

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



الهيئة السعودية للتخصصات الصحية Saudi Commission for Health Specialties

SAUDI BOARD

PSYCHIATRY CURRICULUM

2015

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TABLE OF CONTENTS

SAUDI BOARD	1
ACKNOWLEDGMENTS	5
INTRODUCTION	7
OUTCOMES AND COMPETENCIES	9
OBJECTIVES OF TRAINING	10
General Objectives	10
Specific Objectives	10
Residency Program Core and Elective Rotations	11
Global CanMEDS Competencies	11
Medical Expert	11
Communicator	15
Collaborator	16
Manager	17
Health advocate	18
Scholar	18
Professional	19
CORE (COMPULSORY) PSYCHIATRY ROTATIONS	21
General Psychiatry (Inpatient)	21
General Psychiatry (outpatient)	24
Neurology rotation	28
Addiction rotation	29
Psychosomatic Medicine Rotation (Consultation-Liaison Psychiatry)	31
Emergency Psychiatry Rotation	33
Child and Adolescent Psychiatry Rotation	35
Psychotherapy	38
ELECTIVE ROTATIONS	41
Geriatric Psychiatry Rotation	41
Forensic Psychiatry Rotation	43
LEARNING OPPORTUNITIES	46
EDUCATIONAL AND LEARNING OBJECTIVES AND FORMATS	47
Universal Topics	47
Core Speciality Topics	50
Junior Level	50
Senior Level	51
ASSESSMENT	53
Annual Assessment	53
Continuous Appraisal	53
End-of-Year Examination	54
Principles of Psychiatry Examination (Saudi Board Examination: Part I)	54

TABLE OF CONTENTS

Final In-training Evaluation Report (FITER)/Comprehensive Competency Report (CCR)	54
Final Psychiatry Board Examination (Saudi Board Examination: Part II)	55
Certification	55
APPENDIX	56
ASSESSMENT TOOLS	57
In-Training Evaluation Report (ITER)	57
Portfolio and Logbook	67
Portfolio	67
Logbook	67
Mini-Clinical Evaluation Exercise (Mini-CEX)	68
Multi-source feedback (360-degree evaluation)	70
Multi-source feedback (360-degree evaluation)	71
POLICIES AND PROCEDURES	73
REFERENCES	

ACKNOWLEDGMENTS

The Psychiatry core curriculum team appreciates the valuable contributions and feedback from all members of the supervisory committee during the construction of this manual. The team wishes to gratefully acknowledge the CanMEDS Framework, developed by the Royal College of Physicians and Surgeons of Canada. In addition, we would like to express our appreciation to the universities who approved the use of their curricula for reference, namely the Department of Psychiatry at the University of Toronto, the Department of Psychiatry at McGill University, and the Department of Psychiatry at the University of Alberta.

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.

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.

There are currently three local training committees located in Riyadh, Jeddah, and Dammam. 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.



*The rotation was updated on 12 May 2020

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

Level	Rotations			Vacation	
R1	Inpatient General Psychiatry for 6 blocks	Neurology for 2 blocks	Emergency Psychiatry for one block	Selective rotations for 3 blocks	Annual vacation for one block
R2	Outpatient General Psychiatry for 6 blocks		Inpatient General Psychiatry for 3 blocks	Addiction Psychiatry for 3 blocks	Annual vacation for one block
R3	Psychosomatic Medicine for 6 blocks		Child and Adolescent Psychiatry for 6 blocks		Annual vacation for one block
R4	Inpatient General Psychiatry for 3 blocks	Selective rotations for 3 blocks	Elective rotations for 6 blocks		Annual vacation for one block

Terms and Conditions:

- Each training block is equal to 4 weeks rotation
- 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). 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. Horizontal rotations (Concurrent and longitudinal training occurring within the 48 months of residency training):
 - 3.1. Mandatory horizontal rotations: Psychotherapy
 - o The aim is to learn sound psychotherapeutic skills in any psychotherapy modality like Psychodynamic Psychotherapy, Cognitive Behavioral Therapy etc.
 - o Can be done as a side training of any other rotations (two hours weekly), preferably after the first year of training.
 - o The minimum requirement is to complete supervised psychotherapy intervention for two patients with 1 hour of supervision session for each psychotherapy session.
 - 3.2. Optional horizontal rotations: Research/ psychotherapy
 - o The equivalent of up to one (1) day per week for couple of months (decided case by case) may be devoted to research or extra psychotherapy experiences on approval by the residency training committee.
 - o 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
 - 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 peer 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 PSYCHIATRY ROTATIONS

CORE (COMPULSORY) PSYCHIATRY ROTATIONS

General Psychiatry (Inpatient)

Description: Residents should consider each six months to be one unit (two rotations, the first at junior level and the second 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

General Psychiatry (outpatient)

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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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)

CORE PSYCHIATRY ROTATIONS

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.

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

- 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

CORE PSYCHIATRY ROTATIONS

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

Description: Psychotherapy is not a separate rotation in the psychiatry residency program. 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

CORE PSYCHIATRY ROTATIONS

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

CORE PSYCHIATRY ROTATIONS

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

ELECTIVE ROTATIONS

The objective of this rotation 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
- Research
- 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

ELECTIVE ROTATIONS

- 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

ELECTIVE ROTATIONS

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

ELECTIVE ROTATIONS

- 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

ELECTIVE ROTATIONS

- 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

ELECTIVE ROTATIONS

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

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.

LEARNING OPPORTUNITIES

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

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

LEARNING OPPORTUNITIES

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

LEARNING OPPORTUNITIES

- 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

LEARNING OPPORTUNITIES

- 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 Speciality 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
Consultation-Liaison Psychiatry – 1
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
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

LEARNING OBJECTIVES AND FORMATS

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
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.
- The institution may work with trainees to determine the topics.

LEARNING OBJECTIVES AND FORMATS

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 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.

LEARNING OBJECTIVES AND FORMATS

- 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.
- 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 end-of-year examination will be limited to R1, R2, and R3. 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.

LEARNING OBJECTIVES AND FORMATS

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					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
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					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
10. Nosology (DSM V)					
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					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
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)					
12. Records and maintains accurate and complete medical records					
13. Overall proficiency in technical and procedural skills. Minimizes risk and discomfort to patients					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
14. 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					

	Below Expected	Expected	Above Expected	N/A	Comments
	1 2 3	4 5 6	7 8 9		
5. Prepares accurate and timely documentation. Maintains comprehensive, organized medical notes					
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					
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					

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					
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	4 5 6	7 8 9
Inadequate test	Adequate test	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 - Neutral 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 should be carried at all times and pages 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.

POLICIES AND PROCEDURES

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.

POLICIES AND PROCEDURES

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.

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