receive individualized feedback on their own cases. The supervision is accomplished by the attendance of the supervisor of the psychotherapy session with the resident, listening/viewing the recording of the session or reviewing session notes reported by the resident and then discussing the session with the resident. The supervisor should provide assistance to the resident on how to frame the following therapy sessions when indicated. If the resident is working with the supervisor in the same training center, residents shall discuss cases directly with the supervisor after each psychotherapy encounter. A supervision session for any case should not be shorter than 45 minutes.
- If the resident is rotating at a different training center than the one where he/she is conducting psychotherapy, the resident may be released from clinical duties for 2 hours weekly to conduct therapy sessions. This MUST be arranged with director of training at both training centers.
- If the psychotherapy supervisor does not have practice privileges at the center where psychotherapy sessions are conducted, the case should be assigned to an attendant consultant at the center and the

resident should briefly discuss the case immediately with the attendant after each therapy encounter. The resident should provide the patient with the name of the clinical supervisor for patient care (the attendant) and the name of supervisor for psychotherapy.

Supervisor Criteria:

- Consultant psychiatrist with enough experience in psychotherapy or a psychologist with at least a master degree in clinical psychology and demonstrated substantial skills in one of the psychotherapeutic modalities.
- Available and willing to provide supervision.
- It is recommended to assign a director of psychotherapy training in each training program especially large programs. The director of psychotherapy training should have an experience in psychotherapy and should be selected by the training committee. The main roles of psychotherapy training director are to ensure the quality of psychotherapy training, to coordinate with the program director and the psychotherapy supervisors, to monitor residents' progress with psychotherapy and to ensure that residents have met their psychotherapy training requirements.
- In the beginning of R2 training, residents meet individually with the psychotherapy training director (or program director) to discuss their interests in psychotherapy and the opportunities available in their program. A list of supervisors showing name, hospital, psychotherapy interests, contact numbers of the available supervisors who are willing to supervise residents will be available with the program director and the psychotherapy training director. The program director may share the list with all residents to help them choose their future rotations if they prefer to conduct therapy sessions and supervision in the same training center.

- The resident should ask the psychotherapy supervisor to complete an evaluation form at the end of each psychotherapy case. The resident should keep the evaluation form and send a copy to the psychotherapy training director (or the program director).

Important Psychotherapy References for Psychiatry Residents: Essential References:

1. Gabbard GO. Long-Term Psychodynamic Psychotherapy – A Basic Text (3rd ed) – (2017) American Psychiatric Pub.
2. Gabbard GO. Textbook of psychotherapeutic treatments. American Psychiatric Pub.
3. Bender S, Messner E. Becoming a therapist: What do I say, and why? Guilford Press.
4. Gabbard GO. Psychodynamic psychiatry in clinical practice. American Psychiatric Pub.
5. Beck JS, Cognitive behavior therapy: Basics and beyond (3rd ed) (2020). Guilford Press.
6. Wright JH, Brown GK, Thase ME, Basco MR. Learning cognitive- behavior therapy: An illustrated guide. American Psychiatric Pub.

Additional recommended references:

1. Shedler J, That was then, this is now: An introduction to contemporary psychodynamic therapy –(book chapter, 2006): https://jonathanshedler.com/wp- content/uploads/2020/07/Shedler-That-was-then-this-is-now- R10.pdf%C2%A0
2. Sperry L, Gudeman JE, Blackwell B, Faulkner LR. Psychiatric case formulations. American Psychiatric Association.
3. Yalom ID. The gift of therapy: An open letter to a new generation of therapists and their patients.
4. Dewan MJ, Steenbarger BN, Greenberg RP, editors. The art and science of brief psychotherapies: An illustrated guide. American Psychiatric Pub.

5. Quatman T, Essential psychodynamic psychotherapy – An acquired art (2015). Routledge
6. Luepnitz DA, Schopenhauer's porcupines: Intimacy and its dilemmas (2003). Basic Books
7. Winston A, Rosenthal RN, Roberts LW. Learning supportive psychotherapy: An illustrated guide. American Psychiatric Pub.
8. Hawton KE, Salkovskis PM, Kirk JE, Clark DM. Cognitive behaviour therapy for psychiatric problems: A practical guide. Oxford University Press.
9. Leahy RL, Holland SJ, McGinn LK. Treatment plans and interventions for depression and anxiety disorders. Guilford press.
10. Luoma JB, Hayes SC, Walser RD. Learning ACT: An acceptance & commitment therapy skills-training manual for therapists. New Harbinger Publications.
11. Stuart S, Robertson M. Interpersonal psychotherapy 2E a clinician's guide. CRC Press.
12. Miller WR, Rollnick S. Motivational interviewing: Helping people change. Guilford press.

Psychotherapy Evaluation Form

Resident name:
Training level:
Center where therapy was conducted:
Therapy modality:
Dates of therapy course:
Number of therapy sessions:
Number of supervision sessions:

	Unsatisfactory 1	Below expectations 2	Meet expectations 3	Above Expectations 4	Outstanding 5	N/A
Patient Care						
1. Demonstrates ability to comprehensively evaluate psychotherapy patients						
2. Demonstrates ability to establish therapeutic alliance						
3. Demonstrates ability to identify defenses, resistance, transference and counter transference						
4. Demonstrate s ability to perform a range of psychotherapeutic interventions i.e. clarification, interpretation						
5. Demonstrate capacity for self-reflection						
6. On cognitive cases, demonstrates ability to identify automatic thoughts, teach thought record and reframe cognitive errors						
Psychotherapy Knowledge						
1. Demonstrates ability to perform biopsychosocial formulations						
2. Demonstrates fundament al knowledge in the theory of the psychotherapy module						
Interpersonal and Communication Skills						

	Unsatisfactory 1	Below expectations 2	Meet expectations 3	Above Expectations 4	Outstanding 5	N/A
1. Demonstrates ability to present comprehensive psychotherapy written documentation						
2. Demonstrates ability to be socially and culturally sensitive						
3. Demonstrates ability to communicate process notes that are accurate representation of the therapeutic session						
4. Exhibits ethical and professional behavior						
5. Exhibits interest and enthusiasm						
6. Demonstrates ability to Manage and utilize countertransference						
7. Capacity to learn and grow through supervision						

Areas for Improvement
Areas of Strength

Supervisor's Name: .....

Supervisor's Signature: .....

Date: .....

Elective rotations

Forensic Psychiatry Rotation

Clinical Activities

- Able to understand the concept of psychiatry and law
- Apply the national and international mental health legislations
- Dealing with patients referred from the police station, court, security, and other agencies
- Collect comprehensive case histories and perform meticulous mental status examinations
- Prepare succinct psychiatric reports and present them to various legal and statutory bodies
- Provide courts of law with sound clinical judgments pertaining to issues such as fitness to plead, fitness to appear in court, risk of violence, institutionalization or other compulsory treatment, testamentary capacity, and other civil litigation.
- Managing the clinical care of individuals found Not Criminally Responsible or Unfit to Stand Trial.
- Actively managing any risk patients may pose to the community.
- Attending some related committees for forensic inpatient or outpatient and being aware of the process like (civil matters of forensic & writing medico-legal report)
- Get involved with the team's medico-legal opinion of conducted forensic assessment.
- Be able to conduct a forensic psychiatry assessment.

- Be responsible for writing forensic psychiatry report for assigned cases.
- Resident needs to be attending member in forensic psychiatry committee, twice weekly during his/her rotation.
- Be responsible for at least three admitted patient per month under the supervision of forensic psychiatrist at Forensic-OPD / In-patient setting.
- Attend three Forensic psychiatry clinics per week
- Write three reports per month (criminal responsibility, fitness to stand trial and risk assessment).
- Be familiar with the laws and regulations for involuntary commitment and other components of the Saudi mental health act in addition to hospital policies.
- Participate in the rounds of admitted patients in the Forensic ward.
- Ability to identify the need and responsibility for timely initiation of medico legal and medico social interventions and advocacy [e.g. competency, guardianship and application of mental health act in outpatient sitting].

Academic Activities

- Weekly educational forensic psychiatry related activities (case discussion, journal clubs, grand rounds and others).
- Participate in research & other scholarly works.
- Participating in multidisciplinary round and inter-professional academic activities with other departments.
- Presenting at least one review article, or systematic review, or meta-analysis article where he/she reviews and critically assess scientific literature to determine how the quality of care can be improved in relation to practice.

Geriatric Psychiatry Rotation

Medical Expert Medical Knowledge

- Learn through a multiplicity of methods including traditional lectures, seminars, and case conferences.
- Use participatory methods of learning such as literature searches, problem-based- learning, journal clubs, and evidence-based-medicine (EBM) methods.
- Provide clinical supervision and case conferences that apply theoretical knowledge to day-to-day clinical care in an integrative fashion.
- Encourage real-time literature searches based on clinical cases and application of the literature to the clinical care of patients.
- Teach principles of EBM and apply these in day-to-day clinical practice. Consider holding EBM case conferences.
- Apply EBM to journal clubs to promote educated consumers of the medical literature.
- Promote review of evidence-based guidelines and expert consensus statements.

Interviewing Skills

- Use multiple observations of initial interviews judging both content and interpersonal skills. Make observations in multiple settings. Review the interview by discussing observations.

Mental Status Examination (MSE)

- Use simulation and teaching videos that demonstrate MSE with different types of patients.
- Observe residents' performance of mental status examination of patients. Note
- observation skills.
- Discuss specific tests, rationales for use of Mini Mental Status Exam (MMSE), Montreal
- Cognitive Assessment (MoCA), Clock test, and etc. Review testing manuals.

Competency Assessments

- Provide competency evaluations during outpatient and Consultation Liaison services.

Family and Caregiver Assessments

- Encourage participation in dementia clinic family meetings.
- Provide opportunities for home visits.
- Encourage participation in caregiver teaching groups.

Functional Assessment

- Arrange for observations in occupational therapy assessments.
- Encourage participation in rehabilitation medicine clinic and assessments (e.g. for traumatic brain injury , spinal cord injury).
- Encourage participation in geriatric medicine clinics.
- Arrange for observations of physical therapy (PT) assessments.
- Insure familiarity with instrumental activities of daily living (IADL) and basic activities of daily living (BADL) assessment tools.
- Arrange for observations of speech therapy assessments.
- Encourage participation in Impotency/Sexuality assessments.

Community and Environmental Assessment

- Encourage participation in home assessments.
- Demonstrate the use of telemedicine assessments and conferencing.
- Participate in long-term care visits.

Medical assessment

- Work with geriatric medicine in multiple settings such as clinics, wards, and home visits.
- Integrate didactic seminars in medicine and neurology taught by geriatric medicine and neurology departments into the geriatric psychiatry seminar series.

- Suggest attending geriatric medicine, neurology and neuroradiology seminars in those departments.

Ancillary investigations

- Arrange a visit to the EEG laboratory and brain imaging services.
- Review EEG and scans of all patients.
- Assign reviews of actual scan books to promote recognition of normal and abnormal scans.
- Require attendance at neuroradiology rounds.

Neuropsychologic tests

- Arrange for attendance with a neuropsychologist to observe the neuropsychological testing procedure.
- Review appropriate indications for and use of a neuropsychologist.

Formulation of comprehensive treatment plan

- Provide individual supervision of resident cases – presentation and critique of treatment plan.
- Review selected documented biopsychosocial treatment plans, with discussion in supervision.
- Present didactic information regarding the elements of a comprehensive treatment plan.
- Promote grand rounds or case conference presentation, with a focus on comprehensive treatment plan
- Provide multidisciplinary case conferences, to include input and feedback from several clinical care providers (nursing, occupational therapy, geriatric medicine, social work, physical therapy and rehab, etc.).
- Provide clinic, or regular case conferences, that includes cases with multiple and complex diagnoses, and challenging treatment needs.

Pharmacotherapy

- Provide didactic sessions on Geriatric Psychopharmacology.

