Children and Adolescent Psychiatry

2026

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الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

In The Name of Allah

PREFACE

- The primary goal of this document is to enrich the training experience of postgraduate trainees by outlining the learning objectives and competencies necessary to become independent, competent future practitioners.
- This curriculum may include sections outlining training regulations; however, such regulations should be consulted in the “General Bylaws of Training in Postgraduate Programs” and the “Executive Policies” published by the Saudi Commission for Health Specialties (SCFHS), which are available online through the official SCFHS website. In the case of discrepancies in regulatory statements, the version stated in the most recently updated bylaws and executive policies shall prevail.
- As this curriculum is subject to periodic revision, please refer to the electronic version posted online for the most up-to-date edition at www.scfhs.org.sa.

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II. COPYRIGHT STATEMENTS

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III. TABLE OF CONTENTS

IV. INTRODUCTION

1. Context of Practice

Child and adolescent psychiatry is defined as a branch of medicine and a subspecialty of psychiatry that deals with the diagnosis, treatment, and prevention of mental disorders in children and adolescents from birth to 18 years of age. (1) Studies suggest that up to 20% of children suffer from serious mental disorders that result in functional impairment. Complications include social deficits, academic problems, truancy, legal problems, suicide and suicidal behavior, and substance abuse. (2,3) Globally, nearly 15% of young people aged 10–19 years experience a mental health disorder, accounting for 13% of the global burden of disease in this age group. Moreover, families endure financial and emotional difficulties associated with these conditions. (2,3)

Early diagnosis and treatment of these conditions are critical to addressing the needs of affected individuals, their families, and the community at large. Therefore, there is an urgent need for qualified personnel to treat affected children and address family needs. Although behavioral and emotional problems in children have been documented for centuries, the discipline of child psychiatry emerged with the child guidance clinics of the 1920s. The first textbook on child psychiatry was published in 1945. The discipline has witnessed remarkable growth in the United States and Europe over the past 60 years, despite a persistent shortage of qualified child psychiatrists worldwide. The situation is particularly serious in developing countries, such as Saudi Arabia. (4,5,6)

In Saudi Arabia, mental health services for children and adolescents are delivered in specialized and general governmental hospitals, university

hospitals, children's and maternity hospitals, and private clinics. Services are provided primarily through outpatient clinics, and numerous psychiatry clinics operate across Saudi Arabia. Regarding inpatient services, admissions are currently available in some centers, and efforts are underway to expand access to all centers in the future. In centers without inpatient facilities, if urgent hospitalization due to mental illness is required, children are admitted to adult inpatient wards in private rooms accompanied by their caregivers, or hospitalization is arranged in pediatric wards. For adolescents with substance use disorders, specialized addiction wards are available in psychiatric hospitals. Day-treatment and community-based facilities are available for children with special needs, such as intellectual disability. (4,5,6,7) In terms of support for child and adolescent mental health, 15% of primary and secondary schools have either part-time or full-time school counselors, and many schools (between 51% and 80%) implement activities to promote mental health and prevent mental disorders. (3,4)

In Saudi Arabia, individuals aged 14 years and younger are considered children, whereas those aged 12–18 years are considered adolescents. The most commonly reported psychiatric diagnoses in children include attention-deficit/hyperactivity disorder (ADHD), anxiety disorders, autism spectrum disorder, depressive disorders, school refusal comorbid with emotional and behavioral disturbances, and intellectual disability comorbid with various psychiatric disorders. The most commonly reported psychiatric disorders among adolescents include anxiety disorders, behavioral disorders, depressive disorders, bipolar disorder, eating disorders, and substance use disorders. Most admitted adolescents present with bipolar disorder, schizophrenia, eating disorders, and substance use disorders, primarily involving amphetamines and cannabis. (7,8)

The Kingdom of Saudi Arabia (KSA) has a relatively young population. According to the Saudi Population Census 2022, 71% of the population is younger than 35 years, with a mean age of 29 years. (9) As of January 2026, there are more than

70 Saudi psychiatrists specializing in child and adolescent psychiatry, and this number is expected to increase annually. Before the establishment of the Saudi child and adolescent psychiatry fellowship, most child psychiatrists were trained in Western countries, primarily Canada and the United States. In 2016, the Child and Adolescent Psychiatry Fellowship Program was established in Saudi Arabia under the umbrella of the Saudi Commission for Health Specialties (SCFHS) as a joint program in two centers. The contributors to the first version of the curriculum included Prof. Fatima Alhaidar, Prof. Mohammad Ghaziuddin, Dr. Turki Albatti, and Dr. Afnan Almarshedi. One year later, another independent training center was recognized. Additional training centers have since been approved, and more are expected to receive approval in the future. Annually, each training center graduates two or three fellows in the subspecialty of child and adolescent psychiatry. Numerous research studies have been published. Many graduates now practice as qualified and independent child and adolescent psychiatrists.

2. Goals and Responsibilities of Curriculum Implementation

This curriculum ultimately aims to guide trainees to become competent and fit for practice in their respective specialties. Achieving this goal requires significant effort and coordination from all stakeholders involved in postgraduate training. As adult learners, trainees must be proactive, fully engaged, and demonstrate the following: a thorough understanding of learning objectives, self-directed learning, problem-solving skills, an eagerness to apply learning through reflective practice based on feedback and formative assessment, a growth mindset, self-awareness, and a willingness to seek support when needed. Program directors, trainers, accreditors, and other training stakeholders play vital roles in ensuring the successful implementation of this curriculum. Moreover, training committee members, particularly program administrators and chief residents, significantly influence program

implementation. Trainees should be encouraged to share responsibility for curriculum implementation.

The strategic direction of the Saudi Commission for Health Specialties (SCFHS) adopts a recognized competency-based model of training governance to achieve the highest quality of training. Moreover, postgraduate programs are required to incorporate research and evidence-based practice into their curricula. Additionally, academic affairs units in training centers and regional supervisory training committees play key roles in training supervision and implementation. The Specialty Scientific (Council/Committee) ensures that this curriculum's content is regularly updated to align with the highest standards in postgraduate education within each specialty.

3. What Is New in This Edition?

Minor changes have been made compared with the first edition:

Description of Changes	Category	Training Level Initiation
Specialized clinics were added to the second half of the first year instead of the first half of the second year.	Minor	F1
A senior fellow experience was introduced in which the fellow has full autonomy in their own clinic, with indirect supervision and guidance from a supervisor.	Minor	F2
Titles of lectures have been modified based on the DSM-5-TR.	Minor	F1/F2
A structured oral examination (SOE) was added to the end-of-first-year examination, as approved by the SCFHS.	Minor	F1
Volunteering has been made mandatory.	Minor	F2

V. ABBREVIATIONS USED IN THIS DOCUMENT

Abbreviation	Description
ADHD	Attention-Deficit/Hyperactivity Disorder
CAP	Child and Adolescent Psychiatry
CanMEDS	Canadian Medical Education Directives for Specialists
CBD	Case-Based Discussion
CCR	Comprehensive Competency Report
CEP	Core Education Program
CL	Consultation-Liaison
CME	Continuing Medical Education
CPD	Continuing Professional Development
DOPS	Direct Observation of Procedural Skills
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition
DSM-5-TR	Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision
e-Logbook	Electronic Logbook
EBM	Evidence-Based Medicine
ECG	Electrocardiogram

Abbreviation	Description
EYPT-Local	Local Progress Test
EYPT-Int	International Examination
F1	First Year of Fellowship
F2	Second (Final) Year of Fellowship
FITER	Final In-Training Evaluation Report
HCW	Health Care Worker
ICD	International Classification of Diseases
ICD-11	International Classification of Diseases, 11th Revision
IRB	Institutional Review Board
ITER	In-Training Evaluation Report
K1 Questions	Recall and Comprehension
K2 Questions	Interpretation, Analysis, Reasoning, and Decision-Making
MCQ	Multiple-Choice Questions
MEQ	Modified Essay Questions
Mini-CEX	Mini-Clinical Evaluation Exercise
MTF	Multidisciplinary Team Feedback
NIMH	National Institute of Mental Health
OPD	Outpatient Department
OSCE	Objective Structured Clinical Examination
OSPE	Objective Structured Practical Examination

Abbreviation	Description
PMPs	Patient Management Problems
PTSD	Posttraumatic Stress Disorder
SCFHS	Saudi Commission for Health Specialties
SOE	Short Oral Examination

VI. PROGRAM ENTRY REQUIREMENTS

Please refer to the Executive Policy of the SCFHS on admission and registration available on the SCFHS website.

Please refer to the “Applying to Postgraduate Programs” page at scfhs.org.sa.

VII. LEARNING AND COMPETENCIES

OVERVIEW OF THE CURRICULUM MAP

Stage	Training Year	Mandatory Core Rotations			Elective/Selective Rotations		
		Rotation Name	Duration	Setting	Rotation Name	Duration	Setting
Junior Senior	F1 Second (Final) Year of Fellowship (F2)	General Child and Adolescent Psychiatry (CAP) - Consultation-Liaison and Psychosomatics	6 blocks 6 blocks	Ambulatory – 5 half-days Inpatient and Emergency – 2 half-days - Weekly throughout the year: - Research – 1 half-day - Psychotherapy – 1 half-day - Education/Academic Activity – 1 half-day Consultation-Liaison and Psychosomatics - Weekly throughout the year:			

Stage	Training Year	Mandatory Core Rotations			Elective/Selective Rotations		
		Rotation Name	Duration	Setting	Rotation Name	Duration	Setting
				- Research – 1 half-day - Psychotherapy – 1 half-day - Education/Academic Activity – 1 half-day			
		Subspecialized Clinics	6 blocks	Ambulatory – 1 half-day independent clinic - Ambulatory – 3 half-days - Inpatient and Emergency – 2 half-days - Weekly throughout the year: Research – 1 half-day Psychotherapy – 1 half-day Education/Academic Activity/Volunteering – 2 half-days	ElectiveSelective	2 blocks 4 blocks	The setting depends on the choice of accredited rotation and may include ambulatory, inpatient, day-treatment, or emergency settings.

Each number is equivalent to one block. Each block is equivalent to one month (four weeks) in the Gregorian calendar.

A half-day is equivalent to four working hours within the weekday schedule. One week includes 10 half-days: the morning half-day is from 8:00 a.m. to 12:00 p.m., and the afternoon half-day is from 1:00 p.m. to 5:00 p.m.Notes to Clarify the Structure of the Program:

1. Education, collaborative care consultation, and health care delivery are provided throughout the year.
2. Each block is equivalent to four weeks.
3. Fellows are entitled to an annual vacation of four weeks, which may be taken during any rotation without negatively affecting training.
4. A fellow is limited to one block (four weeks) of elective rotation dedicated to research.
5. Elective rotations should be completed in accredited training programs.
6. General CAP includes emergency urgent care clinics, inpatient rotation, and ambulatory rotation.
7. Subspecialized Clinics include, but are not limited to:
    - First-Episode Psychosis
    - Transitional Youth Services
    - Autism Spectrum Disorder
    - Attention-Deficit/Hyperactivity Disorder (ADHD)
    - Mood and Anxiety Disorders
    - Eating Disorders
8. During the Subspecialized Clinics rotation, the fellow should have an independent half-day clinic with full autonomy, under indirect supervision and guidance from a supervisor.
9. Elective rotations may include, but are not limited to:
    - Behavioral and Developmental Pediatrics
    - Pediatric Neurology

- Forensic Psychiatry
- Genetics
- Research – maximum duration of one block (four weeks)

10. Selective Rotations:

- Child Protection
- Neurodevelopmental Disorders
- Sleep Disorders
- Adolescent Medicine
- Eating Disorders

VIII. CHILD AND ADOLESCENT PSYCHIATRY COMPETENCIES

Medical educators, trainees, patients, and society in general recognize that training in the scientific aspects of medicine is necessary but insufficient for effective medical practice. The Canadian Medical Education Directives for Specialists (CanMEDS) framework, which has been implemented in many postgraduate training programs worldwide, offers a model for physician competence that emphasizes not only biomedical expertise but also multiple non–medical expert roles that aim to better serve society's needs.

The mission of the Saudi Commission for Health Specialties (SCFHS) includes providing "the highest possible standard and quality of medical care for the people of Saudi Arabia," and the goal of postgraduate medical education is to produce the best possible physicians to meet society's health care needs. Therefore, the SCFHS has adopted the CanMEDS framework to establish the core curriculum of all training programs, including the fellowship program in CAP. Accordingly, a psychiatrist certified in this subspecialty will be competent in the seven CanMEDS roles: Medical Expert, Collaborator, Health Advocate, Scholar, and Professional.

Upon completion of subspecialty training, child and adolescent psychiatrists will have developed a range of specific competencies across multiple domains, as described below.

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

1) Medical Expert

Definition:

As Medical Experts, child and adolescent psychiatrists integrate all CanMEDS roles by applying medical knowledge, clinical skills, and professional attitudes in providing patient- and family-centered care to children and adolescents—including consideration of cognitive and physical development, culture, and ethnicity—across multiple settings, including inpatient/residential, outpatient, and community environments. The Medical Expert role is the central physician role in the CanMEDS framework.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Function effectively as consultants by integrating all CanMEDS roles to provide optimal, ethical, patient- and family-centered, and evidence-based care. This competency includes the ability to:

i. Perform consultations, including presenting well-documented assessments, biopsychosocial formulations, and recommendations in written and/or verbal form in response to requests from other health care professionals.

ii. Demonstrate all CanMEDS competencies relevant to CAP.

iii. Prioritize professional duties when faced with multiple patients and clinical problems.

iv. Provide compassionate, patient- and family-centered care.

v. Recognize and respond to the ethical dimensions of child and adolescent psychiatric decision-making.

vi. Identify and appropriately respond to relevant clinical issues arising in patient care, including awareness and understanding of:

a. Aggressive behaviors.

b. Attachment disturbances.

c. The burden of medical, surgical, and psychiatric illness on children, adolescents, families, and health care, educational, and welfare systems.

d. Cultural and spiritual factors.

e. Comorbidity—medical, psychiatric, developmental, and substance use.

f. End-of-life issues relating to children, adolescents, and their families.

g. Ethical and legal considerations, including boundary issues, capacity, competence, confidentiality, consent, and forensic matters.

h. Family issues, including custody and parental mental illness.

i. Long-term illness and rehabilitation.

j. Policy development and implementation in education, health care, juvenile justice, and welfare as related to child and adolescent mental health.

k. Psychiatric manifestations of common medical and neurological illnesses.

l. Reactions experienced by patients and their parents (or guardians) toward physicians and other health professionals, and factors influencing those reactions.

m. School-related issues, including academic and social functioning, bullying, and victimization.

n. Stigmatization.

o. Suicide, self-harm, or harm directed toward others.

p. The therapeutic alliance.

q. Trauma, abuse, neglect, and their impact on child and adolescent development.

vii. Demonstrate medical expertise in contexts beyond direct patient care, such as providing expert legal testimony or advising governmental bodies as needed.

B. Establish and maintain clinical knowledge, skills, and attitudes appropriate to child and adolescent psychiatry

i. Establish, apply, and maintain knowledge of the clinical, developmental, and basic sciences relevant to CAP at the subspecialist level. Competence in each area of knowledge, skill, and attitude must meet the

designated level of proficiency required for core competency in the following areas:

a. The etiology, epidemiology, diagnosis, course of illness, effective treatment, and clinical practice guidelines relevant to:
    - Anxiety disorders in children and adolescents (including obsessive-compulsive disorder).
    - ADHD.
    - Disruptive behavior disorders (oppositional defiant disorder and conduct disorder).
    - Early-onset psychotic disorders (including early-onset schizophrenia and early-onset bipolar disorder).
    - Mood disorders in children and adolescents.

b. Child and adolescent psychiatrists will demonstrate proficiency in the following areas:
    - Etiology, epidemiology, diagnosis, course of illness, effective treatment, and clinical practice guidelines relevant to:
        - Adjustment disorders, relational problems, problems related to abuse or neglect, and conditions associated with mental disorders that may require clinical attention.
        - Autism Spectrum Disorder.
        - Attachment disorders.
        - Communication disorders.
        - Delirium and other cognitive disorders.
        - Developmental coordination disorder.
        - Eating disorders.
        - Elimination disorders.
        - Feeding and eating disorders in infancy or early childhood.

        - Intellectual disability.
        - Learning disorders.
        - Movement disorders other than Tourette's disorder.
        - Psychiatric disorders affecting or secondary to medical conditions in children and adolescents.
        - Sexual and gender-related disorders.
        - Sleep disorders.
        - Somatic symptom and related disorders.
        - Substance-related and addictive disorders.
        - Tic disorders.
    - Basic principles of developmental psychopathology.
    - Psychiatric rehabilitation.
    - Psychotherapeutic modalities, including individual, family, and group therapies.
    - Psychopharmacology as it applies to children and adolescents.
    - Referral patterns, community agencies, systems of mental health care, and service delivery.
    - Forensic aspects of CAP.
    - Basic principles of the genetics of psychiatric disorders.
    - Basic neuroscience relevant to psychiatric disorders in children and adolescents.
    - Principles of public health relevant to CAP.
    - Research methodology, critical appraisal, and medical statistics.
    - Complementary and alternative therapies in CAP.

ii. Apply lifelong learning skills associated with the Scholar role to implement a personal program for maintaining up-to-date knowledge and enhancing professional competence.

iii. Contribute to quality improvement and patient safety in psychiatric practice by integrating the best available evidence and established best practices.

iv. Describe the CanMEDS framework of competencies relevant to CAP.

C. Perform relevant and appropriate assessments of patients

i. Establish and maintain an effective therapeutic alliance with patients, including families when appropriate.

ii. Identify and effectively explore issues to be addressed during a patient encounter, including the context, preferences, and confidentiality of the patient and the patient's family.

iii. Perform an appropriate and accurate individual and/or family diagnostic interview for the purposes of evaluation, diagnosis, and treatment planning, including prevention and health promotion.

iv. Perform an appropriate and accurate mental status examination (MSE) for the purposes of evaluation, diagnosis, and treatment planning, including prevention and health promotion.

v. Perform a focused and accurate physical examination, including a focused neurological examination relevant to evaluation, diagnosis, and treatment planning, including prevention and health promotion.

vi. Demonstrate proficiency in selecting appropriate investigations in a resource-effective and ethical manner, including:

a. Age-appropriate use of evidence-based emotional and behavioral questionnaires and self-report measures.

b. Collection of collateral information.

c. Medical investigations or consultations, including laboratory testing.

d. Psychological, neuropsychological, and psychoeducational testing.

e. Neuroimaging.

vii. Demonstrate proficiency in effective clinical problem-solving and judgment to address patient problems, including interpreting available data and integrating information to generate a comprehensive assessment and treatment plan, including:

a. An appropriate differential diagnosis informed by current editions of the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders (DSM).

b. An integrated case formulation that presents a relevant biopsychosocial understanding.

c. An appropriate evaluation plan, including relevant laboratory, imaging, medical, and psychological investigations, as well as collateral information.

d. A comprehensive, evidence-based treatment plan implementing an integrated biopsychosocial approach.

D. Use therapeutic interventions effectively

i. Demonstrate advanced knowledge in implementing a management plan in collaboration with patients and their families, including:

a. Assessing risk and applying appropriate therapeutic interventions to minimize risk.

b. Assessing suitability for and prescribing appropriate psychotherapeutic and psychopharmacological treatments.

c. Addressing issues of primary, secondary, and tertiary prevention, as relevant.

d. Facilitating therapeutic interventions by providing patient and family education in a culturally sensitive manner.

ii. Demonstrating advanced knowledge and skill in assessing suitability for psychopharmacological intervention and implementing a treatment plan with consideration of issues specific to children and adolescents.

a. Providing patient and family education regarding the evidence-based use of pharmacological interventions.

b. Obtaining fully informed consent from patients and families, including discussion of potential risks, benefits, and medication side effects.

c. Prescribing appropriate dosages and monitoring pharmacological interventions, including age- and weight-based dosing and laboratory monitoring as indicated.

d. Recognizing, monitoring, and understanding issues related to medication adherence.

iii. Demonstrate advanced competency in assessing suitability, prescribing, and delivering at least one of the following psychotherapeutic interventions, and proficiency in the others:

a. Behavioral therapies.

b. Cognitive behavioral therapy (CBT).

c. Crisis intervention.

d. Family therapy.

e. Group therapy for children and adolescents.

f. Parent skills training.

iv. Demonstrate working knowledge and skill in assessing suitability, prescribing, and delivering the following psychotherapeutic interventions:

a. Psychodynamic psychotherapy for children and adolescents.

b. Dialectical behavior therapy.

c. Interpersonal therapy.

d. Mindfulness-based interventions.

e. Motivational interviewing.

f. Relaxation therapy.

g. Supportive therapy.

v. Demonstrate proficiency in assessing and managing treatment adherence.

vi. Ensure that appropriate informed consent is obtained for therapeutic interventions.

E. Seek appropriate consultation from other health professionals

i. Demonstrate insight into one's own limitations.

ii. Demonstrate effective, appropriate, and timely consultation with other health professionals, as needed, for optimal patient care.

iii. Arrange appropriate follow-up care services for patients and their families.

2) Communicator:

Definition:

As Communicators, child and adolescent psychiatrists facilitate patient-centered diagnostic and therapeutic communication through shared decision-making and effective, developmentally appropriate interactions with children, adolescents, parents or caregivers, families, other professionals, and relevant agencies or institutions. The competencies associated with this role are essential for establishing rapport and trust; formulating and conveying child and adolescent psychiatric diagnoses and information; understanding pertinent developmental issues; achieving mutual understanding; and facilitating a shared psychiatric treatment and care plan for children and/or adolescents.

Key Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Develop rapport and trust by fostering ethical, therapeutic, culturally and developmentally informed relationships `with children, adolescents, their parents or caregivers, and families

i. Recognize that effective communication is a core clinical skill in CAP, and that effective physician–patient communication fosters patient satisfaction, physician satisfaction, treatment adherence, and improved clinical outcomes.

a. Ensure that physician–patient communication fosters child and adolescent patient satisfaction, is developmentally informed, and includes communication with parents, caregivers, and families.

b. Use advanced verbal and nonverbal communication skills with children, adolescents, parents, caregivers, and families.

c. Convey tolerant and inclusive attitudes toward children, adolescents, parents, caregivers, and families.

ii. Establish positive therapeutic relationships with children, adolescents, and their parents, caregivers, and families that reflect understanding, trust, respect, honesty, and empathy.

iii. Demonstrate respect for child and/or adolescent patient confidentiality, privacy, and autonomy within the context of parents, caregivers, and families.

iv. Listen effectively to children and/or adolescents within the context of parents, caregivers, and families.

v. Demonstrate awareness of and responsiveness to the nonverbal cues of children and/or adolescents within the context of parents, caregivers, and families.

vi. Demonstrate awareness of and responsiveness to individual developmental needs across a range of child and adolescent psychiatric encounters involving children, adolescents, and their parents, caregivers, and families.

vii. Effectively facilitate structured clinical encounters across a range of child and adolescent psychiatric settings involving children, adolescents, parents, caregivers, and families.

B. Accurately elicit and synthesize relevant information about, and perspectives of, children, adolescents, parents, caregivers, families, colleagues, and other professionals

i. Gather information about a psychiatric disorder and the associated beliefs, values, expectations, developmental issues, and illness experiences affecting the child, adolescent, parent or caregiver, and family.

ii. Seek information and consultation from other relevant sources.

C. Accurately convey evidence-based information and explanations to children, adolescents, parents/caregivers, families, colleagues, and other professionals

i. Deliver information to children, adolescents, parents, caregivers, families, colleagues, and other professionals in a humane, accessible, developmentally and culturally appropriate manner that encourages discussion and participation in decision-making

D. Develop a common understanding of issues, problems, and plans with patients, families, and other professionals to establish a shared plan of care

i. Effectively identify and explore problems to be addressed during a patient encounter, including the patient's context, responses, concerns, and preferences.

ii. Respect diversity and individual differences, including but not limited to the impact of gender, religion, and cultural beliefs on decision-making.

iii. Encourage discussion, questions, and interaction.

iv. Engage patients, families, and relevant health professionals in a shared decision-making process to develop a plan of care.

v. Effectively address challenging communication issues, such as obtaining informed consent, delivering bad news, and managing anger, confusion, or misunderstanding.

E. Effectively convey oral and written information about child and adolescent psychiatric encounters

i. Maintain clear, accurate, appropriate, and timely records (written or electronic) of clinical encounters and care plans.

ii. Demonstrate the ability to present clear and relevant verbal reports of clinical encounters and care plans.

3) Collaborator

Definition:

As Collaborators, child and adolescent psychiatrists work effectively within an interprofessional team to achieve optimal mental health care for children, adolescents, and their families.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Participate effectively and appropriately in an interprofessional health care team

i. Demonstrate proficiency in working within an interprofessional team, facilitating communication among team members, and collaborating respectfully in support of children and adolescents with mental health disorders, as well as their families.

ii. Help determine the roles and responsibilities of team members according to their areas of expertise and training.

iii. Describe the roles and responsibilities of child and adolescent psychiatrists to other professionals.

iv. Describe the roles and responsibilities of other professionals within the interprofessional team.

v. Recognize and respect the diversity of roles, responsibilities, and competencies of other professionals in relation to their own.

vi. Work collaboratively with other team members to assess, plan, provide, and integrate care for children and adolescents with mental health disorders, as well as their families.

vii. Work collaboratively with others to assess, plan, provide, and evaluate additional domains—such as education, research, and administration—as they relate to child and adolescent mental health.

viii. Actively participate in interprofessional team meetings.

ix. Describe the principles of team dynamics.

x. Respect team ethics, including confidentiality, resource allocation, and professionalism.

xi. Demonstrate leadership within the health care team, as appropriate.

B. Collaborate with community agencies, schools, and other professionals who work with children and adolescents with mental illness and their families

i. Work with other health professionals to effectively negotiate and resolve interprofessional conflict.

ii. Demonstrate consistent and effective communication with primary care physicians to provide support, education, and consultation.

iii. Identify appropriate community agencies, understand the roles of various service providers, and facilitate regular communication to ensure efficient and effective collaborative treatment planning and delivery.

iv. Communicate with school personnel to obtain appropriate collateral information and develop a comprehensive evaluation and treatment plan to address mental health concerns, recognizing the impact of illness on social and academic functioning.

v. Demonstrate the ability to provide support, education, and consultation to school personnel and other nontraditional mental health providers as relevant to a comprehensive biopsychosocial treatment plan.

4) Leader

Definition:

As Leaders, child and adolescent psychiatrists are integral participants in health care organizations—organizing sustainable practices, making decisions regarding resource allocation, and contributing to the effectiveness of the health care system.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Participate in activities that contribute to the effectiveness of their health care organizations and systems

i. Work collaboratively with others within their organizations.

ii. Participate in systematic quality process evaluation and improvement, including patient safety initiatives, audits, risk management, and occurrence and incident reporting.

iii. Describe the structure and function of the health care system as it relates to their subspecialty, including the roles of child and adolescent psychiatrists and the principles of health care financing.

B. Develop skills to manage their practice and career effectively

i. Set priorities and manage time effectively to balance patient care, practice requirements, external activities, personal life, and career goals.

ii. Implement processes to ensure continuous personal practice improvement.

iii. Employ information technology to enhance patient care and patient and family education.