- Arrange group supervision, or case conferences, focused on "treatment resistant" cases.
- Support longitudinal follow-up of patients for supervised management experience in relapse, long term effectiveness, illness morbidity, and residual symptoms.
- Hold regular journal club or seminar sessions focused on new medical treatment strategies.

Electroconvulsive Therapy (ECT)

- Provide didactic section on indications, risks, procedures, and legal issues in core curriculum.
- Arrange a supervised rotation on the ECT service, or during a geropsychiatry inpatient rotation.
- Brief overview of other potential biologic treatments such as repetitive transcranial magnetic stimulation (rTMS) and Vagal nerve stimulation (VNS).

Psychotherapy

- Incorporate didactic sessions related to developmental issues of aging and common developmental challenges.
- Supervise individual psychotherapy cases including brief, cognitive-behavioral, interpersonal, or insight-oriented.

Communicator

- Provide case supervision that includes attention to communication skills.
- Observe in outpatient, inpatient, and consultation settings.
- Encourage resident to recognize own feelings and attitudes.
- Arrange for resident's participation in support groups and family meetings.
- Provide information without jargon, and with empathy, including discussions of the diagnosis of Alzheimer's disease, poor prognosis, and death and dying issues.
- Use direct observation, especially during dementia evaluations.

Collaborator

- Promote working with multidisciplinary teams and demonstrate effective communication of assessment and treatment plans.
- Provide opportunities for residents to respond to necessary consults and interact with relevant consultants and support services.
- Provide opportunities to demonstrate the ability to work through disagreements and conflicts with other disciplines.

Leader/ Manager

- Provide an overview of the local service system including information about how to access other medical services for their patients.
- Provide opportunities for residents to function as a consultant geriatric psychiatrist to medical-surgical patients in the acute care hospital setting.

Scholar

- Resident participates in regular journal club wherein he/she critically reviews assigned scientific articles, including data emanating from the pharmaceutical industry.
- Resident is assigned topic for literature review. He/she conducts extensive literature search and prepares presentation for journal club or other seminar. Resident must critique literature and discuss how new findings may influence clinical practice.
- Resident develops individual mentored research project that is modest enough in scope to be completed within residency year.

Health Advocate

- Provide didactics in the basic principles of ethics, and medico-legal issues.
- Include legal issues such as capacity to consent, conservatorships, involuntary detention and treatment, driving privileges, patient's rights, advanced directives in the core curriculum.
- Hold discussions of public policy and public advocacy as it impacts psychiatric care issues.

- Encourage discussion of legal issues and involvement in legal proceedings related to clinical activities.

Mood and Anxiety Disorders

Resources for mood/anxiety disorder rotation:

There must be sufficient resources including trainers, the number and variety of patients, physical and technical resources, as well as the supporting facilities and services necessary to provide the opportunity for all residents in the program to achieve the educational objectives and receive full training as defined by the SCFHS specialty training requirements.

Standards:

A) As independent rotation:

1- At least 5 mood/anxiety disorders clinics* or 3 clinics plus 2 mood/anxiety disorder related clinical sessions (e.g. inpatient rounds in mood disorder unit, ECT/TMS sessions, psychotherapy sessions for mood/anxiety)

2- Every clinical session should be supervised directly by a Consultant specialized in mood/anxiety disorders.

3- Centers should provide each resident with the opportunity to assess at least 1 new patient per week.

4- Each new case slot in the clinic at least should be 45 minutes. Each follow-up slot in the clinic at least 15 minutes.

B) As combined rotation with other essential rotation (OPD or inpatient):

1- At least 3 mood/anxiety disorder clinics per week (in addition to at least 2 clinical sessions in General OPD or 2 general psychiatry inpatient sessions).

2- Every clinic should be supervised directly by a Consultant specialized in mood/anxiety disorders.

3- Centers should provide each resident with the opportunity to assess at least 1 new patient per week.

4- Each new case slot in the clinic at least should be 45 minutes. 5- Each follow-up slot in the clinic at least 15 minutes.

*Mood/anxiety clinic: any clinic that primarily serves patient with mood/anxiety disorders e.g:

1- Mood/anxiety disorder clinic

2- Treatment resistant Depression 3-Bipolar disorder clinic OCD clinic

3- lithium clinic.

Education activities: The following topics should be covered during the rotation either during clinic sessions or educational session (lectures, didactic sessions):

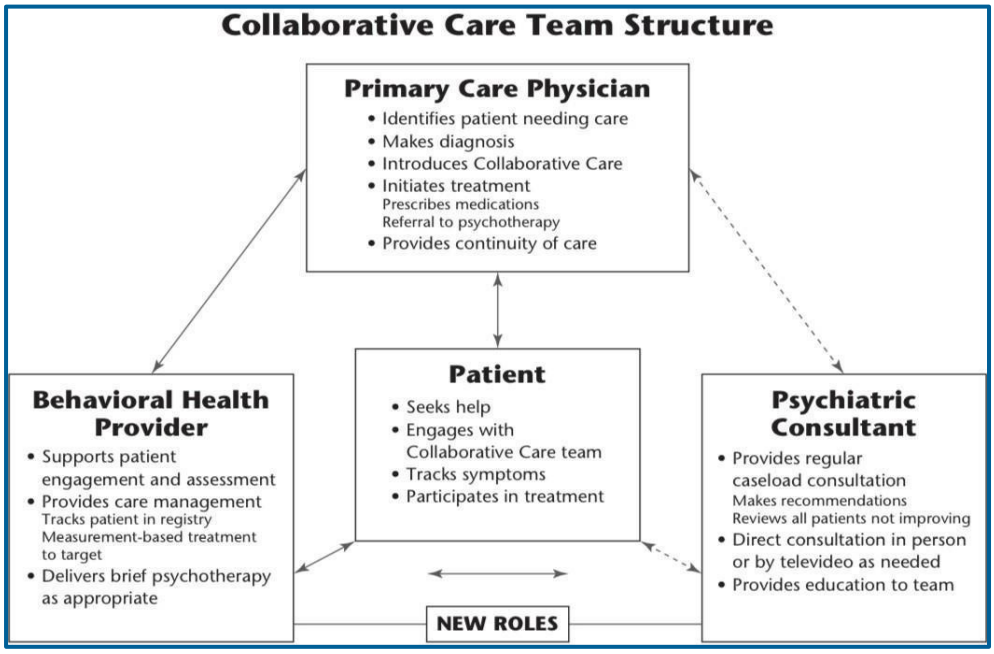
1- Assessment and diagnosis of mood disorders
2- Assessment and diagnosis of Anxiety disorders
3- Assessment and diagnosis of OCD
4- lithium workup, initiations, maintenance and monitoring.
5- Other pharmacological options for Bipolar disorders
6- Treatment resistant depression
7- Pharmacological option for anxiety disorders
8- OCD management
9- Psychosocial management for mood disorders
10- Psychosocial management for anxiety disorders
11- ECT and other brain stimulation.
12- Peripartum mood disorders

Integrated/Collaborative Psychiatric Care Rotation

Introduction

Collaborative care is an evidence-based approach for improving quality mental health access in primary care settings. Although job opportunities will grow over the next decade, few psychiatry residencies have established curricula to train the next generation of psychiatrists to work in this expanding model of care. Many approaches to integrating behavioral health

care have been developed, but the strongest evidence currently exists for Collaborative Care. Having said that, Collaborative Care interventions are based on group information: systematic screening, active case-identification, and patient registries. Direct patient care is delivered by a primary care provider and a behavioral care manager, using evidence-based algorithms. Weekly systematic case reviews by a psychiatric consultant and the care manager are provided for patients who do not improve on specified behavioral health outcomes as shown in the figure below:



Core Principles:

1- Patient-centered team care: is patient-centered and provided by prepared, proactive teams using shared care plans that incorporate patient goals. Teams consist at a minimum of primary care providers, behavioral health providers, and psychiatric consultants who work to engage and treat patients using the collaborative care process.

2- Population-based care: is defined in advance and then screened, tracked in databases (referred to as registries), and carefully followed for adherence and response to treatment. Caseloads are regularly reviewed for progress toward goals, and patients who are not improving receive further recommendations to enhance outcomes.

3- Measurement-based treatment to target: is from initial screening to regularly scheduled rescreening, care is measured with standard tools and treatment is adjusted for patients who are not improving until preset goals are met.

4- Evidence-based care treatments: with reliable evidence are used in patient care, including evidence-based brief interventions proven to work in the primary care setting, psychopharmacology, and fidelity to the collaborative care model itself.

5- Accountable care: Adherence to the above principles allows providers using the collaborative care model to be held accountable to health care systems for costs and quality outcomes.

Main Learning Objectives:

Knowledge

- Understand the case for collaborative care
- Understand the model of collaborative care and be familiar with the growing evidence.

Skills

- Conceptually understand and be ready to use a population health perspective and validated scales in caring for patients
- Use screeners effectively to aid in diagnostic evaluation
- Recognize the basic elements and principles of collaborative care
- Perform psychiatric consultation
- Demonstrate increased comfort in communications with both care managers and primary care providers

Attitudes

- Examine their own experiences and opinions of existing outpatient mental health systems while considering collaborative care psychiatry's potential for delivering more integrated and population-based care

- Be open to making a diagnosis in the absence of a direct assessment
- Integrate the patient's own and other providers' perspectives into a common understanding of the patient's problems and presentation.

Modules & Competencies

Module	Competencies
Introduction to Integrated Care Model	• Identify common mental health disorders seen in primary care, including differentiating distress or demoralization from psychiatric illness • Summarize assessment and treatment planning for treatment-refractory psychiatric disorders (especially depression) • Explain the use of brief clinical outcome rating scales and measurement-based care • Apply, or referral to, brief interventions (e.g., psychoeducation, motivational interviewing, behavioral activation, brief cognitive behavioral therapy (CBT), and problem-solving therapy) • Identify the epidemiology of common mental disorders and associated morbidity • list key features of integrated care models that distinguish them from conventional mental health care • Describe the treatment and outcome trials of integrated care, Interpersonal, and communication skills • Experiment of engagement with ambivalent patients • Demonstrate communication with primary care patients about mental health problems and treatment

Module	Competencies
	• Show effective communication (verbal and written) with PCPs and other team members (e.g., care managers, social workers, and psychologists) • Illustrate the ability to work as a team member in an interprofessional team Practice-based learning and improvement • Prepare educational materials for primary care providers and residents, primary care staff, and team members about mental health diagnoses and treatments • Describe professionalism • and respectful collaboration with primary care patients, providers, and staff • Tell the difference "Cultures" in primary care and mental health care and ability to navigate and negotiate these differences • Systems-based practice • Recognize the roles of Primary care providers, other clinic providers, and staff • Identify the scope of practice, liability, and billing in the integrated care setting • Describe local referral patterns and resources • Use of quality measures; focus on accountable care
Introduction to Population- Based Care	• Apply population-based care through supervision of nonmedical mental health providers and review of caseload data • Identify key features of population-based and collaborative mental health care • Construct educational material of nonmedical mental health staff about differential diagnosis and pharmacological management of common psychiatric disorders • Describe the consulting psychiatrist's role in the multidisciplinary integrated care team and of issues of liability.

Module	Competencies
Primary Care Health Services for Psychiatric Patients	• List common medical problems seen in psychiatric patients • Describe basic preventive care measures and management of common medical conditions • Define health behavior changes and its application in chronically mentally ill patients • Show communication with psychiatric patients about health prevention, medical conditions, and treatments • Complete collaboration with medical providers in behavioral health settings, with attention to scope of practice and boundaries regarding provision of care • Prepare educational material for nonmedical mental health staff about basic preventive medical care and management of chronic medical disorders including medical management and support of lifestyle change.