C. Allocate finite health care resources appropriately

i. Recognize the importance of the just allocation of health care resources, balancing effectiveness, efficiency, and access with optimal patient care. Apply evidence-based practices and management processes to provide cost-appropriate care.

ii. Participate effectively in committees and meetings.

D. Serve in administration and leadership roles, as appropriate

i. Engage in activities, such as collaboration with nontraditional mental health providers, to implement improvements in health care delivery.

ii. Plan relevant elements of health care delivery (e.g., work schedules).

5) Health Advocate:

Definition:

As Health Advocates, child and adolescent psychiatrists use their expertise and influence responsibly to advance the health and well-being of individual patients, communities, and populations.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Respond to individual child and adolescent psychiatric health care needs and issues as part of patient care

i. Identify the mental health needs of children and adolescents.

ii. Identify opportunities for advocacy, mental health promotion, and disease prevention for the individuals for whom they provide care, through:

a. Awareness of major regional, national, and international advocacy groups in child and adolescent mental health care.

b. Awareness of governance structures in child and adolescent mental health care and education.

c. Awareness of legal issues in mental health care for children and adolescents.

B. Respond to the mental health needs of the communities they serve, specifically with respect to the child and adolescent psychiatric patient population

i. Describe the practice communities they serve.

ii. Identify opportunities for mental health advocacy, health promotion, and disease prevention within the communities they serve and respond appropriately.

iii. Recognize the potential for competing interests between the communities served and other populations.

iv. Advise organizations on early intervention and prevention of psychiatric disorders in children and adolescents and promote the use of evidence-based practices.

C. Identify the social determinants of mental health affecting the child and adolescent psychiatric patient population

i. Identify the social determinants of mental health within the population, including barriers to accessing care and resources.

ii. Identify vulnerable or marginalized populations, including those affected by poverty, homelessness, and ethnic minority status; children already receiving care; and children of parents with severe mental illness

D. Promote the mental health of individual patients, communities, and populations in relation to child and adolescent psychiatric issues

i. Describe an approach to implementing change in a health determinant within the populations served.

ii. Describe how public policy affects the health of the populations served.

iii. Identify points of influence within the health care system.

iv. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity, and idealism.

v. Recognize the potential for inherent conflict between their roles as managers or gatekeepers and their roles as health advocates for patients and communities.

vi. Describe the role of the medical profession in collectively advocating for health and patient safety.

6) Scholar:

Definition:

As Scholars, child and adolescent psychiatrists demonstrate a lifelong commitment to reflective learning, as well as to the creation, dissemination, application, and translation of knowledge in developmental psychopathology and other areas relevant to child and adolescent mental health.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Maintain and enhance professional activities through ongoing learning

i. Demonstrate an understanding of and commitment to continuous learning.

ii. Describe the principles of maintaining professional competence.

iii. Describe the principles and strategies for implementing a personal knowledge management system.

iv. Recognize and reflect on learning issues in practice, particularly conflicts of interest.

v. Conduct personal practice audits.

vi. Formulate appropriate learning questions.

vii. Access and critically interpret relevant current evidence.

viii. Integrate new learning into clinical practice.

ix. Evaluate the impact of changes in practice.

x. Document the learning process.

B. Critically evaluate medical information and its sources, and appropriately apply it to practice decisions

i. Describe the principles of critical appraisal of studies addressing etiology, diagnosis, outcomes, and treatment, as well as systematic reviews and clinical practice guidelines.

ii. Develop and implement an ongoing and effective personal learning strategy based on the analysis and evaluation of relevant medical literature.

iii. Critically appraise medical information and integrate evidence from a variety of sources.

C. Facilitate the learning of children and adolescents and their families, as well as medical trainees, other health professionals and their trainees, and the public

i. Integrate conclusions from critical appraisal into clinical care

ii. Teach the fundamentals of CAP to medical trainees and other allied health professionals.

iii. Describe the principles of learning and facilitate the learning of others by collaboratively providing guidance and teaching, identifying learning needs, and offering constructive feedback.

iv. Assess and reflect on teaching encounters.

v. Develop the ability to present topics in CAP in formal and informal educational settings.

vi. Describe the principles of ethics in teaching.

vii. Deliver effective lectures or presentations.

D. Contribute to the development, dissemination, and translation of new medical knowledge and practices

i. Describe the principles of research and scholarly inquiry, including research methodology and study design.

ii. Describe the principles of research ethics.

iii. Demonstrate working knowledge of and appreciation for the conduct of research in CAP.

iv. Demonstrate an understanding of the contributions of basic and clinical sciences to CAP.

v. Formulate scholarly questions and perform and summarize a comprehensive literature review using various formats, such as academic presentations, poster preparation, manuscript submission, or the collection of new data.

vi. Demonstrate an understanding of the importance of research across all aspects of child and adolescent psychiatric practice.

7) Professional:

Definition:

As Professionals, child and adolescent psychiatrists are committed to contributing to the health and well-being of individual children and adolescents and their families, as well as to the health of society as a whole, through ethical practice, profession-led regulation, and high personal standards of behavior.

Key and Enabling Competencies: Child and adolescent psychiatrists are able to:

A. Demonstrate a commitment to their child and adolescent patients and their families, as well as to their profession and society through ethical practice

i. Demonstrate awareness and application of ethical principles and processes relevant to the practice of medicine and psychiatry, and particularly to CAP.

ii. Demonstrate awareness of the ethical principles governing research involving children and adolescents and of relevant institutional governance and documentation related to these principles.

iii. Recognize gender, culture, poverty, mental and physical disability, sexual orientation, stigma, and access to resources as potential

determinants of children's mental health, and address these issues collaboratively and respectfully with patients and families.

iv. Recognize what constitutes a conflict of interest in practice, research, and education, and demonstrate awareness of the appropriate steps to address such conflicts transparently when they occur.

v. Establish a treatment plan that is flexible, evidence-based where possible, practical, and sensitive to the specific needs of patients and families, and consistent with the profession's clinical practice guidelines.

vi. Strive to deliver the highest quality care to patients and their families with integrity, honesty, empathy, compassion, and respect for diversity.

vii. Demonstrate collaborative relationships with child and adolescent patients and their families, as well as with colleagues, that accommodate gender, cultural, and spiritual backgrounds; seek supervision and support when collaboration may be challenged by issues related to capacity and resources.

B. Demonstrate a commitment to their child and adolescent patients and their families, as well as to their profession and society through participation in profession-led regulation

i. Practice CAP in a manner that is ethically and legally consistent with the obligations of a physician and subspecialist.

ii. Demonstrate proficiency with respect to health care and other regulations, including but not limited to the Young Offenders Act and relevant provincial legislation pertaining to mental health, confidentiality, privacy, and child welfare.

iii. Demonstrate awareness of the ethical and legal frameworks within which they train and practice—including the codes of conduct of professional and licensing bodies and the institutions with which they are affiliated—and of the relevant legal principles governing confidentiality; the rights of minors and guardians to receive or refuse treatment;

assessment of capacity to consent to treatment; involuntary treatment; schooling regulations; and child protection; obtain and complete relevant legal documentation.

iv. Commit to participation in a lifelong process of self-, peer-, professional-, and institutional assessment to identify and correct lapses in professional behavior.

v. Recognize and support other professionals in need, where possible, and respond appropriately to protect patient care when necessary.

vi. Demonstrate the ability to receive and constructively apply feedback

vii. Demonstrate the capacity to acknowledge personal failure to meet professional standards; disclose medical errors promptly and transparently within an appropriate medicolegal context; and collaborate with peers, supervisors, and patients, whenever possible, to address these issues and prevent their recurrence.

viii. Fulfill accountability standards to educational, institutional, and professional bodies.

ix. Participate in peer review, quality assurance activities, and the evaluation of trainees and other professionals, where required.

C. Demonstrate a commitment to physician health and sustainable practice

i. Maintain their health and balance personal and professional priorities to practice at the highest possible standard in a sustainable manner; if unable to perform at an optimal level of practice, ensure that patients are referred to appropriate services.

ii. Maintain appropriate relationships with patients, patients' families, and colleagues under both routine and stressful circumstances.

iii. Demonstrate the ability to manage conflicting demands in a timely and respectful manner.

iv. Recognize personal limitations that may interfere with professional practice and seek advice and assistance when necessary.

v. Exhibit responsibility, dependability, self-direction, and punctuality, recognizing that failure to do so may indicate compromised well-being or professional performance requiring attention.

Inpatient Rotation Educational Objectives

This rotation focuses on four roles: Medical Expert, Communicator, Collaborator and Leader.

Medical Expert

Function effectively as an attending child and adolescent psychiatrist by performing accurate diagnostic assessments and developing comprehensive, evidence-based treatment plans for children and adolescents with psychiatric disorders in an inpatient psychiatric unit.

Communicator

Effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, other clinicians, and learners.

Collaborator

Work in partnership with children and adolescents, families, allied health professionals within the team, and community professionals to ensure the best possible care for patients and their families.

Leader

Apply practice management principles and demonstrate the ability to balance patient care responsibilities with personal learning needs and professional activities.

Specific Inpatient Rotation Objectives

CanMEDS Role	Learning Outcomes: Goals/ Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To function effectively as an attending child and adolescent psychiatrist by performing accurate diagnostic assessments and developing comprehensive, • evidence-based treatment plans for children and adolescents with psychiatric disorders in an inpatient psychiatric unit.	• Performs comprehensive diagnostic interviews. • Requests appropriate investigations, consultations, and collateral information. • Develops biopsychosocial formulations. • Develops comprehensive treatment plans. • Appropriately prescribes and monitors psychiatric medications. • Provides psychotherapeutic interventions. • Assesses and manages high-risk behaviors. • Provides psychoeducation. • Demonstrates proficiency in managing comorbid medical conditions. • Demonstrates knowledge of the epidemiology, etiology, diagnosis, and course of acute psychiatric disorders in children and adolescents requiring inpatient stabilization.	• Attending psychiatrist observation of the resident performing Medical Expert competencies. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Case-Based Discussion (CBD). • Mini-Clinical Evaluation Exercise (Mini-CEX). • In-Training Evaluation Report (ITER).

CanMEDS Role	Learning Outcomes: Goals/ Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, other clinicians, and learners.	• Obtains and organizes detailed history and collateral information from patients, families, clinicians involved in care, health records, and other sources. • Obtains necessary consultations effectively. • Effectively conveys pertinent information and clinical opinions to medical colleagues, allied health professionals, patients, and families. • Prepares accurate and complete medical records in a timely manner. • Establishes and maintains therapeutic rapport with children and families. • Effectively uses verbal and nonverbal communication. • Demonstrates respect for patient confidentiality, privacy, and autonomy. • Ensures that communication and interactions are developmentally and culturally appropriate.	• Attending psychiatrist observation of resident interactions, with feedback. • Clinical teaching of other clinicians, including trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/ Objectives	Specific Competencies	Instructional Method	Assessment
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and community professionals to ensure the best possible care for patients and their families.	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Consult effectively with other physicians and health care professionals. • Participate in discharge planning. • Network effectively with outpatient, residential, educational, and community services. • Facilitate learning for others, including patients, families, other clinicians, and students; demonstrate respect and a willingness to teach and learn from other team members.	• Participate in a multidisciplinary inpatient team. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional	• Practice effective use of health care resources. • Set realistic priorities and use time effectively to optimize professional performance. • Serve on administrative committees or working groups.	• Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team

CanMEDS Role	Learning Outcomes: Goals/ Objectives	Specific Competencies	Instructional Method	Assessment
	activities.	• Use information technology to optimize patient care and lifelong learning. • Demonstrate the ability to effectively lead a multidisciplinary inpatient team.		members. • Logbook. • ITER.

Inpatient Rotation (Final Year Experience) Educational Objectives

This rotation focuses on four roles: Medical Expert, Communicator, Collaborator, and Leader.

Medical Expert

Establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to specialized expertise in inpatient CAP.

Communicator

Effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, other clinicians, and learners.

Collaborator

Facilitate learning for others, including patients, families, other clinicians, and students; demonstrate respect and a willingness to teach and learn from other team members.

Leader

Apply practice management principles and demonstrate the ability to balance patient care responsibilities with personal learning needs and professional activities.

Specific Inpatient Rotation Final Year Experience Objectives

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to specialized areas of expertise in inpatient CAP.	• Perform comprehensive diagnostic interviews, develop biopsychosocial formulations, and create treatment plans. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in diagnosis-specific screening and symptom-monitoring instruments. • Demonstrate advanced knowledge and skill in prescribing and	• Attending psychiatrist observation of the resident performing Medical Expert competencies. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		monitoring psychiatric medications for inpatients. • Demonstrate advanced knowledge of evidence-based psychotherapeutic interventions in the inpatient population. • Provide psychotherapeutic interventions. • Assess and manage high-risk behaviors. • Provide psychoeducation. • Demonstrate proficiency in managing comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of acute psychiatric disorders in children and adolescents requiring inpatient stabilization.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, other clinicians, and learners.	• Obtain and organize detailed history and collateral information from patients, families, clinicians involved in care, health records, and other sources. • Obtain necessary consultations effectively. • Effectively convey pertinent information and clinical opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Effectively use verbal and nonverbal communication. • Demonstrate respect for patient confidentiality,	• Attending psychiatrist observation of resident interactions, with feedback. • Clinical teaching of other clinicians, including trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and community professionals to ensure the best possible care for patients and their families.	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Function competently within a shared care model with family physicians. • Participate in discharge planning and effectively network with outpatient, residential, educational, and community services. • Facilitate learning for others, including	• Participate in a multidisciplinary inpatient team. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		patients, families, other clinicians, and students. • Demonstrate respect and a willingness to teach and learn from other team members.		
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.	• Demonstrate an understanding of health care costs and practice effective resource utilization. • Set realistic priorities and use time effectively to optimize professional performance. • Serve on administrative committees or working groups. • Use information technology to optimize patient care and lifelong learning. • Demonstrate the ability to lead a multidisciplinary inpatient team.	• Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

Specific Emergency and Urgent Care Clinic

For this rotation, the focus will be on four roles: Medical Expert, Communicator, Collaborator, and Leader.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To function effectively as an attending child and adolescent psychiatrist by performing accurate diagnostic assessments and developing comprehensive, evidence-based treatment plans for children and adolescents presenting with psychiatric emergencies.	• Perform comprehensive diagnostic interviews. • Request appropriate investigations, consultations, and collateral information. • Develop biopsychosocial formulations. • Develop comprehensive treatment plans. • Appropriately prescribe and monitor psychiatric medications. • Provide psychotherapeutic interventions. • Assess and manage high-risk behaviors. • Provide psychoeducation • Demonstrate proficiency in managing comorbid	• Attending psychiatrist observation of the resident performing Medical Expert competencies. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. •

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of acute psychiatric disorders in children and adolescents presenting with psychiatric emergencies.		
Communicator	• To effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, and other clinicians, including emergency department physicians,	• Obtain and organize detailed history and collateral information from patients, families, clinicians involved in care, health records, and other sources. • Obtain necessary consultations effectively. • Effectively convey pertinent information and clinical opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and	• Attending psychiatrist observation of resident interactions, with feedback. • Chart audits, including review of orders, notes, laboratory results, other investigations, and discharge summaries. • Clinical teaching of other clinicians, including	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	staff, and learners.	complete medical records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Effectively use verbal and nonverbal communication. • Demonstrate respect for patient confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.	trainees. • Tutorial series.	
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and other relevant	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Consult effectively with other physicians	• Participate in a multidisciplinary urgent care team. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	professionals to ensure the best possible care for patients and their families.	and health care professionals. • Participate in discharge planning and effectively network with outpatient, residential, educational, and community services. • Facilitate learning for others, including patients, families, other clinicians, and students. • Demonstrate respect and a willingness to teach and learn from other team members.		• Mini-CEX. • ITER.
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.	• Demonstrate an understanding of health care costs and practice effective resource utilization. • Set realistic priorities and use time effectively to optimize professional performance. • Serve on administrative committees or	• Observation with feedback by the attending psychiatrist and other clinicians. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		working groups. • Use information technology to optimize patient care and lifelong learning. • Demonstrate the ability to effectively lead a multidisciplinary urgent care team.		

Specific Emergency and Urgent Care Clinic Rotation (Final Year Experience) Objectives

For this rotation, the focus will be on four roles: Medical Expert, Communicator, Collaborator, and Leader.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to urgent and emergency care expertise in CAP. • To function effectively as an attending child and adolescent psychiatrist by performing accurate diagnostic assessments and developing comprehensiv	• Perform comprehensive diagnostic interviews. • Demonstrate advanced knowledge and skill in diagnosis-specific screening and symptom-monitoring instruments. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in prescribing and monitoring psychiatric medications in emergency settings for children and adolescents with psychiatric disorders. • Demonstrate advanced knowledge	• Attending psychiatrist observation of the resident performing Medical Expert competencies. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	e, evidence-based treatment plans for children and adolescents presenting with psychiatric emergencies.	of evidence-based psychotherapeutic interventions in emergency settings for children and adolescents with psychiatric disorders. • Assess and manage high-risk behaviors. • Provide psychoeducation. • Demonstrate proficiency in managing comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of acute psychiatric disorders in children and adolescents presenting with psychiatric emergencies.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate details of psychiatric assessments, including diagnoses, formulations, management plans, and prognoses, to children and adolescents, families, and other clinicians, including emergency department physicians, staff, and learners.	• Obtain and organize detailed history and collateral information from patients, families, clinicians involved in care, health records, and other sources. • Obtain necessary consultations effectively. • Effectively convey pertinent information and clinical opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Effectively use verbal and nonverbal communication. • Demonstrate respect for patient	• • Attending psychiatrist observation of resident interactions, with feedback. • Chart audits, including review of orders, notes, laboratory results, other investigations, and discharge summaries. • Clinical teaching of other clinicians, including trainees. • Tutorial series.	• • Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and community professionals to ensure the best possible care for patients and their families.	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Function competently in consultation with other physicians and health care professionals. • Participate in discharge planning and network with outpatient, residential, educational, and community services. • Facilitate learning for others, including patients, families,	• Participate in a multidisciplinary urgent care team. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		clinicians, and students. • Demonstrate respect and a willingness to teach and learn from other team members.		
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.	• Demonstrate an understanding of health care costs and practice effective resource utilization. • Set priorities and use time effectively to optimize professional performance. • Serve on committees or working groups. • Use technology to optimize patient care and lifelong learning. • Demonstrate the ability to lead a multidisciplinary inpatient team.	• Observation with feedback by the attending psychiatrist and other clinicians. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

Ambulatory Rotation Educational Objectives

Medical Expert

Function effectively as a consultant by performing efficient and comprehensive diagnostic assessments and developing broad, evidence-based treatment plans for children and adolescents with psychiatric disorders in outpatient, emergency, and consultation-liaison settings.

Communicator

Effectively communicate details of outpatient, emergency, and medical-surgical consultation psychiatric assessments to children and adolescents, families, other clinicians, and learners.

Collaborator

Work in partnership with children and adolescents, families, allied health professionals within the team, and other physicians to ensure the best possible care for patients and their families in outpatient, emergency, and consultation-liaison settings.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents with psychiatric disorders in outpatient, emergency, and consultation-liaison settings.

Scholar

Develop and implement an effective personal continuing education strategy, maintaining and enhancing professional activities through ongoing learning and translating knowledge relevant to CAP to patients, families, other clinicians, and learners.

Professional

Deliver high-quality care to patients and their families in outpatient, emergency, and consultation-liaison settings and adhere to a professional code at all times.

Specific Ambulatory Rotation Objectives

(Neurodevelopmental, Mood and Anxiety Disorders, and Eating Disorders)

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To function effectively as a consultant by performing efficient and comprehensive diagnostic assessments and developing broad, evidence-based treatment plans for children and adolescents with psychiatric disorders (neurodevelopmental, mood and anxiety disorders, and eating	• Perform comprehensive diagnostic interviews. • Request appropriate investigations, consultations, and collateral information. • Develop biopsychosocial formulations. • Develop comprehensive treatment plans. • Prescribe and monitor psychiatric medications. • Provide and support evidence-based psychotherapeutic interventions. • Assess and manage high-risk behaviors.	• Attending psychiatrist observation of the resident performing Medical Expert competencies. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Academic grand rounds. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	disorders) in an outpatient setting.	• Provide psychoeducation on psychiatric disorders. • Demonstrate proficiency in managing relevant comorbid medical conditions. • Triage, assess, and manage children and adolescents presenting with psychiatric disorders in outpatient settings. • Demonstrate advanced knowledge of the scientific literature and relevant clinical practice guidelines. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of psychiatric disorders in children and adolescents.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate details of outpatient, emergency, and medical-surgical consultations and psychiatric assessments to children and adolescents, families, other clinicians, and learners.	• Obtain and organize detailed history and collateral information from patients, families, clinicians involved in care, health records, and other sources. • Obtain necessary consultations effectively. • Effectively convey pertinent information and clinical opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Effectively use verbal and nonverbal communication. • Demonstrate respect for patient	• Participate in a multidisciplinary outpatient team. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and other physicians to ensure the best possible care for patients treated in outpatient settings and their families.	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Effectively consult with other physicians and health care professionals in outpatient settings. • Facilitate learning for others, including patients, families, other clinicians, and students. • Demonstrate respect and a willingness to teach and learn from other team	• Participate in a multidisciplinary outpatient team. • Role model professional behaviors after the attending psychiatrist. • Attending psychiatrist observation of resident interactions, with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		members.		
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.	• Demonstrate an understanding of health care costs and practice effective resource utilization. • Set realistic priorities and use time effectively to optimize professional performance. • Serve on administrative committees or working groups to accomplish health care–related	• Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		projects. • Utilize information technology to optimize patient care and lifelong learning. • Direct patients to relevant community resources.		
Health Advocate	• To advocate for improvements in the mental and physical health of children and adolescents with psychiatric disorders in outpatient settings.	• Identify the determinants of mental health for children and adolescents. • Identify methods of community advocacy to improve mental health among psychiatrically ill outpatients. • Actively promote mental and physical health in the daily care of child and adolescent psychiatric outpatients.	• Tutorial series. • Role modeling by the attending psychiatrist. • Observation with feedback by the attending psychiatrist and other clinicians.	• CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and translate knowledge relevant to CAP to patients, families, other clinicians, and learners.	• Facilitate the education of other learners through guidance, teaching, and constructive feedback. • Contribute to the dissemination and translation of new medical knowledge and practices in CAP. • Incorporate critical appraisal and evidence-based medicine (EBM) into daily practice. • Demonstrate the application of scientific knowledge in the care of outpatients.	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, prefellowship residents, and nonpsychiatry trainees. • Journal club presentation. • Academic grand rounds presentation.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To deliver high-quality care to patients and their families in outpatient settings. • To adhere to a professional code of conduct at all times.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Collaborative Care Consultation Rotation

(Family Health Team, Regional Child Mental Health Agencies, School-Based Treatment Classrooms) Educational Objectives

Medical Expert

Function effectively as a consultant by performing efficient and comprehensive diagnostic assessments and developing broad, evidence-based treatment plans for children and adolescents with psychiatric disorders in outpatient collaborative care settings.

Communicator

Effectively communicate details of outpatient collaborative care psychiatric assessments to children and adolescents, families, other clinicians, and learners.

Collaborator

Work in partnership with children and adolescents, families, allied health professionals within the team, and other physicians to ensure the best possible care for patients and their families treated in outpatient collaborative care settings.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents with psychiatric disorders in outpatient collaborative care settings.

Scholar

Develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and translate knowledge relevant to CAP to patients, families, other clinicians, and learners.

Professionals

Deliver high-quality care to patients and their families in outpatient collaborative care settings.

Adhere to a professional code of conduct at all times.

Collaborative Care Rotation Objectives

(Family Health Teams, Regional Child Mental Health Agencies, School-Based Treatment Classrooms)

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To function effectively as a consultant by performing efficient and comprehensive diagnostic assessments and developing broad, evidence-based treatment plans for children and adolescents with psychiatric disorders in a collaborative care setting.	• Perform comprehensive diagnostic interviews. • Request appropriate investigations, consultations, and collateral information. • Develop biopsychosocial formulations. • Develop comprehensive treatment plans. • Prescribe and monitor psychiatric medications. • Provide and support evidence-based psychotherapeutic interventions. • Assess and manage high-risk behaviors. • Provide psychoeducation regarding psychiatric illness. • Demonstrate proficiency in managing relevant comorbid medical conditions. • Triage, assess, and manage children and	• Attending psychiatrist's observation of the resident performing the medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series. • Academic grand rounds. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		adolescents presenting with psychiatric disorders in a shared care setting. • Provide high-quality child and adolescent psychiatric consultation to community agencies, classrooms, or family health teams. • Demonstrate advanced knowledge of the scientific literature and clinical practice guidelines. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of acute psychiatric illnesses in children and adolescents.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate details of psychiatric consultations to community agencies, classrooms, or family health teams, as well as to children and adolescents, families, other clinicians, and learners.	• Obtain and organize detailed history and collateral information from the patient, families, clinicians involved in care, health records, and other sources; and obtain necessary consultations effectively. • Effectively convey pertinent information and opinions to medical colleagues, allied health professionals, patients, and families. • Demonstrate the ability to provide consultation-liaison services to community agencies, family health teams, and classrooms. • Effectively communicate and share information relevant to treatment and management within community settings (e.g., schools, community mental health agencies, family health teams). • Prepare accurate and complete medical	• Participation in a multidisciplinary community mental health center. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Expertly use nonverbal and verbal communication. • Demonstrate respect for patient confidentiality, privacy, and autonomy. • Ensure that communications and interactions are developmentally and culturally appropriate.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Collaborator	• To work in partnership with children and adolescents, families, allied health professionals within the team, and other physicians to ensure the best possible care for patients treated in community mental health agencies, school classrooms, and family health teams, as well as for their families.	• Include family members as integral members of the health care team. • Engage with allied health professionals who contribute positively to patient care. • Competently function within a shared care model with family physicians, community mental health agency staff, and school staff in the treatment of outpatients. • Network effectively with residential, educational, and community services. • Facilitate the learning of others, including patients, families, other clinicians, and students. • Demonstrate respect and willingness to teach and learn from other team members.	• Participation in a multidisciplinary community mental health team. • Role modeling by the attending psychiatrist. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Leader	• To apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and professional activities.	• Demonstrate awareness of the cost of health care and practice the effective use of resources. • Serve on administrative committees or working groups to accomplish health care–related projects. • Set realistic priorities and use time effectively to optimize professional performance. • Utilize information technology to optimize patient care and lifelong learning. • Direct patients to relevant community resources.	• Observation of interprofessional interactions with feedback and discussion. • Feedback from the supervisor on time management and prioritization of clinical, managerial, and educational duties.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To advocate for improvements in the mental and physical health of children and adolescents with psychiatric disorders in community mental • health agencies, schools, and family health teams.	• Identify the determinants of mental health for children and adolescents. • Identify methods of community advocacy to improve mental health in the psychiatrically ill outpatient population. • Actively promote mental and physical health in the daily care of child and adolescent psychiatric patients within community mental health agencies, schools, and family health teams.	• Tutorial series. • Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • CBD. • Mini-CEX. • ITER.
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and	• Facilitate the education of other learners through guidance, teaching, and constructive feedback. • Contribute to the dissemination and translation of new medical knowledge and practices in CAP. • Incorporate critical appraisal	• Medical educator workshop focusing on teaching methods in CAP. • Journal club presentation. • Academic grand rounds presentation.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	translate knowledge relevant to CAP to patients, families, other clinicians, and learners.	• and EBM into daily practice. • Demonstrate the application of scientific knowledge in the care of outpatients, emergency patients, and consultation-liaison patients.		
Professional	• To deliver high-quality care to patients and their families in collaborative care settings (schools, community mental health agencies, and family health teams). • To adhere to a professional code of conduct at all times.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Specialized and Complex Ambulatory Care (Final Year Experience)

The following rotations are included: first episode psychosis, transitional youth services, autism spectrum disorder, and eating disorders.