Educational Strategies

- Formal Didactics
- Reading Assignments
- Case-Based Discussions
- Joint Mental Health- Primary Care Case Conferences
- Resident Teaching of Other Providers
- Scholarly Presentations

Reading Materials

- Integrated Care:Creating Mental and Primary Health Care Teams ,1st edition, By Katon, Wayne; Ratzliff, Anna; Stephens, Kari Astley; Unützer, Jürgen; 2016
- Collaborative care model- American Psychiatric Association (APA)

Assessment Methods

- Clinical evaluation: ITER
- Multi source feedback

Clinical Rotation Structure

- 1/2 day / week, 3-6 months rotation for senior residents supervised by psychosomatic or general psychiatry consultant with experience in this type of practice
- Setting: Primary Care Clinics
- Experienced during C-L psychiatry rotation, elective rotation.

Reference

- Collaborative care model- American Psychiatric Association (APA) .
- IntegratedCare:Creating Mental and Primary Health Care Teams ,1st edition, By Katon, Wayne; Ratzliff, Anna; Stephens, Kari Astley; Unützer, Jürgen; 2016
- The Evolution of Collaborative Mental Health Care in Canada: A Shared Vision for the Future; The Canadian Journal of Psychiatry, Vol 56, No 5,2011
- Training Psychiatrists for Integrated Behavioral Health Care A Report by the American Psychiatric Association Council on Medical Education and Lifelong Learning 2014
- Developing a collaborative care training program in a psychiatry residency, Psychosomatics. 2017; 58(3): 245– 249
- Teaching Collaborative Care in Primary Care Settings for Psychiatry Residents; Psychosomatics. 2015; 56(6): 658–66

Schizophrenia / Psychosis rotation

Clinical activities:

- This will be either outpatient only or outpatient / inpatient rotation.
- During the outpatient rotation, trainee will attend a schizophrenia (or first episode psychosis or clozapine) clinic, depending on the psychosis specialized clinic in the training center, once weekly.
- During the inpatient rotation, trainee will attend a schizophrenia or psychosis inpatient unit admissions.

- Psychiatric diagnostic/therapeutic interviews using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) in diverse clinical settings, showing medical expertise and decision-making skills.
- Physical exam/ neurological exam of relevant cases.
- Request relevant investigations and follow up the results then discuss it with the supervisor.
- Provide psychopharmacological care including management of drug-drug interactions in dual diagnosis cases and also provide the care in side effects especially the common and serious one (EPS, metabolic syndrome, drug toxicity).
- Learn the protocol of starting some special medication (Clozapine) and guidelines for follow up.
- Follow up the patient from medical point view as well as psychiatric aspects throughout the rotation to monitor improvement and document side effects and learn how to manage them.
- Meet the families to collect and gather the missing information needed to diagnose cases, also to discuss the management plan with them or to take consent for procedure.
- Write and document appropriate notes for patients.
- Perform ECT under supervision of the consultant and learn how to prepare patients for ECT/ rTMS including indications and contraindications of it.
- Provide appropriate consultation skills in collaborative communication and interaction with other health care professionals involved in the patient's care.
- Provide support including community programs, collaborate and advocate for the patient with other government agencies including e.g ministry of interior (drug enforcement agency).
- Develop the ability to supervise the lower level juniors from (residents, interns, medical students, and other health care providers)
- Learn how to work in a team including (nurses, social workers, psychologist and others....).

- Learn and apply ethical principles, including autonomy, beneficence, confidentiality, truth telling, respect for others and patient boundaries, conflict of interest, and resource allocation, as they apply to patient care

On call activities:

- Trainee will cover oncalls that are part of the outpatient rotation of each center.

Academic activities:

- Weekly educational psychiatry related activities (case discussion, journal clubs, mortality and morbidity activities, grand rounds and others).
- Trainee must present at least 2 cases during the 3 months rotation at any of the appropriate academic activities, the choice of the cases and the subjects will be discussed and supervised by the schizophrenia rotation supervisor.
- Teach and train other junior members of the psychiatry team and other healthcare providers.
- Participating in the multidisciplinary teams.
- Participate in research & other scholarly works.
- Learn how to identify and manage gabs in psychosis related care, and learn the principles and practice of ACT (assertive community training including home visit care, social welfare home, and others) as applicable.

Training activities to improve leadership competency in the psychiatry residency training program

Overview

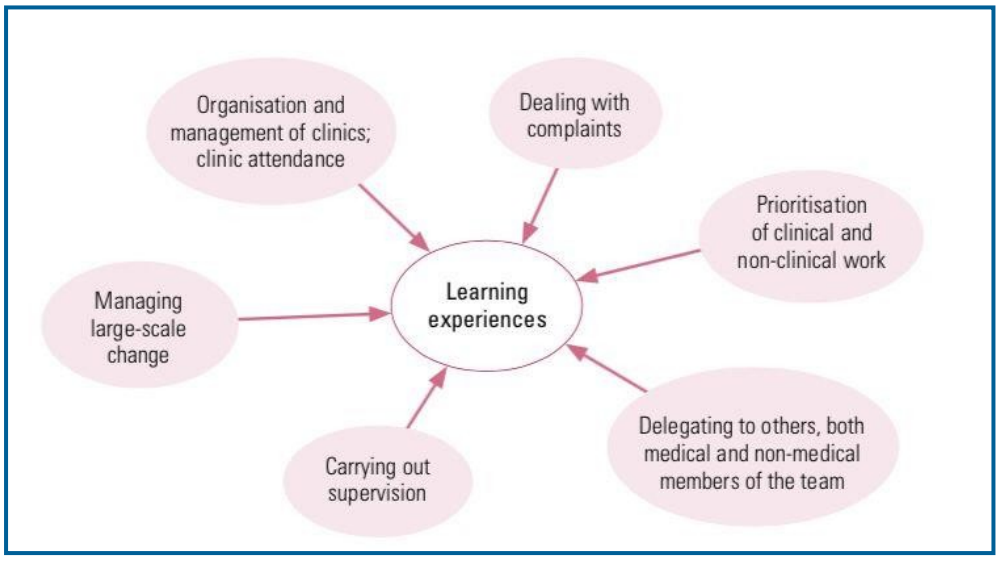
In many ways, Psychiatrists play an integral role in the healthcare organizations through establishing sustainable practices, making decisions regarding resource allocation, and contributing to the effectiveness of the health care system.

Psychiatrists are able to:

- Participate in activities that contribute to the effectiveness of their health care organizations and systems:
  - Work collaboratively with others in their organizations
  - Participate in systemic quality process evaluation and improvement procedures such as patient safety initiatives
  - Describe the structure and function of the health care system as it relates to psychiatry (including the role of psychiatrist)
- Manage a practice and career effectively.
- Serve in administration and leadership roles as appropriate:
  - Participate effectively in committees and meetings
  - Lead or implement change in health care
  - Plan relevant elements of health care delivery (e.g., work schedules)

Learning needs

Training in leadership should help residents to have knowledge, skills and attitudes in relation to the six learning needs which have been identified through research as the areas in which trainees feel least prepared for the role of consultant (Briel et al, 2004):



Effective leadership objectives Knowledge:

- Demonstrate an understanding of the differing approaches and styles of leadership
- Demonstrate an understanding of the role, responsibility and accountability of the leader in a team
- Understand and contribute to the organization of urgent care in the locality
- Demonstrate an understanding of organizational policy and practice at a national and local level in the wider health and social care economy
- Demonstrate an understanding of the principles of change management
- Understand the principles of identifying and managing available financial and personnel resources effectively
- Demonstrate an awareness of distinction between direct, delegated and distributed responsibility

Skills

- ➢ Demonstrate a range of appropriate leadership and supervision skills including:
- Coordinating, observing and being assured of effective team working
- Setting intended learning outcomes
- Planning
- Motivating
- Delegating
- Organizing
- Negotiating
- Example setting
- Mediating / conflict resolution
- Monitoring performance

- ➢ Demonstrate ability to design and implement programs for change, including service innovation
- ➢ Displays expertise in employing skills of team members to greatest effect

Attitudes demonstrated through behaviors

- Work collaboratively with colleagues from a variety of backgrounds and organizations

General key competencies of leadership role:

Key competencies	Enabling competencies	Program Learning Objectives (PLOs)
1. Contribute to the improvement of health care delivery in teams, organizations, and systems	1.1 Apply the science of quality improvement to contribute to improving systems of patient care 1.2 Contribute to a culture that promotes patient safety 1.3 Analyze patient safety incidents to enhance systems of care 1.4 Use health informatics to improve the quality of patient care and 1.5 optimize patient safety	* Explain various quality improvement programs that could enhance patient care (e-OVR, Incident reports, Morbidity & Mortality) * Demonstrate the ability to deal with complaints (from patients or staff)
2. Engage in the stewardship of health care resources	2.1 Allocate health care resources for optimal patient care 2.2 Apply evidence and management processes to achieve cost-appropriate care	* Highlighting the importance of justice, efficiency, and effectiveness in the allocation of health care resources * Organizing, structuring, budgeting, and financing to achieve cost-effectiveness
3. Demonstrate leadership in professional practice	3.1 Demonstrate leadership skills to enhance health care 3.2 Facilitate change in health care to enhance services and outcomes	* Engagement in the healthcare administration * Executing effective communication skills with others * Outline the importance of organization and management of clinics and clinic attendance * Leading and supervising of others * Directing delegation to others, both medical and non-medical members of the team

Key competencies	Enabling competencies	Program Learning Objectives (PLOs)
4. Manage career planning, finances, and health human resources in a practice	4.1 Set priorities and manage time to integrate practice and personal life 4.2 Manage a career and a practice 4.3 Implement processes to ensure personal practice improvement	* Prioritization of clinical and non-clinical work * Displaying the capability of career development (for self and others) * Demonstrate the ability of time management * Managing large-scale change

Teaching

- T1. Lecture or Large-group Session: Foundations of the Leader Role **Download MS Word**
- T2. Presentation: Teaching the Leader Role **Download MS Word** | **Download Power Point**
- T3. Small Group Teaching: Leading and managing in everyday practice **Download MS Word**
- T5. Case Report: Leader Role Competencies **Download MS Word**
- T6. Morbidity and Mortality Rounds: Patient safety and quality improvement **Download MS Word**
- T7. Self-Directed Learning: Time management assignment - where does the time go? **Download MS Word**

Assessment

- A1. Multisource Feedback: Leadership skills in the CanMEDS Leader Role **Download MS Word**
- A2. Multisource Feedback: Managing people and resources in the CanMEDS Leader Role **Download MS Word**
- A3. Quality Improvement Project: Leader Role quality improvement project **Download MS Word**
- A4. Case Report: Leadership reflection **Download MS Word**

* For more details:

https://www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-leader-e

Leadership and Management Study Guide for higher trainees in psychiatry:

https://www.rcpsych.ac.uk/docs/default-source/members/supporting-you/startwell/startwell-clinical-leadership-op80.pdf?sfvrsn=3a940191_6

Brown, N., & Brittlebank, A. (2013). How to develop and assess the leadership skills of psychiatrists. Advances in Psychiatric Treatment, 19(1), 30-37. doi:10.1192/apt.bp.111.009688

Till, A., Sen, R., & Crimlisk, H. (2021). Psychiatric leadership development in postgraduate medical education and training. BJPsych Bulletin, 1-8. doi:10.1192/bjb.2021.32

Training activities to improve health advocacy competency in the psychiatry residency training program

General points

- On 2021, the Scientific Council of psychiatry at Saudi Commission for Health Specialties formed a subcommittee to improve health advocacy competency in the psychiatry residency training program.
- This supplement document was created to help program directors/ trainers/ trainees during the training journey. However, the curriculum of the program (posted in the SCFHS website) will continue to be the only official reference for the program.