Medical Expert

Establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to areas of special expertise in CAP, including first episode psychosis, transitional youth services, autism spectrum disorder, and eating disorders.

Communicator

Effectively communicate evidence-informed practices in CAP to children and adolescents, caregivers and families, other clinicians, and learners within these specialized areas.

Collaborator

Facilitate learning for others, including patients, families, other clinicians, and students, and demonstrate respect and willingness to teach and learn from other team members.

Leader

Develop and apply practice management principles for psychiatric care within these specialized areas.

Health Advocate

Promote the advancement of mental health for individual youths, communities, and the wider population, particularly children and adolescents with severe psychiatric illness requiring long-term intensive care.

Scholar

Develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge and practices within these specialized areas of CAP.

Professional

Demonstrate responsibility and self-direction for lifelong learning and demonstrate an understanding of the unique ethical principles associated with the treatment of patients with chronic and severe mental illness.

Specific Objectives: First Episode Psychosis

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to areas of special expertise in adolescents with • psychiatric disorders presenting to the First Episode Psychosis Clinic.	• Perform specialty-specific diagnostic interviews, case formulations, and treatment planning. • Demonstrate advanced knowledge and skill in diagnosis-specific screening and symptom-monitoring instruments. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in prescribing and monitoring psychiatric medications for psychotic disorders. • Demonstrate advanced knowledge of evidence-based psychotherapeutic interventions for psychotic disorders. • Assess and manage high-risk behaviors.	• Role modeling by the attending psychiatrist in performing the medical expert role. • Attending psychiatrist's observation of the resident performing the medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Demonstrate proficiency in managing relevant comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of psychiatric disorders in adolescents with psychotic disorders.		
Communicator	• To effectively communicate evidence-informed practices to adolescents, caregivers and families, other clinicians, and learners in the First Episode Psychosis Clinic.	• Obtain and organize detailed history and collateral information from the patient, families, clinicians involved in care, health records, and other sources. • Effectively convey pertinent information and opinions to medical colleagues, allied health professionals, patients, and families.	• Participation in a multidisciplinary team in the First Episode Psychosis Clinic. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with adolescents and families. • Expertly use nonverbal and verbal communication. • Demonstrate respect for patient confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Collaborator	• To facilitate the learning of others, including patients, families, other clinicians, and students, in the First Episode Psychosis Clinic. • To demonstrate respect and willingness to teach and learn from other team members.	• Include family members as integral members of the health care team. • Engage with allied health professionals in ways that contribute positively to patient care. • Competently function within a shared care model with family physicians. • Network effectively with inpatient, outpatient, emergency, and community services. • Facilitate the learning of others, including patients, families, other clinicians, and students. • Demonstrate respect and willingness to teach and learn from other team members.	• Participation in a multidisciplinary inpatient team. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Leader	• To develop and apply practice management principles for psychiatric care for adolescents presenting to the First Episode Psychosis Clinic.	• Demonstrate understanding of the economic and societal costs of psychiatric care for adolescents in the First Episode Psychosis Clinic. • Set realistic priorities and use time effectively to optimize professional performance. • Demonstrate the medical leadership role in patient care in collaboration with other team members. • Utilize information technology to optimize patient care and lifelong learning.	• Observation of interprofessional interactions with feedback and discussion. • Feedback from the supervisor on time management and prioritization of clinical, managerial, and educational duties.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations, particularly adolescents with severe psychiatric illness (psychotic disorders) requiring long-term intensive care.	• Identify the determinants of mental health for children and adolescents. • Identify methods of community advocacy to improve mental health for adolescents with psychotic disorders. • Actively promote mental and physical health in adolescents presenting to the First Episode Psychosis Clinic.	• Tutorial series. • Observation with feedback by the attending psychiatrist and other clinicians.	• CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge. • Practices in psychotic disorders in adolescents.	• Facilitate the education of learners through guidance, teaching, and feedback. • Contribute to the dissemination and translation of medical knowledge and practices in psychotic disorders in adolescents. • Incorporate critical appraisal and evidence-informed medicine into clinical practice for adolescent populations with psychotic disorders.	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, prefellowship residents, and nonpsychiatry trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of the unique ethical principles involved in the treatment of patients with chronic and severe mental illness, such as psychotic disorders.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research and identify ethical considerations in the care of patients with psychotic disorders.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Specific Objectives: Transitional Youth Service

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to areas of special expertise in youth within the Transitional Youth Service.	• Perform specialty-specific diagnostic interviews, case formulations, and treatment planning. • Demonstrate advanced knowledge and skill in diagnosis-specific screening and symptom-monitoring instruments. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in prescribing and monitoring psychiatric medications for youth referred to the Transitional Youth Service. • Demonstrate advanced knowledge of evidence-based psychotherapeutic interventions for youth referred to the Transitional Youth Service. • Assess and manage high-risk behaviors.	• Role modeling by the attending psychiatrist in performing the medical expert role. • Attending psychiatrist's observation of the resident performing the medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Demonstrate proficiency in managing relevant comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of psychiatric disorders in adolescents referred to the Transitional Youth Service.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate evidence-informed practices to adolescents, caregivers and families, other clinicians, and learners within the Transitional Youth Service.	• Obtain and organize detailed history and collateral information from the patient, families, clinicians involved in care, health records, and other sources. • Effectively convey pertinent information and opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with adolescents and families. • Expertly use nonverbal and verbal communication. • Demonstrate respect for patient confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.	• Participation in a multidisciplinary team in the Transitional Youth Service. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Collaborator	• To facilitate the learning of others, including patients, families, other clinicians, and students, in the Transitional Youth Service. • To demonstrate respect and willingness to teach and learn from other team members.	• Include family members as integral members of the health care team. • Engage with allied health professionals in ways that contribute positively to patient care. • Competently function within a shared care model with family physicians. • Network effectively with inpatient, outpatient, emergency, and community services. • Facilitate the learning of others, including patients, families, other clinicians, and students. • Demonstrate respect and willingness to teach and learn from other team members.	• Participation in a multidisciplinary team within the Transitional Youth Service. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Leader	• To develop and apply practice management principles for psychiatric care for adolescents referred to the Transitional Youth Service.	• Demonstrate understanding of the economic and societal costs of psychiatric care for youth in the Transitional Youth Service. • Set realistic priorities and use time effectively to optimize professional performance. • Demonstrate the medical leadership role in patient care. • Work collaboratively with other team members. • Utilize information technology to optimize patient care and lifelong learning.	• Observation of interprofessional interactions with feedback and discussion. • Feedback from the supervisor on time management and prioritization of clinical, managerial, and educational duties.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations, particularly adolescents with severe psychiatric illness requiring long-term intensive care.	• Identify the determinants of mental health for adolescents. • Identify methods of community advocacy to improve mental health for adolescents within the Transitional Youth Service. • Actively promote mental and physical health in adolescents within the Transitional Youth Service.	• Tutorial series. • Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge and practices within the Transitional Youth Service.	• Facilitate the education of other learners through guidance, teaching, and constructive feedback. • Contribute to the dissemination and translation of new medical knowledge and practices relevant to this transitional population. • Incorporate critical appraisal and • evidence-informed medicine into daily clinical practice for this population.	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, prefellowship residents, and nonpsychiatry trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of the unique ethical principles involved in the treatment of patients with chronic and severe mental illness within the transitional youth population.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research. • Identify ethical considerations in the care of patients with severe and chronic mental illness.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Specific Objectives: Autism Spectrum Disorders

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to areas of expertise in autism spectrum disorder in children and adolescents.	• Perform specialty-specific diagnostic interviews, formulations, and treatment planning. • Possess knowledge and skills in the use of disorder-specific screening and monitoring instruments. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in prescribing and monitoring psychiatric medications for autism spectrum disorder. • Assess and manage high-risk behaviors. • Demonstrate proficiency in managing relevant	• Role modeling: attending psychiatrist performing the medical expert role. • Attending psychiatrist's observation of resident performing the specific medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of psychiatric conditions associated with autism spectrum disorder.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate evidence-informed practices related to autism spectrum disorder to children and adolescents, caregivers and families, other clinicians, and learners.	• Obtain and organize detailed history and collateral information from the patient, families, clinicians involved in care, health records, and other sources. • Effectively convey pertinent information and opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner. • Establish and maintain therapeutic rapport with children and families. • Expertly use verbal and nonverbal communication. • Demonstrate respect for patient confidentiality, privacy, and	• Participation in a multidisciplinary autism spectrum disorder team. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Collaborator	• To facilitate the learning of others, including patients, families, other clinicians, and students, in the context of autism spectrum disorder. • To demonstrate respect and willingness to teach and learn from other team members.	• Include family members as integral members of the health care team. • Engage with allied health professionals in ways that contribute positively to patient care. • Competently function within a shared care model with family physicians. • Network effectively with inpatient, outpatient, emergency, and community services. • Facilitate the learning of others, including patients, families, other clinicians, and students. • Demonstrate respect and willingness to teach and learn from other team members.	• Participation in a multidisciplinary team. • Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Leader	• To develop and apply practice management principles for psychiatric care in autism spectrum disorder.	• Demonstrate understanding of the economic and societal costs of care for individuals with autism spectrum disorder. • Set realistic priorities and use time effectively to optimize professional performance.	• Observation of team and management interactions in interprofessional settings with feedback and discussion.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.
		• Demonstrate the medical leadership role in patient care. • Work collaboratively with other team members. • Utilize information technology to optimize patient care and lifelong learning.	• Supervisor's feedback on time management and prioritization of clinical, managerial, and educational duties.	

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations, particularly children and adolescents with severe psychiatric illness, including autism spectrum disorder, who require long-term intensive care.	• Identify the determinants of mental health for children and adolescents. • Identify methods of community advocacy to improve mental health for children and adolescents with autism spectrum disorder. • Actively promote mental and physical health in children and adolescents with autism spectrum disorder.	• Tutorial series. • Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge and practices in autism spectrum disorder.	• Facilitate the education of other learners through guidance, teaching, and constructive feedback. • Contribute to the dissemination and translation of new medical knowledge and practices in autism spectrum disorder. • Incorporate critical appraisal and evidence-informed medicine into daily clinical practice for individuals with autism spectrum disorder	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, prefellowship residents, and nonpsychiatry trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of the unique ethical principles involved in the treatment of patients with chronic and severe mental illness, including autism spectrum disorder.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research. • Identify the unique ethical considerations in the care of patients with severe and chronic mental illness.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Specific Objectives: Eating Disorders

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to areas of expertise in eating disorders.	• Perform specialty-specific diagnostic interviews, formulations, and treatment planning. • Possess advanced knowledge and skill in diagnosis-specific screening and symptom-monitoring instruments. • Request appropriate investigations, consultations, and collateral information. • Demonstrate advanced knowledge and skill in prescribing and monitoring psychiatric medications for eating disorders. • Demonstrate advanced knowledge of evidence-based psychotherapeutic interventions for individuals with eating disorders. • Assess and manage high-risk behaviors.	• Role modeling: attending psychiatrist performing the medical expert role. • Attending psychiatrist's observation of resident performing the specific medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of clinical work. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Demonstrate proficiency in managing relevant comorbid medical conditions. • Demonstrate knowledge of the epidemiology, etiology, diagnosis, and course of eating disorders in children and adolescents.		
Communicator	• To effectively communicate evidence-informed practices related to eating disorders to children and adolescents, caregivers and families, other clinicians, and learners.	• Obtain and organize detailed history and collateral information from the patient, families, clinicians involved in care, health records, and other sources. • Effectively convey pertinent information and opinions to medical colleagues, allied health professionals, patients, and families. • Prepare accurate and complete medical records in a timely manner.	• Participation in a multidisciplinary team in the treatment of eating disorders. • Attending psychiatrist's observation of resident interactions with feedback.	• • Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Establish and maintain therapeutic rapport with children and families. • Expertly use verbal and nonverbal communication. • Demonstrate respect for patient confidentiality, privacy, and autonomy. • Ensure that communication and interactions are developmentally and culturally appropriate.		
Leader	• To develop and apply practice management principles for psychiatric care in the eating disorder clinic setting.	• Demonstrate understanding of the economic and societal costs of psychiatric care for individuals with eating disorders.	• Observation of team members and management in interprofessional interactions with feedback and discussion.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Set realistic priorities and use time effectively to optimize professional performance. • Demonstrate the medical leadership role in patient care. • Work collaboratively with other team members. • Utilize information technology to optimize patient care and lifelong learning.	• Feedback from the supervisor on time management and prioritization of clinical, managerial, and educational duties.	