General key competencies of health advocacy role:

Key competencies	Enabling competencies
Physicians are able to:	
1. Respond to an individual patient's health needs by advocating with the patient within and beyond the clinical environment.	1.1. Work with patients to address determinants of health that affect them and their access to needed health services or resources. 1.2. Work with patients and their families to increase opportunities to adopt healthy behaviours. 1.3. Incorporate disease prevention, health promotion, and health surveillance into interactions with individual patients.
2. Respond to the needs of the communities or populations they serve by advocating with them for system-level change in a socially accountable manner.	2.1. Work with a community or population to identify the determinants of health that affect them. 2.2. Improve clinical practice by applying a process of continuous quality improvement to disease prevention, health promotion, and health surveillance activities. 2.3. Contribute to a process to improve health in the community or population they serve.

Psychiatrist as a health advocate:

Psychiatrists use their expertise and influence responsibly to advance the health and wellbeing of individual patients, communities, and populations.

Psychiatrists are able to:

1. Respond to individual patient health needs and issues as part of patient care:
    - Identify the mental health needs of individual patients.

- Identify opportunities for advocacy, health promotion, and disease prevention for individuals to whom they provide care, via awareness of legal issues in mental health care

2. Respond to the health needs of the communities that they serve:
    - Describe the practice communities that they serve.
    - Identify opportunities for mental health advocacy, health promotion, and disease prevention in the communities that they serve and respond appropriately.
    - Appreciate the possibility of competing interests between the communities they serve and other populations.
3. Identify determinants of mental health for the populations that they serve:
    - Identify determinants of mental health, including barriers to access to care and resources, for the populations that they serve.
    - Identify vulnerable or marginalized populations within the larger populations served and respond appropriately.
4. Promote the health of individual patients, communities, and populations:
    - Describe an approach to implementing a change in one of the determinants of health for the populations that they serve.
    - Describe the impact of public policy on the health of the populations that they serve.
    - Identify points of influence in the health care system and its structure.
    - Describe the ethical and professional issues inherent in health advocacy.
    - Appreciate the possibility of conflict with managers when playing the role of health advocate for a patient or community.
    - Describe the role of the medical profession in advocating collectively for health and patient safety.

The core components, attributes, and supports of a successful advocacy curriculum Core components (methods of teaching advocacy):

Component	Description	Example
Didactic	Lectures, seminars, panels with discussions and/or team-based exercises or workshop-based learning modules around areas like legislative advocacy, social determinants of health, and writing for a public audience.	Lectures, panels, and breakout groups on a range of advocacy topics. Examples include requesting insurers to cover entitled services for patients, working with community partners to increase access to care, educating trainees to promote awareness of health disparities, conducting research that leads to improvements in health policy, interfacing with policymakers to impact laws and regulations, and using social media to engage the public toward action on issues related to health care.
Experiential	Hands-on experience intended to apply and use advocacy skills	A legislative retreat to Shura Council, city or town council, etc. to meet with legislators and participate in direct advocacy for a particular issue (e.g., discussion with a legislator, oral testimony at a committee's public hearing, stakeholder engagement). Another example is forming small subgroups composed of mixture of patients, family members of some other patients and residents (residents must have no doctor-patient relationship with other members of the subgroup). Each subgroup will have regular informal meetings in public places to discuss mental health- related issues as well personal and day to day matters. Then, an advocacy day (mental health day) will be held at the end of the academic year. Among the several activities of that day, is presentation of these subgroups of a reflection on their experience of being a member of these subgroup.

Core attributes (qualitative characteristics of curriculum):

Attribute	Description	Example
Practical	Targeted to the immediate translation of knowledge.	A workshop on how to write an op-ed is followed by an assignment to write and submit an op-ed.
Adaptive	Tailored to the prevailing advocacy issues and the current interests of the learner.	Resident input is solicited when updating an advocacy curriculum so that topics of strong resident interest are included.
Patient-focused	Teaches basic advocacy skills rather than partisan advocacy viewpoints; maintains focus on serving the best interests of patients.	While sensitive to the range of views held by trainees on a topic, the instructor focuses discussion on identifying what is in the best interests of the patient.

Core supports (infrastructure of the curriculum at level of program leadership and personnel):

Support	Description	Example
Champions	Individuals who are enthusiastic about an advocacy curriculum and willing to advocate for advocacy.	A chief resident argues for the importance of advocacy education and offers to help his residency program create an advocacy curriculum.
Buy-in	Support and interest in developing and maintaining an advocacy curriculum, ideally from both program leadership and trainees.	A program director allots protected time for an advocacy curriculum and approves funding for advocacy projects.
Mentorship	Guidance and role modeling provided by an individual, ideally a faculty member, with experience in advocacy.	Assigned mentor–mentee pairings and regular one-on-one advocacy mentorship meetings.

* For more details: Vance MC, Kennedy KG. Developing an advocacy curriculum: lessons learned from a national survey of psychiatric residency programs. Academic Psychiatry. 2020 Jan 16:1-6

Psychiatry residency preparation course*

Definition:

a one-month course composed of clinical sessions, discussions, lectures, and clinical duties in various clinical services as an observer.

Target:

R1 psychiatry residents in their first month of residency, or if unable to do so, a month before residency starts.

Background:

This course was prepared and implemented initially in King Saud University Medical City (KSUMC) for new R1 residents at their first month of residency on October 2020, to provide them with the basics of psychiatry, focusing mainly on general psychiatry covering the main topics, which includes history taking and mental state examination, case presentation, major psychiatric disorders, acute presentations in emergency settings and common consultations, with attention to the clinical aspects rather than theoretical ones, it was also aimed at easing the transition from interns to residents, as they are subjected to different clinical situations, including in-patient rounds, psychosomatic rounds, out-patient new, follow up clinics, and On-calls as attachment to the first on call. Then, this course was applied nationally in all training centers.

Objectives:

- To provide residents with basic understanding of psychiatry, focusing on clinical skills and knowledge needed to practice safely and appropriately at their level.

- To help residents get accustomed to their new roles and responsibilities as psychiatry residents, by introducing them to different clinical settings where they can observe what they should be doing during their residency.
- To help in residents' transition from being an Intern to a resident.

Requirements:

- One consultant or senior psychiatrist per 2 residents.
- Various psychiatric services in the center (minimum OPD, psychosomatic, and on calls).

Methods:

Each week is a block focusing on a certain part of psychiatry, done in the following form:

- Topic discussion sessions.
- Case presentation and discussion.
- Short lectures.
- Attendance as an observer to In-patient consultant rounds, psychosomatic rounds, outpatient new patient clinics, outpatient follow up clinics, and on-calls.

Topics and sessions:

1St Week:

- Introduction to psychiatry residency (rights, duties, ethics, professionalism, expectations, and responsibilities)
- Introduction to Inpatient and Outpatient psychiatry (workflow, load, expectations, duties, and responsibilities).
- Introduction to Emergency and Consultation psychiatry (workflow, load, expectations, duties, and responsibilities).
- Introduction to important psychological concepts (Ego psychology, defense mechanisms, developmental theories...etc).

2nd Week:

- History taking and Mental State Examination (Introduction, how to, skills...etc.).
- Case presentation (how to, different clinical situations, what to focus on...etc.).
- Documentation. (New patient, follow up, ER consultation, ward consultation, admission, handover...etc.).
- General Case presentation practice (each resident is required to present an actual clinical case they have interviewed).

3rd Week:

- Mood disorders (symptoms, how to ask, what to look for...etc.).
- Management of Mood disorders (Investigations, diagnosis, treatment options,
- psychotherapy, ECT, admission vs outpatient, safety issues...etc.).
- Psychopharmacology. (general guidelines, Antidepressants, mood stabilizers, augmentation options...etc.).
- Mood disorder Case presentation practice (each resident is required to present an actual clinical case they have interviewed).

4th Week:

- Psychotic disorders (definitions, symptoms, how to ask, what to look for...etc.).
- Management of psychotic disorders. (Investigations, diagnosis, treatment options, psychotherapy, admission vs outpatient, safety issues ...etc.).
- Psychopharmacology of Anti-Psychotics (Guidelines, treatment options, Clozapine, LAI,
- Psychosis Case presentation practice (each resident is required to present an actual clinical case they have interviewed).
- OSCE and two-way Feedback.

Throughout the month residents are assigned to available clinical sessions covering In- patient consultant rounds, psychosomatic rounds, outpatient new patient clinics, outpatient follow up clinics, and on-calls, so that each resident has been to each possible type at least once.

Monitoring and Evaluation:

- Done throughout the course by the main trainer of each specific trainee, and at the end of the month.
- OSCE results are taken into consideration in evaluation of the resident without having a pass or fail grade.
- To be made as an oral discussion with the examiner with a scripted case and specific marking for each required item, covering major topics (psychosis, depression, mania, and delirium), each resident chooses two stations out of four randomly, with 15 minutes for each.
- Feedback is taken from assigned clinical duties throughout the month.
- Trainer's evaluation.

Thanks to Proposal Owners:

- Psychiatry department KSUMC, Dr.Hatem AlShahwan, Dr.Abdullah AlDaoud, Dr.Nawaf AlMalki.

Psychiatric Trainees Mentorship Program of Scientific Council of psychiatry at Saudi Commission for Health Specialties

Mentorship	Relationship between an experienced person (mentor) and a less experienced person (mentee)
The goal	Offer guidance and optimally supporting trainees' professional careers as well as their personal development.
The targets	Junior and senior psychiatric residents and fellows
Aim	• To address problems and dilemmas in a risk-free environment. • Exploring real problems during mentoring programs. • Identifying actions and ways of addressing and resolving real problems. • Seeing another person's point of view, and the ability to challenge one-sided views. • Gain confidence and job satisfaction. • Improve their working relationships. • Enhance their problem-solving ability. • Increase their sense of collegiality. • Assist them in their career choice.
Application	• The process is facilitated by the psychiatric Resident Education Subcommittee. • Trainees are invited to apply for the program by October 01(or even before that, after the acceptance to join the fellowship program). • Based on their interest and location, applicants will be matched with a mentor from the psychiatric mentorship database. • Mentor/mentee pairs will be notified of the match by October 30.

	• At the end of the year, mentors and mentees will be asked to complete a follow-up survey and good mentors will be acknowledged during the annual end year meeting.
Mentorship Process	• Mentees freely choose their issues • Mentors help in facilitation without influence • Both agree on issues • Both agree on meeting schedules and format • Allow the mentee to set the agenda, while maintaining the ability to question or challenge as equals. • Allow the mentees to come up with their own solutions to their concerns; solutions should not come from the mentor directly. • Focus on what the mentee wants and whether there are actual or perceived blocks to this. • Encourage the mentee to make changes happen to allow personal progress. • Encourage the mentee to verbalize an issue in order to support self- • understanding. • Encourage the mentee to verbalize their action or intention to help them feel committed to it. • Use reflective practice and discuss with other mentors to improve your mentoring abilities.
Types of mentor	• General mentor. • Specific mentor with specific feature e.g. psychotherapy, research. • Mentor can be (consultant, senior registrar, senior resident).

Characteristic of mentors	• The mentor does not replace clinical supervision • Altruistic or acting in the best interests of the mentee • Honest Trustworthy • Have substantial mentorship experience • Have professional experience • Have access to networks • Be accessible • Be an active listener
Characteristics of mentees	• Be open to feedback • Be active listeners • Be respectful of mentors' input and time • Be responsible for driving the relationship • Pay attention • Prepare for meetings and be punctual
Administrative	• The Joint /Training Committee is responsible of supervising and governing the mentorship program. • The committee make data base for mentors. • Concerns and complains will be raised to the program director from mentors and mentees. • Mentors are privileged to choose their mentees at the beginning of their training. • The program will run for at least 4 years throughout the mentee training period until he become certified in psycahitry.

Suggestion for Mentorship Meetings Structure during a year

Meeting 1	Meeting 2	Meeting 3	Meeting 4
Get acquainted.			
Mentor to discuss what he/she does and why they chose psychiatry	Check in on how things have been going so far in training in general.	Check on how things have been going so far in training in general.	Reflect on how the training year went.
Discuss the trainee's interest in psychiatry.	Follow up on the topic decided at Meeting 1.	Follow up on the topic decided at Meetings 1 and 2.	Prepare for transition to next year of training, pursuing or not the field of psychiatry.
Identify 1-3 topics for the next few sessions; plan what the mentee will prepare for the next session.	Decide the topic for Meeting 3.		Discuss ways to explore psychiatry in the future (e.g., fellowship, annual meeting).