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations, particularly children and adolescents with severe psychiatric illness requiring long-term intensive care for eating disorders.	• Identify the determinants of mental health for children and adolescents. • Identify methods of community advocacy to improve mental health for children and adolescents with eating disorders. • Actively promote mental and physical health in children and adolescents receiving treatment for eating disorders.	• Tutorial series. • Observation with feedback by the attending psychiatrist and other clinicians.	• CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge and practices in eating disorders. • Dissemination and translation of new medical knowledge and practices in the specialized area of eating disorders.	• Facilitate the education of other learners through guidance, teaching, and constructive feedback. • Contribute to the dissemination and translation of new medical knowledge and practices in eating disorders. • Specialized area of eating disorders. • Incorporate critical appraisal and evidence-informed medicine into daily clinical practice for individuals with eating disorders.	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, prefellowship residents, and nonpsychiatry trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of the unique ethical principles involved in the treatment of patients with chronic and severe mental illness, including eating disorders.	• Demonstrate collaborative and respectful relationships, including gender and cultural awareness. • Demonstrate responsibility, dependability, self-direction, and punctuality. • Accept and constructively use supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research. • Identify the unique ethical considerations in the care of patients with severe and chronic mental illness, including eating disorders.	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

Advanced Area of Focus (Teaching and Education Scholarship, Health Care Delivery)

Medical Expert

Establish and maintain theoretical and practical knowledge of health care delivery, research principles, and education scholarship as they pertain to the practice of CAP at the subspecialty level.

Communicator

Effectively communicate evidence-informed practices in CAP to children and adolescents, caregivers and families, other clinicians, and learners.

Collaborator

Facilitate learning for others, including patients, families, other clinicians, and students, and demonstrate respect and willingness to teach and learn from other team members.

Leader

Develop and apply practice management principles in health care delivery, research, and education scholarship.

Health Advocate

Promote the advancement of mental health for individual youths, communities, and the general population in relation to CAP.

Scholar

Develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and translate knowledge relevant to CAP for patients, families, other clinicians, and learners.

Professional

Demonstrate responsibility and self-direction for lifelong learning. Demonstrate an understanding of ethical principles in research and education.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To establish and maintain theoretical and practical knowledge of the clinical, developmental, and basic sciences relevant to CAP at the subspecialty level.	• Demonstrate advanced knowledge of the scientific literature and clinical practice guidelines relevant to CAP.	• Tutorial sessions. • Clinical experiences in therapeutic modalities. • Attendance at academic grand rounds and workshops. • Journal club. • Scholarly or managerial project with a faculty supervisor.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.
Communicator	• To effectively communicate evidence-informed practices in CAP to children and adolescents, caregivers and families, other clinicians, and learners.	• Deliver information in an understandable manner that is culturally and developmentally appropriate. • Demonstrate the ability to use effective	• Medical educator workshop focusing on teaching methods in CAP. • Role modeling. • Teaching of other learners.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		knowledge translation methods.	• Journal club. • Required presentation at grand rounds. • Presentation at local or national academic meetings.	
Collaborator	• To facilitate the learning of others, including patients, families, other clinicians, and students. • To demonstrate respect and willingness to teach and learn from team members.	• Work collaboratively with others in the accomplishment of academic tasks. • Demonstrate knowledge of team dynamics.	• Project work with a research or management team. • Tutorial series. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.
Leader	• To develop and apply management principles for psychiatric care.		• Tutorial series. • Role modeling. • Journal club.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Identify the characteristics of administrative and managerial roles in academic CAP. • Identify effective methods of time management. • Demonstrate the use of information technology to enhance patient care and promote lifelong learning. • Demonstrate the ability to balance time and effort between clinical and academic responsibilities.	• Organization and completion of a scholarly or managerial project.	
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations in relation to CAP.	• Identify and understand the determinants of health affecting patients and communities. • Describe the structures of governance in mental health	• Tutorial series. • Attendance at national or local academic meetings. • Attending psychiatrist role modeling.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		care and demonstrate awareness of major regional, national, and international advocacy groups in child and adolescent mental health care.		• Logbook.
Scholar		• Facilitate the education of other learners through guidance, teaching, and feedback.	• Medical educator workshop focusing on teaching methods in CAP.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and translate knowledge relevant to CAP to patients, families, other clinicians, and learners.	• Contribute to the dissemination and translation of new medical knowledge and practices in the area of CAP. • Demonstrate critical appraisal skills in evaluating medical literature. • Demonstrate the ability to generate a scientific question, design a study, and write a simple research proposal in CAP. • Demonstrate the ability to competently review and present a body of literature relevant to CAP.	• Assignment of fellows to didactic and case-based teaching sessions for medical students, postgraduate year (PGY) 1–4 residents, and non-psychiatry trainees. • Tutorial series. • Journal club. • Presentation at grand rounds. • Presentation at a local or national academic meeting. • Scholarly project.	

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of ethical principles in research and education.	• Make constructive use of supervision and feedback, demonstrating awareness of personal limitations. • Possess advanced knowledge and skill in applying ethical principles in CAP research and education.	• Tutorial series. • Role modeling by faculty.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. •

Specific Objectives

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Medical Expert	• To demonstrate an understanding of the basic principles of research design, methodology, biostatistics, and clinical epidemiology in CAP.	• Identify an area of research interest and a mentor. • Critically appraise the background literature relevant to the research project. • Review the relevant literature and distill from it scientific questions that can be answered using available resources within an appropriate time frame.	• Role modeling: attending psychiatrist performing the medical expert role. • Attending psychiatrist's observation of resident performing the specific medical expert role. • Feedback and supervision sessions utilizing questions and issues raised during observations of research activities. • Attendance at a research methodology workshop.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Communicator	• To effectively communicate research findings in CAP to scientific communities through posters, abstracts, teaching slides, manuscripts, grant applications, or other forms of scientific communication.	• Obtain and organize detailed data from patients, families, clinicians involved in care, health records, and other sources. • Effectively communicate and collaborate with research team members to conduct research. • Prepare accurate and complete research records in a timely manner. • Demonstrate respect for patient confidentiality, privacy, and autonomy.	• Attending psychiatrist's observation of resident interactions with feedback.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		• Ensure that communications and interactions are developmentally and culturally appropriate.		
Collaborator	• To facilitate the learning of others—including patients, families, and other clinicians—across a range of research topics. • To demonstrate respect and willingness to teach and learn from team members.	• Identify, consult, and collaborate with appropriate experts to conduct research.	• Participation in research-related team meetings. • Attending psychiatrist's observation of resident interactions with feedback.	• • Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Leader	• To develop and demonstrate leadership and administrative abilities in leading a research team.	• Apply knowledge of the economic and societal costs of research involving children and adolescents in psychiatric settings. • Set realistic priorities and use time effectively to optimize professional performance in a research setting. • Demonstrate a leadership role within the research team. • Collaborate effectively with other team members. • Utilize information technology to optimize research processes and outcomes.	• Observations of team members and management in interprofessional interactions with feedback and discussion. • Feedback from supervisor on time management and prioritization of clinical, managerial, and research duties.	• • Multidisciplinary team feedback regarding communication with patients, families, and team members. • Logbook. • ITER.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Health Advocate	• To promote the advancement of mental health for individual youths, communities, and populations through research.	• Identify the determinants of mental health for children and adolescents. • Recognize the contributions of research in improving the health of patients and communities.	• Tutorial series. • Role modeling by the attending psychiatrist. • Observation with feedback by the attending psychiatrist and other clinicians.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Scholar	• To develop and implement an effective personal continuing education strategy; maintain and enhance professional activities through ongoing learning; and contribute to the dissemination and translation of new medical knowledge and practices in CAP research.	• Pose a research question and develop a proposal to address it. • Conduct an appropriate literature search based on the research question. • Propose a methodological approach to address the research question and carry out the study as outlined in the proposal. • Critically analyze and disseminate the results of the research. • Identify areas for further research. • Contribute to the dissemination and translation of new medical knowledge and practices in CAP.	• Medical educator workshop focusing on teaching methods in CAP. • Assignment of fellows to didactic and case-based teaching sessions for medical students, PGY residents, and non-psychiatry trainees.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. • Logbook.

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
Professional	• To demonstrate responsibility and self-direction for lifelong learning. • Demonstrate an understanding of the unique ethical principles in CAP research.	• Uphold ethical professional standards in research consistent with institutional review board (IRB) guidelines, including the maintenance of meticulous data and the conduct of ethically sound research involving human or animal subjects. • Demonstrate personal responsibility for setting research goals and working with mentors to establish and achieve research timeline objectives. • Participate in specialty organizations that promote scholarly activity and continuous professional development. • Publish accurate	• Observation and feedback from the attending psychiatrist, team members, and families. • Tutorial series.	• Multidisciplinary team feedback regarding communication with patients, families, and team members. • CBD. • Mini-CEX. • ITER. •

CanMEDS Role	Learning Outcomes: Goals/Objectives	Specific Competencies	Instructional Method	Assessment
		and reliable research results with attention to appropriate authorship attribution criteria. • Disclose potential financial conflicts of interest (including speaker fees, consultative relationships, investments, etc.) as appropriate when engaging in and disseminating research results. • Make constructive use of supervision and feedback and demonstrate awareness of personal limitations. • Behave in accordance with professional standards when treating patients or conducting research.		

Selective School Consultation

Educational Objectives:

Medical Expert

Function effectively as a senior resident by performing relevant child and adolescent psychiatric examinations and assessments in a school setting and contributing to evidence-based treatment plans for children and adolescents presenting in that setting.

Communicator

Work in partnership with patients and families, multidisciplinary school team members, and other physicians to ensure the best possible care for patients and their families treated in the school setting.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents in the school setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the school setting.

Professional

Deliver high-quality care to patients and their families in the school setting and adhere to a professional code of conduct at all times.

Selective Community Mental Health Agencies

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant child and adolescent psychiatric examinations and assessments in a community mental health setting and contributing to evidence-based treatment plans for children and adolescents presenting in that setting.

Communicator

Effectively communicate details of mental health examinations and assessment results to patients and families, as well as to other clinicians.

Collaborator

Work in partnership with patients and families, community mental health agency team members, and other physicians to ensure the best possible care for patients and their families.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents in the community mental health setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the community mental health agency setting.

Professional

Deliver high-quality care to patients and their families in the community mental health agency setting and adhere to a professional code of conduct at all times.

Selective Developmental Disabilities

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant developmental disability assessments and contributing to evidence-based treatment plans for

children and adolescents with developmental disabilities in an outpatient setting.

Communicator

Effectively communicate details of developmental disability assessment results to patients and families, as well as to other clinicians.

Collaborator

Work in partnership with patients and families, developmental disabilities team members, and other physicians to ensure the best possible care for patients and their families.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents with developmental disabilities and/or psychiatric disorders seen in the developmental disabilities setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the outpatient setting.

Professional

Deliver high-quality care to patients and their families in the outpatient setting and adhere to a professional code of conduct at all times.

Selective Family Medicine

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant child and adolescent psychiatric examinations and assessments in a shared care family medicine setting and contributing to evidence-based treatment plans for children and adolescents presenting in a primary care setting.

Communicator

Effectively communicate details of mental health examinations and assessment results to patients and families, as well as to other clinicians.

Collaborator

Work in partnership with patients and families, family medicine team members, and other physicians to ensure the best possible care for patients and their families treated in the family medicine setting.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents in the family medicine setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the family medicine setting.

Professional

Deliver high-quality care to patients and their families in the family medicine setting and adhere to a professional code of conduct at all times.

Selective Pediatric Neurology

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant general pediatric examinations and assessments and contributing to evidence-based treatment plans for children and adolescents with pediatric illnesses in an outpatient setting.

Communicator

Effectively communicate details of pediatric examination and assessment results to patients and families, as well as to other clinicians.

Collaborator

Work in partnership with patients and families, pediatric team members, and other physicians to ensure the best possible care for patients and their families treated in the outpatient general pediatric setting.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents in the general pediatric setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the general pediatric setting.

Professional

Deliver high-quality care to patients and their families in the general pediatric setting and adhere to a professional code of conduct at all times.

Selective Eating Disorders

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant eating disorder assessments and contributing to evidence-based treatment plans for children and adolescents with eating disorders in an outpatient setting.

Communicator

Effectively communicate details of eating disorder assessment results to patients and families, as well as to other clinicians.

Collaborator

Work in partnership with patients and families, eating disorder team members, and other physicians to ensure the best possible care for patients and their families treated in outpatient eating disorder settings.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents with eating disorders in the psychiatric setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, other clinicians, and learners in the outpatient psychiatric setting.

Professional

Deliver high-quality care to patients and their families in outpatient settings and adhere to a professional code of conduct at all times.

Elective Forensics

Educational Objectives

Medical Expert

Function effectively as a senior resident by performing relevant forensic and parental capacity assessments and contributing to evidence-based treatment plans for adolescents in the juvenile justice system. Demonstrate an understanding of medicolegal issues as they relate to out-of-home placement and issues of confidentiality in the juvenile justice setting.

Communicator

Effectively communicate details of forensic examinations and assessment results. Demonstrate the ability to collaborate effectively with multidisciplinary teams and staff. Demonstrate empathy and establish rapport with youth involved in the juvenile justice system.

Collaborator

Understand and interact appropriately with the various systems of care involved with youth in the juvenile justice system. Provide input for special education

placement and recommendations for evaluation regarding neglect, abuse, custody, or visitation.

Leader

Apply practice management principles and demonstrate the ability to balance patient care with personal learning needs and activities.

Health Advocate

Advocate for improvements in the mental and physical health of children and adolescents with forensic needs in the psychiatric setting.

Scholar

Develop and implement an effective personal education strategy through ongoing learning and translate knowledge relevant to CAP to patients, families, justice staff, other clinicians, and learners in the forensic setting.

Professional

Deliver high-quality care to patients and their families in forensic settings and adhere to a professional code of conduct at all times.

Elective Research

Educational Activities (EAs)

Medical Expert

Critically appraise the background literature relevant to the research project. Identify an area of research interest and a mentor. Review the relevant literature and distill from it a scientific question that can be answered using available resources within an appropriate time frame. Demonstrate in-depth knowledge of the research topic of interest.

Communicator

Demonstrate skill in conveying and discussing scientific research within the scientific community through posters, abstracts, teaching slides, manuscripts, grant applications, or other forms of scientific communication. Communicate and collaborate effectively with research team members to conduct research.

Collaborator

Identify, consult, and collaborate with appropriate experts to conduct research.

Leader

Independently identify an area of research interest and a research mentor to engage in the scholarship of scientific inquiry and dissemination. Independently utilize available resources and meet regularly with the identified research mentor. Demonstrate effective time management in a research setting, as well as leadership and administrative abilities, where appropriate, when leading a research team.

Health Advocate

Recognize the contributions of scientific research in improving the health of patients and communities.

Scholar

Pose a research question (clinical, basic, or population health). Develop a proposal to address the research question. Conduct an appropriate literature search based on the question. Propose a methodological approach to address the question. Carry out the research outlined in the proposal. Critically analyze and disseminate the results of the research. Identify areas for further research.

Professional

Uphold ethical and professional standards consistent with IRB guidelines, including the maintenance of meticulous data and the conduct of ethically sound research involving human or animal subjects. Demonstrate personal

responsibility for setting research goals and working with mentors to establish and achieve research timeline objectives. Participate in specialty organizations that promote scholarly activity and continuous professional development. Publish accurate and reliable research results, with attention to appropriate authorship attribution criteria. Disclose potential financial conflicts of interest (including speaker fees, consultative relationships, investments, etc.) as appropriate when engaging in and disseminating research results.

IX. CONTINUUM OF LEARNING

Domain	Fellowship Competencies F1	Fellowship Competencies F2	Consultant
Level of Practice	Dependent practice with supervision.	Increasingly independent practice with supervision and provision of supervision to junior trainees.	Independent practice and provision of supervision.
Knowledge	Demonstrate foundational biomedical, psychosocial, and developmental knowledge relevant to children and adolescents. Understand normal and abnormal development across infancy to adolescence. Identify major diagnostic categories in CAP according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Describe principles of family systems, trauma-informed care, attachment theory, and	Integrate advanced CAP knowledge to manage more complex comorbidities and clinical presentations. Apply developmental neuroscience and advanced psychopathology to formulate comprehensive diagnoses. Interpret psychometric and neuropsychological assessments. Apply advanced psychopharmacology, including the management of adverse effects and treatment resistance. Synthesize evidence-based psychotherapies	Demonstrate mastery of subspecialty knowledge and remain current with evolving CAP literature. Critically evaluate research for clinical applicability and guideline development. Integrate advanced developmental neuroscience and psychopharmacology into clinical and system-level decision-making. Contribute to knowledge advancement through scholarship, research, or educational leadership.

Domain	Fellowship Competencies F1	Fellowship Competencies F2	Consultant
	neurodevelopmental disorders. Demonstrate knowledge of indications, mechanisms of action, and adverse effects of commonly used pediatric psychotropic medications.	(CBT, dialectical behavior therapy for adolescents, family therapy, and trauma-focused approaches) into clinical care.	
Clinical Skills	Conduct developmentally appropriate psychiatric interviews with children, adolescents, and caregivers. Perform initial diagnostic assessments, including risk assessments (suicide, violence, and safeguarding). Develop biopsychosocial formulations. Manage common outpatient presentations under supervision (e.g., ADHD, anxiety disorders, and depressive disorders). Participate in inpatient, emergency, and consultation-liaison	Manage complex cases involving comorbid psychiatric, medical, social, and developmental factors. Conduct comprehensive diagnostic assessments incorporating collateral information and psychometric results. Deliver evidence-based psychotherapy under supervision. Initiate and adjust psychotropic medications for complex clinical presentations. Provide consultation to pediatricians, schools, and community agencies.	Independently manage highly complex child and adolescent psychiatric cases. Provide second-opinion consultations to multidisciplinary teams. Develop integrated management plans for treatment-resistant or high-risk youth. Lead service planning, clinical pathway development, and quality improvement initiatives. Establish institutional or regional guidelines for CAP assessment and management.

Domain	Fellowship Competencies F1	Fellowship Competencies F2	Consultant
	assessments under supervision.		
Professionalism and Patient Safety	Demonstrate professional behavior, reliability, and ethical practice in all interactions. Recognize personal limits and seek supervision appropriately. Participate in safety practices, incident reporting, and risk management protocols.	Model ethical decision-making and professionalism for junior trainees. Manage emotionally charged or high-risk situations while maintaining appropriate therapeutic boundaries. Apply child protection and consent laws (capacity, guardianship, and confidentiality).	Serve as a role model for professionalism at institutional or provincial levels. Ensure safe systems of care, quality assurance, and leadership in patient safety. Address complex medico-legal situations, including court reports and expert opinions.
Decision-Making	Make clinical decisions based on supervised assessment and recognized CAP frameworks. Identify uncertainty and seek guidance in ambiguous or high-risk cases. Begin applying evidence-based guidelines under supervision.	Independently develop diagnostic formulations integrating biological, psychological, developmental, and systemic factors. Apply evidence-based treatment algorithms and adapt them for complex comorbidities.	Lead high-level interdisciplinary decision-making in complex clinical systems. Apply advanced understanding of the scientific literature to develop guidelines, policies, and service models.

Domain	Fellowship Competencies F1	Fellowship Competencies F2	Consultant
		Critically appraise the literature to inform clinical decision-making.	Engage in system-level clinical planning and resource allocation.
Supervision and Teaching Role	Teach foundational CAP concepts to medical students and junior residents. Provide clear and structured presentations during rounds or case discussions. Understand principles of feedback and reflective practice.	Supervise junior trainees in routine clinical activities under consultant oversight. Provide constructive feedback and demonstrate effective educational techniques. Participate in curriculum development and program evaluation activities.	Provide formal supervision and mentorship to fellows and residents. Design and deliver CAP education programs (lectures, workshops, and simulations). Provide system-level educational leadership across institutions or regional networks.

X. EDUCATIONAL ACTIVITIES (TEACHING AND LEARNING STRATEGIES AND METHODS)

General Principles

Teaching and learning will be structured and programmatic, with greater responsibility assigned to self-directed learning.

Each week, at least 4–6 hours of formal training time should be reserved. Formal teaching time refers to activities that are planned in advance with an assigned tutor, designated time slot, and specified venue. It excludes bedside teaching, clinic postings, and similar activities.

The Core Education Programme (CEP) will include the following three formal teaching and learning activities:

Universal topics: 20–30%

Core specialty topics: 40–50%

Trainee-selected topics: 20–30%

At least 3 hours per week should be allocated to the CEP.

The CEP will be supplemented by other practice-based learning (PBL) activities, such as:

Morning reports or case presentations

Morbidity and mortality reviews

Journal clubs

Systematic reviews

Hospital grand rounds and other continuing medical education (CME) activities

Each week, at least 1 hour should be allocated for meetings with mentors, portfolio review, mini-CEX, and related activities.

Educational Activities

1) Academic Activities

- **Scheduled teaching activities**
  - Lectures and grand rounds
  - Critical appraisal of the literature (journal club, narrative reviews, and systematic reviews)
- **Half-day academic sessions**
  - Case-based learning
  - Interactive lectures
  - Workshops

2) Practice-Based Learning

  - Morning reports or case presentations
  - Morbidity and mortality reviews

3) Scholarly Projects

- **Community engagement**
  - Community activities
  - Volunteer hours
- **Research projects**
  - Research methodology
  - Research conduct and biostatistics
  - EBM

4) Professional and Personal Development

- **Formal teaching activities**
    - Core education program
- **Self-directed learning**
    - Mentorship, portfolio review, reflective practice, and supervision

A) Universal Topics

Universal topics are developed centrally by the Saudi Commission and are available as an e-learning module. These are high-value, interdisciplinary topics of critical importance to trainees. The purpose of delivering these topics centrally is to ensure that all trainees receive high-quality teaching and develop essential core knowledge. These topics are common to all specialties. The following is a list of universal topics for trainees. **For a detailed description of universal topics, please refer to the SCFHS website:**

https://ha-learning.scfhs.org.sa

Module	Universal Topic	Level
Module 1: Introduction		F1/F2
1	Safe drug prescribing	
2	Hospital-acquired infections	
3	Sepsis, systemic inflammatory response syndrome, and disseminated intravascular coagulation	
Module 2: Cancer		F1/F2
4	Principles of cancer management	
5	Side effects of chemotherapy and radiation therapy	
6	Oncologic emergencies	
Module 3: Diabetes and Metabolic Disorders		F1/F2
7	Recognition and management of diabetic emergencies	
8	Management of diabetic complications	
9	Comorbidities of obesity	
10	Abnormal electrocardiogram findings	
Module 4: Medical and Surgical Emergencies		F1/F2
11	Management of acute chest pain	
12	Management of altered level of consciousness	
13	Management of hypotension and hypertension	
14	Management of acute breathlessness	
Module 7: Ethics and Health Care		F1/F2

Module	Universal Topic	Level
15	Occupational hazards of health care workers	
16	Evidence-based approach to smoking cessation	
17	Patient advocacy	
18	Ethical issues: transplantation, organ harvesting, and withdrawal of care	
19	Ethical issues: treatment refusal and patient autonomy	
20	Role of physicians in death and dying	

B) Learning Resources

Free access may be available to trainees.

1) Journals

- American Academy of Child and Adolescent Psychiatry
- European Child and Adolescent Psychiatry
- Canadian Academy of Child and Adolescent Psychiatry

2) Textbooks

- Rutter's Child and Adolescent Psychiatry, 6th Edition /new version 7th released in 2025.
- Dulcan's Textbook of Child and Adolescent Psychiatry, Edited by Mina K. Dulcan, M.D. 3rd Edition.
- Lewis's Child and Adolescent Psychiatry: A comprehensive textbook 5th edition.

3) Guidelines

- National Institute for Mental Health (NIMH).
- Saudi Guidelines for Mental Disorders.

- Practice parameters.

Suggested References

- Rutter's Child and Adolescent Psychiatry.
- Dulcan's Textbook of Child and Adolescent Psychiatry.
- Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- American Academy of Child and Adolescent Psychiatry Practice Parameters.
- American Academy of Child and Adolescent Psychiatry Code of Ethics.

XI. ASSESSMENT AND EVALUATION

1. Purpose of Assessment

Assessment plays a vital role in postgraduate training. It guides trainees and trainers toward achieving defined standards, learning outcomes, and competencies. In addition, assessment provides feedback to learners and faculty regarding curriculum development and implementation, teaching methods, and the quality of the learning environment. Reliable and valid assessment processes are essential to ensure alignment between curriculum objectives, learning methods, and assessment tools. Finally, assessment assures patients and the public that health professionals are safe and competent to practice.

Assessment serves the following purposes:

a. **Assessment for learning**, also known as formative assessment, utilizes information from trainees' performance to diagnose learning needs and tailor instruction for improvement. This process enables faculty to use information regarding trainees' knowledge, understanding, and skills to provide timely, specific, and constructive feedback. In addition, it fosters the development of trainees' metacognitive and practical skills, encourages reflection and self-regulated learning, and supports the development of lifelong learning.

b. **Assessment of learning**, also referred to as summative assessment, is designed to evaluate whether trainees have achieved their intended learning

outcomes. It is typically scored and contributes to high-stakes decisions, including progression, certification, or completion of training.

c. **System of assessment**, also known as a Program of Assessment, represents the structured relationship among multiple assessment methods integrated throughout the specialty training program. In this system, formative and summative assessments are complementary and aligned with curriculum competencies and outcomes. It is blueprinted (mapped) against the curriculum roles, competencies, and outcomes. This overall system blueprint, which differs from an examination blueprint, articulates how diverse assessment tools collectively provide evidence of competence. It may include varying levels of detail according to its purpose and is also referred to as "assessment mapping." This mapping outlines the competencies to be assessed by all types of assessment methods to build a comprehensive, balanced, and fit-for-purpose assessment strategy. It also helps identify areas in which assessment is lacking or requires strengthening.

d. **Feedback and evaluation** as assessment outcomes represent quality metrics that enhance the learning experience. Moreover, they can be used to support training progression and determine readiness for different levels of summative assessment. High-quality feedback should be specific, actionable, and longitudinal, and it should promote self-assessment. Narrative and meaningful feedback on trainees' performance in work-based assessments and evaluation forms should inform structured action plans, support deliberate practice, and facilitate improvement and progression.

For organizational clarity, assessment is further classified into two main categories: *Formative* and *Summative*.

Formative Assessment

2.1 General Principles

Formative assessment should be integrated into curriculum design, grounded in best practices and evidence-based approaches, and aligned with the stated competencies and appropriate assessment tools.

Purpose of Formative Assessment

Formative assessment aims to actively support trainees' development by guiding learning, monitoring progression, and ensuring the acquisition of competencies essential for high-quality professional practice across health disciplines.

- Enhance learning by providing trainees with opportunities to practice, receive timely feedback, evaluate their performance, and identify areas for further development and improvement.
- Drive learning and optimize the training process by clarifying expectations and motivating trainees to actively pursue appropriate training opportunities and experiences.
- Provide comprehensive evidence that trainees are progressing toward achieving curriculum standards throughout the training program.
- Ensure that trainees acquire the required competencies across all domains of effective health care practice.
- Verify that trainees demonstrate the foundational knowledge, skills, and professional attitudes required for their specialty.
- Confirm that trainees are advancing appropriately in performance relative to their stage of training.

Trainees, as adult learners, should actively seek feedback and use it to improve performance throughout their progression from novice to mastery levels of competence. Formative assessment, also referred to as continuous or ongoing

assessment, is a structured component of assessment distributed across the academic year to provide trainees with timely, meaningful, and actionable feedback that promotes learning and improvement.