Saudi Board of Psychiatry Residents Academic Activities 2021-2022

Year 1 (R1) Lectures

Date	Lecture
16/12/2021	History taking & Mental State Examination
23/12/2021	Saudi Mental Health Act
30/12/2021	Case Summary & Formulation
06/01/2022	The Interview Techniques
13/01/2022	Psychopathology
20/01/2022	Psychological and Neuropsychological Testing

Date	Lecture
27/01/2022	CanMEDS Roles
03/02/2022	Psychiatry Genetics
10/02/2022	Research Basics
17/02/2022	Psychiatry Emergency: (Suicide & Self-harm)
23/12/2021	Psychiatry Emergency: (Aggression & Violence)
03/03/2022	Schizophrenia (Introduction, Biopsychosocial Basis, Clinical Features, Diagnosis, & Management)
10/03/2022	Other Psychotic Disorders
17/03/2022	Psychopharmacology: Antipsychotics
24/03/2022	Bipolar Disorders (Introduction, Biopsychosocial Basis, Clinical Features, Diagnosis, & Management)
31/03/2022	Psychopharmacology: Mood Stabilizers
12/05/2022	Depressive Disorders (Introduction, Biopsychosocial Basis, Clinical Features Diagnosis, & Management)
19/05/2022	Psychopharmacology: Antidepressants
26/05/2022	Psychotherapy: CBT for Depression
02/06/2022	Psychotherapy: Interpersonal Psychotherapy (IPT)
09/06/2022	Anxiety Disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
16/06/2022	Psychotherapy: CBT for Anxiety
23/06/2022	Obsessive-Compulsive & Related disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
30/06/2022	Neurostimulation Therapy Course
21/07/2022	Trauma & Stressor-Related disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
28/07/2022	Somatic Symptom and Related Disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)

Year 2 (R2) Lectures

Date	Lecture
16/12/2021	Substance-Related and Addictive Disorders (Assessment, and Interventions)
23/12/2021	Substance-Related and Addictive Disorders (Cannabis, Opioids)
30/12/2021	Substance-Related and Addictive Disorders (Alcohol, Benzodiazepines)
06/01/2022	Substance-Related and Addictive Disorders (Stimulants, Hallucinogens)
13/01/2022	Substance-Related and Addictive Disorders (Other addictive disorders)
20/01/2022	Psychotherapy: Motivational Interviewing
27/01/2022	CanMEDS Roles
03/02/2022	Psychiatry Genetics
10/02/2022	Research Basics
17/02/2022	Personality Disorders 1
24/02/2022	Personality Disorders 2
03/03/2022	Psychotherapy: Dialectical Behavioral Therapy (DPT)
10/03/2022	Introduction to psychoanalysis: (Main concepts; unconscious mind, transference and countertransference)
17/03/2022	Introduction to psychoanalysis: (Different schools of psychoanalysis)
24/03/2022	Introduction to psychoanalysis: (Classical Freudian theories and Dream interpretations)
31/03/2022	Introduction to psychoanalysis: (Therapeutic relationship-psychoanalytic implications)

Date	Lecture
12/05/2022	Depressive Disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
19/05/2022	Psychopharmacology: Antidepressants
26/05/2022	Psychotherapy: CBT for Depression
02/06/2022	Psychotherapy: Interpersonal Psychotherapy (IPT)
09/06/2022	Anxiety Disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
16/06/2022	Psychotherapy: CBT for Anxiety
23/06/2022	Obsessive-Compulsive & Related disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management
30/06/2022	Neurostimulation Therapy Course
21/07/2022	Trauma- and Stressor-Related disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)
28/07/2022	Somatic Symptom and Related Disorders (Introduction, Biopsychosocial Basis, Diagnosis, & Management)

Year 3 (R3) Lectures (Track 1: Psychosomatic-Child)

Date	Lecture
16/12/2021	Life-threatening Conditions in Psychiatry
23/12/2021	Capacity Assessment
30/12/2021	Delirium
06/01/2022	Psycho-oncology
13/01/2022	Psychiatry Aspects of Organ Transplantation
20/01/2022	Psychiatric Aspects of Seizure and Stroke
27/01/2022	Psychiatric Aspects of MS & Parkinson Disease
03/02/2022	Psychiatric Manifestations of Traumatic Brain Disorder
10/02/2022	Psychopharmacology in the Medically ill patients 1

Date	Lecture
17/02/2022	Psychopharmacology in the Medically ill patients 2
24/02/2022	Psychotherapy: Acceptance and commitment therapy (ACT)
03/03/2022	Developmental psychopathology & Assessment in child and adolescent psychiatry
10/03/2022	Intellectual Disability (Intellectual Developmental Disorder)
17/03/2022	Autism Spectrum Disorder
24/03/2022	Attention-Deficit/Hyperactivity Disorder
31/03/2022	Communication & Learning Disorders
12/05/2022	Mood & Anxiety Disorders in Children & Adolescents
19/05/2022	Trauma-related & OCD & Tic Disorders in Children & Adolescents
26/05/2022	Psychotherapy: CBT in Children
02/06/2022	Psychotherapy: Family Therapy
09/06/2022	Late life Psychiatric Disorders
16/06/2022	Neurocognitive Disorders
23/06/2022	Sleep Disorders
30/06/2022	Neurostimulation Therapy Course
21/07/2022	Eating Disorders
27/07/2022	Sexual Disorders

Year 3 (R3) Lectures (Track 2: Child- Psychosomatic)

Date	Lecture
16/12/2021	Developmental psychopathology & Assessment in child and adolescent psychiatry
23/12/2021	Intellectual Disability (Intellectual Developmental Disorder)
30/12/2021	Autism Spectrum Disorder

Date	Lecture
06/01/2022	Attention-Deficit/Hyperactivity Disorder
13/01/2022	Communication & Learning Disorders
20/01/2022	Mood & Anxiety Disorders in Children & Adolescents
27/01/2022	Trauma-related & OCD & Tic Disorders in Children & Adolescents
03/02/2022	Psychotherapy: CBT in Children
10/02/2022	Psychopharmacology in the Medically ill patients 1
17/02/2022	Psychopharmacology in the Medically ill patients 2
24/02/2022	Psychotherapy: Acceptance and commitment therapy (ACT)
03/03/2022	Life-threatening Conditions in Psychiatry
10/03/2022	Capacity Assessment
17/03/2022	Delirium
24/03/2022	Psycho-oncology
31/03/2022	Psychiatry Aspects of Organ Transplantation
12/05/2022	Psychiatric Aspects of Seizure and Stroke
19/05/2022	Psychiatric Aspects of MS & Parkinson Disease
26/05/2022	Psychiatric Manifestations of Traumatic Brain Disorder
02/06/2022	Psychotherapy: Family Therapy
09/06/2022	Late life Psychiatric Disorders
16/06/2022	Sexual Disorders
23/06/2022	Sleep Disorder

Date	Lecture
30/06/2022	Neurostimulation Therapy Course
21/07/2022	Eating Disorders

Year 4 (R4) Lectures

Date	Lecture
16/12/2021	Management of Resistant Depression
23/12/2021	Management of Resistant Schizophrenia
30/12/2021	Psychopharmacology: Intensive Review of Psychopharmacology
06/01/2022	Psychotherapy: Brief Bedside psychotherapy
13/01/2022	Forensic Psychiatry
20/01/2022	Perinatal Psychiatry
27/01/2022	Geriatric Psychiatry
03/02/2022	Psychiatry Leadership
10/02/2022	Psychiatry & the Media
17/02/2022	First Episode Psychosis
24/02/2022	Health Advocacy
03/03/2022	Community & Rehabilitation Psychiatry
10/03/2022	Military & Disaster Psychiatry
17/03/2022	Neuropsychiatry

Promotion Criteria, psychiatry residency program, updated 2021-2022*

*These promotion criteria are subjected to changes annually

Promotion Criterion	Conduct	Skills (a)	Skills (b)	Knowledge
R1	ITERs	Pass 4 or more MOs	Logbook	Written Exam (or Part-1)
R2	ITERs	Pass 3 or more MOs + LCCE	Logbook	Written Exam (or Part-1 if not passed in R1. Must pass Part-1 in junior years) plus PRITE exam
R3	ITERs	Pass 4 or more MOs	Logbook	Written Exam plus PRITE exam
R4 (FITER)	ITERs	Pass 2 out of 4 LCCEs attempts.	Logbook	One or more of the following: - Peer-reviewed published manuscript on a psychiatric topic (anytime during residency) - Preparation of a 10 page double-spaced literature review on a specific topic during R4 supervised by a trainer assigned by the training committee (publication not required) - Two presentations to hospital grand rounds (50+ attendees) during R4 year - Two conference abstracts (oral presentations or posters) during senior years * Also, plus PRITE exam.

• Written exam: Same written exam for R1, R2, R3, utilizing different correction factors.
• PRITE (international, annual Psychiatry Resident-In-Training Examination): Same written exam for R2, R3, R4. There is no pass/fail. It will be utilized for feedback purpose
• Logbook: There will be a set of required training activities prepared in advance for each specific rotation. Then, logbook will be filled up for theses training activities after each rotation.
• ITER = In-Training Evaluation Report: The end-of-rotation evaluation of resident performance.
• MO = Mock oral exam: An assessment of a new patient under the direct observation of the supervisor of the rotation or other consultant. MOs should be done on adult general psychiatric patients for R1s, and may also include adult addiction or geriatric patients for R2s if necessary. R3s should have 2 outpatient psychosomatic patients and 2 outpatient child or adolescent patients.
• LCCE = Long-Case Clinical Examination - An organized assessment under the observation of two consultants not involved in current rotation.
• FITER = Final In-Training Evaluation Report: End-of-residency-training evaluation that includes summary of performance throughout residency and a determination of eligibility for final board examinations.

Monthly Logbook

Week	No. of New Patients seen under consultant's supervision	No. of inpatient admissions done	No. of inpatients/ outpatients followed	No. of on call duties (4pm to 8am or weekend)	No. of inpatient CL consultations	Psychotherapy patients	Societal, advocacy and volunteering activities	Academic /research activities
1								
2								
3								
4								
(5)								

Supervisor's Evaluation of Month's Logbook

Score	Clinical Cases	Psychotherapy Case (if any)	Societal Activities (if any)	Academic Activities (if any)
0 - 49.4 (Clear Fail)	☐	☐	☐	☐
49.5 - 59.4 (Borderline Fail)	☐	☐	☐	☐
59.5 - 69.4 (Borderline Pass)	☐	☐	☐	☐
69.5 - 79.4 (Clear Pass - Average)	☐	☐	☐	☐
79.5 - 100 (Clear Pass - Above Average)	☐	☐	☐	☐

Detailed logbook for each specific rotation

Psychiatry resident logbook – Inpatient rotation R1

Resident Name: Training level: R1

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a comprehensive psychiatric assessment of a newly admitted patient -1			
2.	Perform a comprehensive psychiatric assessment of a newly admitted patient -2			
3.	Perform a comprehensive psychiatric assessment of a newly admitted patient -3			
4.	Perform a comprehensive psychiatric assessment of a newly admitted patient -4			
5.	Perform a comprehensive psychiatric assessment of a newly admitted patient -5			
6.	Perform a comprehensive psychiatric assessment of a newly admitted patient -6			
7.	Perform a comprehensive psychiatric assessment of a newly admitted patient -7			
8.	Perform a comprehensive psychiatric assessment of a newly admitted patient -8			
9.	Perform a comprehensive psychiatric assessment of a newly admitted patient -9			

	Task	Date	Supervisor name	Signature
10	Perform a comprehensive psychiatric assessment of a newly admitted patient -10			
11	Perform a comprehensive psychiatric assessment of a newly admitted patient -11			
12	Perform a comprehensive psychiatric assessment of a newly admitted patient -12			
13	Assess and manage safety-related issues on the inpatient unit (e.g. suicidality, agitation) -1			
14	Assess and manage safety-related issues on the inpatient unit (e.g. suicidality, agitation) -2			
15	Assess and manage safety-related issues on the inpatient unit (e.g. suicidality, agitation) -3			
16	Formulate a comprehensive management plan for an inpatient -1			
17	Formulate a comprehensive management plan for an inpatient -2			
18	Attend and participate in interdisciplinary inpatient rounds - 1			
19	Attend and participate in interdisciplinary inpatient rounds - 2			

	Task	Date	Supervisor name	Signature
20	Attend and participate in interdisciplinary inpatient rounds -3			
21	Present a patient's case in rounds – 1			
22	Present a patient's case in rounds -2			
23	Present a patient's case in rounds -3			
24	Write a comprehensive admission note for a new patient -1			
25	Write a comprehensive admission note for a new patient -2			
26	Write a comprehensive admission note for a new patient -3			
27	Provide family counseling on the inpatient unit -1			
28	Provide family counseling on the inpatient unit -2			
29	Provide a brief psychotherapeutic modality (e.g. supportive therapy or behavioral therapy) to an inpatient -1			
30	Provide a brief psychotherapeutic modality (e.g. supportive therapy or behavioral therapy) to an inpatient -2			
31	Initiate and monitor treatment with an antipsychotic -1			
32	Initiate and monitor treatment with an antipsychotic -2			
33	Initiate and monitor treatment with an antipsychotic -3			

	Task	Date	Supervisor name	Signature
34	Initiate and monitor treatment with Lithium -1			
35	Initiate and monitor treatment with Lithium -2			
36	Initiate and monitor treatment with clozapine -1			
37	Initiate and monitor treatment with clozapine -2			
38	Prepare a patient for ECT treatment -1			
39	Prepare a patient for ECT treatment -2			
40	Participate in ECT treatment for a patient -1			
41	Participate in ECT treatment for a patient -2			
42	Participate in the discharge planning of a patient -1			
43	Participate in the discharge planning of a patient -2			
44	Participate in the discharge planning of a patient -3			
45	Prepare a comprehensive discharge summary -1			
46	Prepare a comprehensive discharge summary -2			
47	Prepare a comprehensive discharge summary -3			

	Task	Date	Supervisor name	Signature
48	Present a scientific literature review on a patient-care related issue during team rounds			

* This logbook covers the entire 6-month duration of the inpatient rotation during R1

Psychiatry resident logbook – Inpatient rotation R2

Resident Name: Training level: R2

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a comprehensive psychiatric assessment of a newly admitted patient of medium-to-high complexity -1			
2.	Perform a comprehensive psychiatric assessment of a newly admitted patient of medium-to-high complexity -2			
3.	Perform a comprehensive psychiatric assessment of a newly admitted patient of medium-to-high complexity -3			
4.	Perform a comprehensive psychiatric assessment of a newly admitted patient of medium-to-high complexity -4			
5.	Formulate and implement a comprehensive management plan for an inpatient with moderately complex care issues -1			
6.	Formulate and implement a comprehensive management plan for an inpatient with moderately complex care issues -2			

	Task	Date	Supervisor name	Signature
7.	Co-lead an interdisciplinary inpatient round with a supervisor -1			
8.	Co-lead an interdisciplinary inpatient round with a supervisor -2			
9.	Co-lead an interdisciplinary inpatient round with a supervisor -3			
10	Provide family counseling on the inpatient unit -1			
11	Provide a brief psychotherapeutic modality (e.g. supportive therapy or behavioral therapy) to an inpatient - 1			
12	Provide a brief psychotherapeutic modality (e.g. supportive therapy or behavioral therapy) to an inpatient - 2			
13	Initiate treatment with long-acting injectable antipsychotic -1			
14	Initiate treatment with long-acting injectable antipsychotic -2			
15	Manage antipsychotic related side effects (EPS, Metabolic effects) -1			
16	Manage antipsychotic related side effects (EPS, Metabolic effects) -2			
17	Initiate and monitor treatment with Lithium -1			
18	Initiate and monitor treatment with clozapine -1			
19	Perform ECT treatment under supervision -1			
20	Perform ECT treatment under supervision -2			
21	Coordinate comprehensive discharge plans for a patient -1			

	Task	Date	Supervisor name	Signature
22	Coordinate comprehensive discharge plans for a patient -2			
23	Present a scientific literature review on a patient-care related issue during team rounds -1			
24	Provide supervision to junior colleagues (e.g. R1, and interns) -1			

* This logbook covers the entire 3-month duration of the inpatient rotation during R2

Psychiatry resident logbook – Inpatient rotation R4

Resident Name: Training level: R4

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a comprehensive psychiatric assessment of a newly admitted patient of high complexity -1			
2.	Perform a comprehensive psychiatric assessment of a newly admitted patient of high complexity -2			
3.	Perform a comprehensive psychiatric assessment of a newly admitted patient of high complexity -3			
4.	Perform a comprehensive psychiatric assessment of a newly admitted patient of high complexity -4			
5.	Formulate and implement a comprehensive management plan for an inpatient with highly complex care issues -1			
6.	Formulate and implement a comprehensive management plan for an inpatient with highly complex care issues -2			
7.	Lead the team response to acute agitation on the inpatient unit -1			

	Task	Date	Supervisor name	Signature
8.	Lead an interdisciplinary inpatient rounds -1			
9.	Lead an interdisciplinary inpatient rounds -2			
10	Lead an interdisciplinary inpatient rounds -3			
11	Provide pharmacological treatment for a patient with treatment-resistant mood disorder -1			
12	Provide pharmacological treatment for a patient with treatment-resistant mood disorder -2			
13	Provide pharmacological treatment for a patient with treatment-resistant psychosis -1			
14	Provide pharmacological treatment for a patient with treatment-resistant psychosis -2			
15	Perform ECT treatment under minimal supervision -1			
16	Perform ECT treatment under minimal supervision -2			
17	Fully organize comprehensive discharge plans for a patient -1			
18	Fully organize comprehensive discharge plans for a patient -2			
19	Present a scientific literature review on a patient-care related issue during team rounds -1			
20	Provide supervision to junior colleagues (e.g. R2, R1, and interns) and other co-workers -1			
21	Provide supervision to junior colleagues (e.g. R2, R1, and interns) and other co-workers -2			
22	Provide supervision to junior colleagues (e.g. R2, R1, and interns) and other co-workers -3			

* This logbook covers the entire 3-month duration of the inpatient rotation during R4

Psychiatry resident logbook – Emergency psychiatry rotation

Resident Name: Training level:

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a psychiatric interview and MSE with a patient with an acute psychiatric disorder-1			
2.	Perform a psychiatric interview and MSE with a patient with an acute psychiatric disorder-2			
3.	Perform a psychiatric interview and MSE with a patient with an acute psychiatric disorder-3			
4.	Perform a psychiatric interview and MSE with a patient with an acute psychiatric disorder-4			
5.	Perform a physical examination including neurological examination -1			
6.	Perform a suicide/homicide risk assessment -1			
7.	Perform a suicide/homicide risk assessment -2			
8.	Formulate a management plan for a suicidal patient -1			
9.	Formulate a management plan for a suicidal patient -2			
10	Perform a psychiatric assessment on patient with agitation-1			
11	Perform a psychiatric assessment on patient with agitation-2			
12	Manage a patient with acute agitation in the ER -1			
13	Manage a patient with acute agitation in the ER -2			
14	Manage a patient with acute agitation in the ER -2			
15	Perform a psychiatric assessment and management on a patient with acute psychosis -1			
16	Perform a psychiatric assessment and management on a patient with acute psychosis -2			

	Task	Date	Supervisor name	Signature
17	Perform a psychiatric assessment and management on a patient with acute mania -1			
18	Perform a psychiatric assessment and management on a patient with acute mania -2			
19	perform a psychiatric assessment and management on patient with depression -1			
20	perform a psychiatric assessment and management on patient with depression -2			
21	perform a psychiatric assessment and management on patient with acute anxiety -1			
22	perform a psychiatric assessment and management on patient with acute anxiety -2			
23	Perform a psychiatric assessment and management on a patient with psychotropic related side effects (e.g. EPS, withdrawal symptoms, NMS, serotonin syndrome) -1			
24	Provide bedside counseling, and crisis intervention in the ER -1			

* This logbook covers the entire one-month duration of the emergency psychiatry rotation

Psychiatry resident logbook – OPD rotation

Resident Name: Training level:

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a full psychiatric assessment for a new patient, under direct supervision -1			
2.	Perform a full psychiatric assessment for a new patient, under direct supervision -2			

	Task	Date	Supervisor name	Signature
3.	Perform a full psychiatric assessment for a new patient, under direct supervision -3			
4.	Perform a full psychiatric assessment for a new patient, under direct supervision -4			
5.	Perform a full psychiatric assessment for a new patient, under direct supervision -5			
6.	Perform a full psychiatric assessment for a new patient, under direct supervision -6			
7.	Perform a psychiatric assessment for a patient with depression -1			
8.	Perform a psychiatric assessment for a patient with depression -2			
9.	Perform a psychiatric assessment for a patient with bipolar disorder -1			
10	Perform a psychiatric assessment for a patient with bipolar disorder -2			
11	Perform a psychiatric assessment for a patient with an anxiety disorder -1			
12	Perform a psychiatric assessment for a patient with an anxiety disorder -2			
13	Perform a psychiatric assessment for a patient with a psychotic disorder -1			
14	Perform a psychiatric assessment for a patient with a psychotic disorder -2			
15	Perform a psychiatric assessment for a patient with a personality disorder - 1			
16	Perform a psychiatric assessment for a patient with a personality disorder - 2			

	Task	Date	Supervisor name	Signature
17	Perform a psychiatric assessment for a follow up patient, under direct supervision -1			
18	Perform a psychiatric assessment for a follow up patient, under direct supervision -2			
19	Perform a psychiatric assessment for a follow up patient, under direct supervision -3			
20	Perform a psychiatric assessment for a follow up patient, under direct supervision -4			
21	Perform a psychiatric assessment for a follow up patient, under direct supervision -5			
22	Perform a psychiatric assessment for a follow up patient, under direct supervision -6			
23	Perform a psychiatric assessment for a follow up patient, under direct supervision -7			
24	Perform a psychiatric assessment for a follow up patient, under direct supervision -8			
25	Provide supervised counseling to a patient about a psychiatric disorder -1			
26	Provide supervised counseling to a patient about a psychiatric disorder -2			
27	Provide supervised counseling to a patient about a psychiatric disorder -3			
28	Provide a psychotherapeutic intervention with a patient (e.g. supportive intervention, behavioral interventions) -1			
29	Provide a psychotherapeutic intervention with a patient (e.g. supportive intervention, behavioral interventions) -2			

	Task	Date	Supervisor name	Signature
30	Provide a psychotherapeutic intervention with a patient (e.g. supportive intervention, behavioral interventions) -3			
31	Formulate and implement a Full & comprehensive management plan -1			
32	Formulate and implement a Full & comprehensive management plan -2			
33	Initiate and monitor treatment with an antidepressant -1 (Min of 2 visits)			
34	Initiate and monitor treatment with an antidepressant -2 (Min of 2 visits)			
35	Initiate and monitor treatment with a mood stabilizer -1 (Min of 2 visits)			
36	Initiate and monitor treatment with a mood stabilizer -2 (Min of 2 visits)			
37	Initiate and monitor treatment with an antipsychotic -1 (Min of 2 visits)			
38	Initiate and monitor treatment with an antipsychotic -2 (Min of 2 visits)			
39	Critical appraisal of one article -1			
40	Mini-CEX -1			
41	Mini-CEX -2			
42	Mini-CEX -3			

* This logbook covers the entire 6 months duration of the OPD rotation

** Mini-CEX can be performed to assess different specific clinical tasks such:

- Focused clinical interview

- Mental status examination
- Providing counseling for a patient
- Discussion of the deferential diagnosis of a patient
- Discussion of the management plan of a patient

Psychiatry resident logbook – Addiction Psychiatry

Resident Name: Training level:

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Obtain a psychiatric history from a patient presenting with substance use disorder. (Adult male)			
2.	Obtain a psychiatric history from a patient presenting with substance use disorder. (Adult female)			
3.	Obtain a psychiatric history from a patient presenting with substance use disorder. Child case Age less than 18			
4.	Assess and diagnose a patient with Alcohol/sedative intoxication			
5.	Participate in the management of a patient with Alcohol/sedative intoxication			
6.	Assess and diagnose a patient with Alcohol/sedative use disorder withdrawal			
7.	Participate in the management of a patient with Alcohol/sedative use disorder withdrawal			
8.	Assess and diagnose a patient with Opiate withdrawal			
9.	Participate in the management of a patient with Opiate withdrawal			
10	Assess and diagnose a patient with Opiate use disorder intoxication			

	Task	Date	Supervisor name	Signature
11	Participate in the management of a patient with Opiate use disorder intoxication			
12	Assess, diagnose and participate in the management of a patient with cannabis use disorder			
13	Assess, diagnose and participate in the management of a patient with stimulant use disorder			
14	Assess, diagnose and participate in the management of a patient with substance induce mood disorder			
15	Assess, diagnose and participate in the management of a patient with substance induce psychotic disorder			
16	Assess, diagnose and participate in the management of a patient with substance sue disorder and other psychiatric comorbidity (Dual diagnosis) case #1			
17	Assess, diagnose and participate in the management of a patient with substance use disorder and other psychiatric comorbidity (Dual diagnosis) case #2			
18	Participate in group psychotherapy			
19	Provide counselling for a family			
20	Explain basic principles of non- pharmacological treatment modalities for addictive disorder to a patient			
21	Follow up a patient in the outpatient clinic for relapse prevention (minimum 2 visit)			
22	Assess, diagnose and participate in the management of a patient with substance use disorder in the outpatient setting case #1			

	Task	Date	Supervisor name	Signature
23	Assess, diagnose and participate in the management of a patient with substance use disorder in the outpatient setting case #2			
24	Assess, diagnose and participate in the management of a patient with substance use disorder in the outpatient setting case #3			
25	Assess, diagnose and participate in the management of a patient with substance use disorder in the outpatient setting case #4			

* This logbook covers the entire 3-month duration of Addiction psychiatry rotation

Psychiatry resident logbook – Psychosomatic rotation

Resident Name: Training level:

Rotation Dates:

	Task	Date	Supervisor name	Signature
1.	Perform a psychiatric assessment on a patient with delirium -1			
2.	Perform a psychiatric assessment on a patient with delirium -2			
3.	Perform a psychiatric assessment on a patient with delirium -3			
4.	Perform a psychiatric assessment on a patient with delirium -4			
5.	Perform a psychiatric assessment on a patient with delirium -5			
6.	Initiate pharmacological intervention for Delirium -1			
7.	Initiate pharmacological intervention for Delirium -2			
8.	Initiate pharmacological intervention for Delirium -3			

	Task	Date	Supervisor name	Signature
9.	Initiate non pharmacological intervention for Delirium -1			
10	Initiate non pharmacological intervention for Delirium -2			
11	Perform a psychiatric assessment on a medically ill patient with depression -1			
12	Perform a psychiatric assessment on a medically ill patient with depression -2			
13	Perform a psychiatric assessment on a medically ill patient with depression -3			
14	Initiate pharmacological treatment for depression in medically ill patient -1			
15	Initiate pharmacological treatment for depression in medically ill patient -2			
16	Initiate pharmacological treatment for depression in medically ill patient -3			
17	Perform a psychiatric assessment on a medically ill patient with anxiety -1			
18	Perform a psychiatric assessment on a medically ill patient with Anxiety -2			
19	Perform a psychiatric assessment on a medically ill patient with Anxiety -3			
20	Initiate pharmacological treatment for Anxiety in medically ill patient - 1			
21	Initiate pharmacological treatment for Anxiety in medically ill patient - 2			
22	Initiate pharmacological treatment for Anxiety in medically ill patient - 3			
23	Perform a psychiatric assessment on a patient with Adjustment disorder -1			
24	Perform a psychiatric assessment on a patient with Adjustment disorder -2			

	Task	Date	Supervisor name	Signature
25	Perform a psychiatric assessment on a patient with psychological factors affecting other medical conditions -1			
26	Perform A pre-transplant psychiatric assessment -1			
27	Perform A pre-bariatric surgery psychiatric assessment -1			
28	Perform a psychiatric assessment and management of a patient with severe mental illness in medical setting -1			
29	Perform a psychiatric assessment and management of a patient with Acute agitation in medical setting - 1			
30	Perform a psychiatric assessment and management of a patient with Acute agitation in medical setting - 2			
31	Perform a capacity assessment -1			
32	Perform Cognitive assessment (MMSE) -1			
33	Perform Cognitive assessment (MoCA) -2			
34	Perform a suicide risk assessment in a medical setting -1			
35	Perform a psychiatric assessment and management on a patient with substance withdrawal -1			
36	Perform a psychiatric assessment and management on a patient with adverse effect of psychotropic medications (e.g. NMS ,Serotonin syndrome , discontinuation syndrome -1			
37	Perform a psychiatric assessment on a patient with somatization disorder -1			
38	Provide a Bedside psychotherapy in medically ill patient -1			

Task		Date	Supervisor name	Signature
39	Participate in teaching of junior staff in Psychosomatic team or other healthcare providers -1			
40	Participate in a multidisciplinary team meeting-1			

* This logbook covers the entire 6-month duration of the psychosomatic rotation

** In the case of tasks #26 & #27, the resident may write N/A if any of these services was not available at the centers where he/she did the rotation

Psychiatry resident logbook – Child & adolescent psychiatry rotation

Resident Name: Training level:

Rotation Dates:

Task		Date	Supervisor name	Signature
1.	Establish a therapeutic relationship with a child -1			
2.	Establish a therapeutic relationship with a child -2			
3.	Perform a developmental history -1			
4.	Perform a developmental history -2			
5.	Perform a developmental history -3			
6.	Perform a psychiatric assessment on a child with ADHD -1			
7.	Perform a psychiatric assessment on a child with ADHD -2			
8.	Perform a psychiatric assessment on a child with ADHD -3			
9.	Perform a psychiatric assessment on a child with ADHD -4			
10	Perform a psychiatric assessment on a child with ADHD -5			
11	Perform a psychiatric assessment on a child with ASD -1			

	Task	Date	Supervisor name	Signature
12	Perform a psychiatric assessment on a child with ASD -2			
13	Perform a psychiatric assessment on a child with ASD -3			
14	Perform a psychiatric assessment on a child with intellectual disability -1			
15	Perform a psychiatric assessment on a child with intellectual disability -2			
16	Perform a psychiatric assessment on a child with tics -1			
17	Perform a psychiatric assessment on a child with a mood disorder - 1			
18	Perform a psychiatric assessment on a child with a mood disorder - 2			
19	Perform a psychiatric assessment on a child with a mood disorder - 3			
20	Perform a psychiatric assessment on a child with an anxiety disorder -1			
21	Perform a psychiatric assessment on a child with an anxiety disorder -2			
22	Perform a psychiatric assessment on a child with an anxiety disorder -3			
23	Perform a suicide risk assessment in a youth -1			
24	Perform a suicide risk assessment in a youth -2			
25	Participate in a psychoeducational testing session -1			
26	Participate in a psychoeducational testing session -2			
27	Liaise with other institutions involved in the child's care (e. g school) to obtain for information and advocate for the child -1.			
28	Liaise with other institutions involved in the child's care (e. g. school) to obtain for information and advocate for the child -2			
29	Provide counseling to parents about ADHD-1			

Task		Date	Supervisor name	Signature
30	Provide counseling to parents about ASD -1			
31	Offer parental education about behavioral interventions for ADHD -1			
32	Initiate pharmacological treatment for ADHD -1			
33	Initiate pharmacological treatment for ADHD -2			
34	Initiate pharmacological treatment for ADHD -3			
35	Monitor a child on a stimulant medication -1 (Min of 2 visits)			
36	Monitor a child on a stimulant medication -2 (Min of 2 visits)			
37	Initiate & monitor pharmacological treatment with an antipsychotic for a child -1 (Min of 2 visits)			
38	Initiate & monitor pharmacological treatment with an antipsychotic for a child -2 (Min of 2 visits)			
39	Initiate & monitor pharmacological treatment with an antipsychotic for a child -3 (Min of 2 visits)			
40	Initiate & monitor pharmacological treatment with an antidepressant for a child -1 (Min of 2 visits)			
41	Initiate & monitor pharmacological treatment with an antidepressant for a child -2 (Min of 2 visits)			
42	Initiate & monitor pharmacological treatment with an antidepressant for a child -3 (Min of 2 visits)			

This logbook covers the entire 6-month duration of the child & adolescent rotation

SAUDI BOARD RESIDENCY TRAINING PROGRAM

Psychiatry

Promotion Examination blueprint, 2021-2022

Written Examination Format:

- A written examination shall consist of one paper with not less than 100 MCQs with a single best answer (one correct answer out of four options).
- The examination shall contain type K2 questions (interpretation, analysis, reasoning and decision making) and type K1 questions (recall and comprehension).
- The examination shall include basic concepts and clinical topics relevant to the specialty.
- Clinical presentation questions include history, clinical finding and patient approach. Diagnosis and investigation questions; include the possible diagnosis and diagnostic methods. Management questions; including treatment and clinical management, either therapeutic or non-therapeutic, and complications of management. Materials and Instruments questions; including material properties, usage, and selection of instruments and equipment used. Health maintenance questions; include health promotion, disease prevention, risk factors assessment, and prognosis.

Passing Score for Promotion Exam:

The trainee's performance is assessed in each of the evaluation formulas according to the following scoring system:

Score	Less than 50%	50% – 59.4%	60% - 69.4%	More than 70%
Description	Clear Fail	Borderline Fail	Borderline Pass	Clear Pass

1. To upgrade the trainee from a training level to the next level, She/he must obtain at least a Borderline Pass in each evaluation form.
2. The program director may recommend to the local supervision committee to request the promotion of the trainee who did not meet the previous promotion requirement according to the following:
   A. In case that the trainee gets a borderline Fail result in one of the evaluation forms, the remaining evaluation forms must be passed with Clear Pass in at least one of them.
   B. In case that the trainee gets a borderline Fail result in two of the evaluation forms to a maximum, provided they do not fall under the same theme (Knowledge, Attitude, Skills). The remaining evaluation forms must be passed with Clear Pass in at least two of them.
   C. The promotion must be approved in this case by the scientific council for the specialization.

Blueprint Outlines

No.	R1,2,3 Section	Proportion%
1	Basic Sciences[1]	5
2	Basic Psychopharmacology/Physical Therapy (ECT and Others)	7
3	Essential Topics in Psychiatry[2]	5
4	Schizophrenia Spectrum & other Psychotic Disorders	7
5	Anxiety Disorders/Obsessive Compulsive & related Disorders/Trauma & Stress related Disorders	7
6	Depressive Disorders/Bipolar & related Disorders	7
7	Substance-related & Addictive Disorders	5

No.	R1,2,3 Section	Proportion%
8	Personality Disorders	5
9	Psychosomatic Medicine (Consultation-Liaison Psychiatry)[3]	9
10	Psychotherapy	8
11	Descriptive Psychopathology	5
12	Patient Evaluation	5
13	Emergency Psychiatry	5
14	Child and Adolescence Psychiatry	9
15	Other psychiatric disorders[4]	11
Total		100

1 **Basic Sciences:**

Includes Neurosciences, Basic Psychology, Psychosocial Sciences etc.

2 **Essential Topics in Psychiatry:**

Includes Genetics, Epidemiology, Classification in Psychiatry, Ethics in Mental Health

3 **Psychosomatic Medicine:**

(Consultation-Liaison Psychiatry): includes Neurocognitive Disorders, Somatic Symptoms & Related Disorders etc.

4 **Other psychiatric disorders:**

Include Sexual Dysfunctions, Eating Disorders, Sleep-Wake Disorders, Geriatric Psychiatry, Dissociative Disorder, Cross Cultural Psychiatry, Disorders specific to Women, Forensic Psychiatry, etc.

Note:

Blueprint distributions of the examination may differ up to +/-3% in each category.

Suggested References:

A) General:

1. Benjamin J. Sadock and Virginia A. Sadock, May 16, 2014. Kaplan and Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry
2. Philip Cowen, Paul Harrison and Tom Burns, Oct 12, 2012. Shorter Oxford Textbook of Psychiatry
3. Gelder, Michael, Andreasen, Nancy and Lopez-ibor, 2009. New Oxford Textbook of Psychiatry, 2nd edition
4. American Psychiatric Association, May 27, 2013. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition: DSM-5

B) Psychotherapy:

1. Glen O. Gabbard published by American Psychiatric Publishing, Inc., 2008. Textbook of Psychotherapeutic Treatments in Psychiatry, 1st Edition
2. Suzanne Bender MD and Edward Messner MD, Nov 19, 2003. Becoming a Therapist: What Do I Say, and Why?
3. by Jesse H. Wright, Monica Ramirez Basco and Michael E., Oct 2005. Thase Learning Cognitive-Behavior Therapy: An Illustrated Guide

C) Subspecialties:

1. James J. Amos and Robert G. Robinson, Jun 28, 2010. Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry
2. Fred R. Volkmar and Andrés Martin, Jun 14, 2011. Essentials of Lewis's Child and Adolescent Psychiatry (Essentials Of... (Lippincott Williams & Wilkins))
3. Marc Galanter & Herbert D. Kleber, The American Psychiatric Publishing Textbook of Substance Abuse Treatment (American Psychiatric Press Textbook of Substance Abuse Treatment), 4th edition.

Crash Courses:

Outline of each course including suggested reading references given by the provider.

Note:

This list is intended for use as a study aid only. SCFHS does not intend the list to imply endorsement of these specific references, nor are the exam questions necessarily taken solely from these sources.

Example Questions

EXAMPLE OF K1 QUESTIONS

Question 1

A psychiatrist is conducting an interview with a patient who has schizophrenia. During the psychiatric interview, the patient responded to the psychiatrist questions with short answers.

What is the term that is used to describe the lack of additional content of speech due to mental illness?

A. Avolition
B. Asociality
C. Abulia
D. Alogia

EXAMPLE OF K2 QUESTIONS

Question 1

An 18-year-old male patient with periods of excessive sleepiness that last for three weeks then subside with normal sleep. The mother reported overeating, self-isolation, irritability, and frequent masturbation during these periods. On examination, he is morbidly obese.

What is the most likely diagnosis?

A. Primary Hypersomnia
B. Narcolepsy
C. Delayed Sleep Phase Disorder
D. Kleine-Levin syndrome

Long-Case Clinical Examination (LCCE) and Mock Oral Examination (MOE)

Marking Sheet

Candidate's Name: .....

Registration Number: .....

Date: ..... Time: .....

Center: .....

Examiners Instructions:

Please....

- Inform the candidate that the interview component of the examination is typically 50 minutes followed by a 10-minute preparation period. The candidate may end the interview sooner than 50 minutes, but that will not change the duration of the preparation period. The candidate may take up more than 50 minutes for the interview up to a maximum of 60 minutes, and any additional time taken beyond the 50-minutes limit shall be deducted from the preparation period.
- Inform the candidate 5 minutes before the end of the interview (at 45 minutes).
- Leave the interview room during the 10 minutes preparation period.
- Use a pen in marking the candidate's performance.
- Fill sections 1 & 2 during the 10 minutes preparation period.
- Mark each component independently apart from the general candidate performance.
- Make sure you mark all components.
- Inform the candidate 2 minutes before the end of the time given for presentation (at 8 minutes).
- For MOEs: The discussion component of the exam should last 20 minutes.

- For LCCEs: The discussion component of the exam should last 25 minutes. Divide the time provided equally between the 2 examiners (12.5 minutes each).
- For LCCEs: Complete your marking sheet independently (No discussion between the examiners).
- Calculate scores only for MOEs. For LCCEs: Hand the score sheets *without*
- calculating subtotals or totals for subsections to the examination organizers.
- Sign your name at the end of marking an MOE. Only enter your code# at the end of marking a LCCE.

PART I

	Interview Techniques and Process (30% of Total)						
	Components	Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments
1.	Introduction (Self & Examiners to the patient)					
2.	Explanation of the interview process					
3.	Explanation of confidentiality and its limits					
4.	Early establishment of good rapport with the patient					
5.	Maintaining rapport and establishing therapeutic Alliance					
6.	Maintaining professional boundaries					

	Interview Techniques and Process (30% of Total)						
	Components	Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments	
7.	Using Facilitating and Expanding Interventions and enabling the emergence of patient's narrative						
8.	Using variety of question Types						
9.	Clarification of (details, unusual replies, inconsistencies)						
10.	Following leads/cues						
11.	Active listening (eye contact, body gesture)						
12.	Responding appropriately to Patient's emotions (Empathy)						
13.	Using Transitions						
14.	Control of the interview						
15.	Appropriate closing of the interview						
16.	Organization						
17.	Time management						
	Subtotal:...../68	Part I (Subtotal x 0.442(= X 0.442= ..... (*No Fractions*)					

PART II

	Interview Content (25% of Total)						
	Components		Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments
1.	Identification Data						
2.	Chief Complaints						
3.	Premorbid State						
4.		Illness Onset					
5.		Symptoms					
6.	History of present	Course of the episode					
		Current/Recent					
7.	Illness (HPI)	Therapeutic					
		Interventions					
8.		Comorbidity Screening					
9.		Stressors					
10		Substances					
1	Review of Systems						
2	Past Psychiatric History						
13	Past Medical History						
4	Medications						
5	Family Psychiatric History						
6	*Safety / Risk Assessment						
7	**Personal/Social History						

	Interview Content (25% of Total)					
	Components	Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments
	Including the following (*when relevant*): - Growth and Childhood - Family Members - Abuse, trauma and loss - Academic & Work History					
	- Social network & Relationships - Personal strengths and					
	Subtotal: ...../80	Part II (Subtotal x 0.313(= .....x 0.313 = (*No Fractions*)				

PART III

	Presentation (20% of Total)						
	Components		Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments
1.	History	Clear					
2.		Organized & Systemic					
3.		Accurate					
4.		Included relevant positive and negative symptoms					

	Presentation (20% of Total)						
	Components		Unsatisfactory (1)	Marginal (2)	Satisfactory (3)	Outstanding (4)	Comments
5.	* Realized components that were not covered during interview (In case there are no missing components, give an outstanding mark)						
6.	Mental Status Examination (MSE): Conducted a formal MSE and covered relevant content areas						
7.		Listed provisional Dx and DD (Top to the Bottom)					
8.	Differential Diagnosis (DD)	Explained the process of clarifying Dx and defended listed Dx in a thoughtful and balanced manner					
	Subtotal:...../48		Part III (Subtotal x 0.417(= .....X 0.417 = (*No Fractions*)				

PART IV

	Management Plan (Bio-Psycho-Social) and Prognosis (25% of Total)					
	Components	Unsatisfactory (1)	Margina (2)	Satisfactory (3)	Outstanding (4)	Comments
1.	Provided realistic comprehensive treatment plan covering short- and long-term goals					
2.	Addressed Safety Issues					
3.	Able to recommend and defend prescription of * Pharmacotherapy * Psychotherapy * Social intervention * Further referrals					
4.	Prognosis (Must be asked about and candidate is scored on ability to provide and defend a reasonable answer					
	Subtotal:...../16	Part IV = (Subtotal x 1.563(= ..... X 1.563 (*No Fractions*)				

Estimated score: Please indicate the overall score you would give this candidate, independently from the scoring system above:

_____Out of 100

Calculated scores:

1	2	3	4	
Interview Technique and Process (out of 30)	Interview Content (out of 25)	Presentation (out of 20)	Management Plan and Prognosis (out of 25)	Total (out of 100)

Major (critical) errors of Omission or Commission that would:

1) Endanger the patient or others
2) Seriously compromise the relationship with the patient
3) Lead to an incorrect OR inadequate assessment of the patient's problem (e.g. missing a major abnormality on history or examination)

If yes, please comment:

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Please list at least 3 positive observations about the candidate's performance

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Please list at least 3 negative (non-critical(observations about the candidate's performance

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Examiner's Name (MOE(/Exminer's Code#

(LCCE(: _____

Signature (MOE): _____

Scoring of long-Case Clinical Examination (LCCE)

For the LCCE in the fourth year of the training, the following are considered:

1) What is required is to pass two attempts out of four attempts, regardless of the total score. Of course, when the trainee succeeds in two attempts, that is sufficient and he will not be asked to enter another attempt. When he fails in three consecutive attempts, he will not be allowed from entering the fourth attempt.
2) There will adherence to the promotion criteria of SCFHS : what is required is to achieve a score of 60 or more in each of the two attempts to be considered successful (for the same attempt, the average independent

evaluation of the two examiners is calculated for the trainee in this case, and less than 60 as an average is considered a failing). Therefore, It does not recognize the condition of borderline pass; either pass or fail.

3) If one of the two examiners believe that the trainee made a serious mistake during the long case exam:(Major commissions or omissions that may indicate he is unsafe doctor), he shall write this down in details in the marking sheet, and inform the examination committee of that. But he does not have to discuss this with the second examiner himself; Each writes his grade and notes independently of the other. If the examination committee finds that the trainee may pass the average score of the two examiners, then the head of that examination committee or his representative must sit with the two examiners to convince one examiner of the other's opinion; If no conviction is obtained, the examination committee will seek the assistance of that exam committee in order to vote on that, and its opinion will be final and binding.
4) The four clinical exams are held in each center/sector between October 1 and March 30 of each year, with one exam approximately every 6 weeks; This is in order for the trainees to devote themselves to preparing for the final exam, as well as learning the clinical courses in which they train in the R4 year.

Conditions to release trainees from clinical duties

*With regard to the release of trainees on the day prior to the examination or at times other than the time of the usual weekly academic activity; The following should be taken into consideration:

1) In principle, we establish the concept that the trainees are essential members of the medical teams in the training centers, and they can be relied upon, and they are clinically responsible for what concerns their patients throughout the days as much as possible.
2) We aim to reduce the training centers' need for service residents as much

as possible; This will contribute to improving the quality and quantity of training opportunities in the training centers.

3) The residents' right to education and training cannot be minimized, and they should be given enough time for that; But there should also be sufficient advance coordination with the training centers through their program directors.
4) As a rule, the resident should only be released during the usual weekly academic activity times (Thursdays mornings); They are not released otherwise except for the utmost necessity, such as the existence of an educational/training opportunity that can only be achieved by additional release, such as the presence of an important international lecturer in the country, or an important academic activity that has been approved, and is presented in the form of a full day or more.
5) It is mandatory for trainees to attend academic activities, and if these activities are canceled or not arranged for any reason, they are required to attend as usual in their training centers.
6) With regard to exams; Only the oncalls trainees on the night of the exam should be released until they finish it (they will be released from the late afternoon until the end of the exam time the next morning); The non-oncall trainees are only released on the morning of the examination day and then return to their training centers after the end of the examination.