A specified time should be allocated for trainees to meet with their program director or equivalent to review performance reports and logs (e.g., in-training evaluation reports [ITERs], logbooks, and workplace-based assessment tools). Trainees are expected to assume ownership of their development through self-directed learning. Information from formative assessment tools is integrated at the end of the year to inform decisions regarding progression to the next level of training. Formative assessment instruments are periodically reviewed and updated as needed to ensure alignment with SCFHS guidelines and standards.

Consistent with best practices in health professions education, formative assessment has the following features, tailored to the targeted competencies:

a. Multisource: Selection of appropriate tools, including relevant workplace-based assessments, according to competency, training level, and rotation.
b. Comprehensive: Covering all learning domains (i.e., knowledge, skills, and attitudes, including professional behavior).
c. Relevant: Focused on workplace-based observations of performance in authentic practice settings.
d. Milestone-oriented: Reflecting expected competencies aligned with the trainee's developmental level.

2.2 Formative Assessment Tools

2.2.1 Work-Based Assessment

Work-based assessment (WBA) is sometimes used interchangeably with workplace-based assessment, which refers to the direct observational assessment of a trainee in a real work environment. More recently, it has also been described as a supervised learning event.

WBA is one of the most widely recognized and utilized approaches for enhancing learning through formative assessment and feedback.

Numerous WBA tools assess a range of competencies, including communication and consultation skills, clinical decision-making and reasoning, and patient management in contexts in which diagnostic uncertainty, resource constraints, and public health considerations may exist. In addition, WBA tools facilitate the assessment of complex domains, including professionalism, procedural skills, and ethical and legal aspects inherent in clinical practice, which may not be adequately evaluated using traditional assessment methods.

2.2.2 EAs (Non–WBA Assessment)

EAs are part of the trainees' training program and involve structured teaching and learning activities designed to support the acquisition of specialty competencies. Examples of contributions to EAs include, but are not limited to, presentations at journal clubs, lectures, morbidity and mortality rounds, grand rounds, and participation in research and scholarly activities.

All formative assessment tools used for formative assessment purposes must comply with the **Scoring Categories and Scaling Definitions** outlined in SCFHS policies.

Does Not Meet Expectations	Borderline	Meets Expectations	Exceeds Expectations
(<50%)	(50–69.99%)	(70–89.99%)	(≥90%)

To achieve the expected training outcomes, the candidate must complete all required components of the selected formative assessment tools.

Formative Assessment (2026)

General /Subspecialty	Level	Knowledge					Skills							Attitudes
		SOE	EYPT–International	Academic Activities	CBD	EYPT–Local	OSCE/OSPE	Research	DOPS	Logbook	Volunteering	Other	Mini-CEX	Evaluation – ITERs
CAP Fellowship	F1	✓		✓	✓	✓		✓		✓			✓	✓
	F2			✓	✓			✓		✓	✓		✓	✓

SOE: Structured Oral Examination; **EYPT–International:** International Examination; **EYPT–Local**: Progress Test

DOPS: Direct Observation of Procedural Skills; **OSCE**: Objective Structured Clinical Examination**; CBD**: Case-Based Discussion

OSPE: Objective Structured Practical Examination; **Mini-CEX:** Mini-Clinical Evaluation Exercise**; ITER:** In-Training Evaluation Report

Description Table of Formative Assessment Tools

Learning Domains	Assessment Tool	Requirements
Knowledge	SOE	Achieve a passing score on a 4-station SOE, with successful completion of at least 3 stations.
	Academic Activities	Present two academic activities per year.
	CBD	Lead six CBDs per year.
	EYPT–Local	End-of-first-year written examination. • The examination includes a written cognitive assessment (multiple-choice questions [MCQs] and/or modified essay questions). • Information regarding the examination and its blueprint is available on the Commission's website. (www.scfhs.org.sa).
Skills	Research	By the end of the first year: • Obtain IRB approval for the research protocol. • Initiate data collection. • Provide a written summary to the Training Committee outlining progress prior to the end-of-first-year written examination. • By the end of the second year: • Submit the final manuscript for publication or prepare it for poster presentation. • Present research findings to the Training Committee at the training center or during the annual fellows' research day prior to the final written examination.

Learning Domains	Assessment Tool	Requirements
	Logbook	Academic and clinical assignments must be documented annually in an electronic tracking system (e-Logbook), when applicable. 1. Include a section tracking clinical rotations, with details regarding duration, location, supervisor, and objectives. 2. Maintain an outpatient clinic log documenting patient encounters, diagnoses, interventions, and outcomes. 3. Include an inpatient and consultation service log to track cases, treatment plans, and supervision. 4. Maintain a supervision log documenting supervision hours, case discussions, and key learning points. 5. Record participation in and presentations of academic activities and teaching. 6. Maintain a research and publications log documenting research projects and journal submissions. 7. Include a section for reflections and self-assessment throughout the program. 8. Maintain a procedures and skills log documenting clinical competencies and supervisor sign-offs. 9. Record participation in CPD/CME conferences and workshops, including hours and key learning outcomes. 10. Include weekly or biweekly summaries with supervisor feedback and progress tracking.
	Volunteering	Complete a total of 30 hours of medical volunteering through the health volunteering system. Activities must be approved by the program director and directly related to CAP.
	Mini-CEX	Complete six Mini-CEXs per year.
Attitudes	ITER	Evaluations are based on fulfillment of the minimum requirements for procedures and clinical skills, as determined by the program.

Learning Domains	Assessment Tool	Requirements
		ITER: Conducted every 3 months for core rotations and monthly for elective or selective rotations.

All formative assessment tools used for formative assessment purposes must comply with the scoring categories and scaling definitions outlined in SCFHS policies.

Summative Assessment

3.1 General Principles

Summative assessment is the component of assessment primarily designed to inform decisions regarding trainees' competence and readiness to progress or enter independent practice. Unlike formative assessment, it does not primarily aim to provide constructive feedback; rather, it evaluates whether the required standards have been met. For additional details, please refer to the General Bylaws and Executive Policy of Assessment (available online at www.scfhs.org).

To be eligible to sit for the final examinations, trainees are issued a Certification of Training Completion upon successful completion of all training rotations in accordance with SCFHS regulations.

3.2 Certification of Training Completion

The Certification of Training Completion and trainees' eligibility for final examinations are governed by SCFHS regulations and policies. Trainees must fulfill all requirements outlined by the SCFHS and their training program, including successful completion of rotations, assessments, and any additional mandated components (please refer to www.scfhs.org www.scfhs.org). This certification is issued and approved by the supervisory committee or its equivalent, in accordance with SCFHS policies.

Final In-Training Evaluation Report (FITER)

In addition to the local supervising committee's approval of completion of the clinical requirements (via the fellow's logbook), program directors prepare an FITER for each fellow at the end of the final year of fellowship (F2). This process may also include clinical or oral examinations or the completion of other academic assignments.

Final CAP Saudi Fellowship Examination

The final Saudi Fellowship examination consists of two parts:

1. Written Examination

Written Examination Format

- The written examination consists of one paper containing not fewer than 100 MCQs, each with a single best answer (one correct answer out of four options).
- The examination includes K2-type questions (interpretation, analysis, reasoning, and decision-making) and K1-type questions (recall and comprehension).
- The examination includes basic concepts and clinical topics relevant to the specialty.
- Clinical presentation questions include history, clinical findings, and patient management approach.
- Diagnosis and investigation questions include the likely diagnosis and appropriate diagnostic methods.
- Management questions include treatment and overall clinical management, whether therapeutic or nontherapeutic, as well as potential complications.
- Materials and instruments questions include material properties, appropriate usage, and selection of instruments and equipment.
- Health maintenance questions include health promotion, disease prevention, risk factor assessment, and prognosis.

Example of Written Examination Blueprint

No.	Section	Percentage
1	Introduction to Child Psychiatry (History Taking and MSE)	5%
2	Child and Adolescent Development/Attachment	5%
3	Neurodevelopmental Disorders	10%
4	Conduct Disorder/Oppositional Defiant Disorder/Impulse Control Disorders/Other Behavioral Disorders	10%
5	Major Depressive Disorder/Bipolar Disorder/Other Mood Disorders	10%
6	Obsessive-Compulsive Disorder	5%
7	Anxiety Disorders/Phobias/Dissociative Disorders	5%
8	Psychotic Disorders in Childhood and Adolescence	5%
9	Pharmacotherapy of Child and Adolescent Psychiatric Disorders	10%
10	Psychotherapy for Children and Adolescents	5%
11	Psychiatric Approach to Pediatric Inpatient Consultations/Psychosomatic Medicine	5%
12	Child Abuse/Legal Issues/Personality Disorders	5%
13	Psychometric Testing in CAP/Clinical Psychology	5%
14	CAP in DSM-5-TR	5%
15	Professionalism and Ethics in Psychiatry	5%
16	Research Methodology/EBM	5%
Total		**100%**

Note:

- Blueprint distributions of the examination may vary by up to ±5% in each category.
- Percentages and content are subject to change at any time. Please refer to the SCFHS website for the most up-to-date information.

2. OSCE:

This examination assesses a broad range of advanced clinical skills, including data gathering, patient management, communication, and counseling. The examination is held at least once per year as an OSCE and consists of patient management problems. Eligibility criteria and passing scores are established in accordance with the Commission's training and examination rules and regulations. Examination details and the blueprint are published on the Commission website, www.scfhs.org.sa

General Information	
Examination Format	- The final clinical/practical examination consists of five graded stations, each with a 10-minute encounter. - You will encounter one to two examiners at each station.
Conduct of Evaluation	
Station Information	- The five stations consist of 5 SOE stations. - All stations are designed to assess integrated clinical/practical encounters. - Domains and sections may overlap, and more than one competency may be evaluated within a station. - Each station may address one or more cases or scenarios. - SOE stations are designed with preset questions and predetermined model answers. - A scoring rubric for post-encounter questions is also established in advance, if applicable.
Time Management	- The examiner is aware of the material that must be covered at each station and is responsible for managing the time accordingly. - The examiner aims to provide you with every opportunity to address all questions within the station. - The examiner may indicate that "in the interest of time, you will need to move to the next question." This comment has no bearing on your performance; it is intended solely to ensure completion of the station. If you are unclear about any aspect during the station, you may request clarification. - Some stations may conclude early; if this occurs, the examiner will end the encounter.
Examiner Professionalism	- Examiners have been instructed to interact professionally. Do not be concerned if they are not as warm or informal as usual. - It is recognized that this is a stressful situation, and examiners understand that candidates may be nervous. If you require a moment to collect your thoughts before responding, you may indicate this to the examiner.

General Information	
Conflicts of Interest	- Examiners are selected and appointed by the SCFHS based on their qualifications. They are not obligated to disclose personal information or professional details to candidates. - Examiners are drawn from across the country. You may recognize some of them or may have previously worked with them in a clinical or academic capacity. This is acceptable to the SCFHS and does not constitute a conflict of interest unless either you or the examiner perceives it as such (e.g., if the examiner made a substantial contribution to your training or evaluation, or if a personal relationship exists). - Any perceived conflict should be identified at the time of introduction; examiners have been instructed to do the same. Examiners will notify SCFHS staff, and every effort will be made to arrange a suitable replacement.
Confidentiality	- Electronic devices are not permitted. - Communication with other candidates during the examination is prohibited.

Example of Final Clinical Examination Blueprint

Sections	- The examination will cover selected sections from the following:	
	1.	Autism Spectrum Disorders and Psychotic Disorders in Childhood
	2.	ADHD (Part 2)/Other Behavioral Disorders
	3.	Bipolar Disorder (Part 2)/Major Depressive Disorder in Adolescents
	4.	Anxiety Disorders/Obsessive-Compulsive Disorder
	5.	Pharmacotherapy of Child and Adolescent Psychiatric Disorders
	6.	DSM-5-TR Diagnostic Criteria
	7.	Psychotherapy for Children and Adolescents
	8.	Family Therapy and School Consultation
	9.	Sleep and Eating Disorders
	10.	Approach to Suicide, Homicide, and Child Abuse in Adolescents
	11.	Approach to Substance Use in Adolescents and Forensic Psychiatry

* Appendix B provides information on assessment mapping

XII. PROGRAM AND COURSE EVALUATION

The SCFHS applies multiple measures to evaluate the implementation of this curriculum. The training outcomes of the program are reviewed using the quality assurance framework endorsed by the Central Training Committee of the SCFHS. Trainee assessment results (both formative and summative) are analyzed and mapped against the curriculum content. Additional indicators incorporated into the evaluation process include:

- Annual trainee satisfaction survey reports.
- Annual survey data from program directors.
- Data obtained through program accreditation processes and accreditation review reports.
- Quality reports and metrics from the Standard and Quality Departments (e.g., Scientific Council reports, Training Center reports, Code Blue data and reports, and related surveys).

Goal-Based Evaluation: The achievement of intended outcomes or competencies is evaluated at the end of each stage to assess the effectiveness of curriculum delivery. Any identified deficiencies are addressed in the subsequent stage by utilizing the time allocated to trainee-selected topics and professional development sessions.

In addition to expert subject-matter input and best practices drawn from benchmarked international programs, the SCFHS applies a systematic approach to ensure that this curriculum incorporates all relevant data available at the time of future revisions.

XIII. POLICIES AND PROCEDURES

This curriculum outlines the means, materials, and learning objectives that trainees and trainers utilize to achieve the identified educational outcomes. The SCFHS maintains a comprehensive set of "General Bylaws of Training in Postgraduate Programs" and "Executive Policies," published on the official SCFHS website, which govern all training-related processes. These include, but are not limited to, general bylaws on training, assessment, and accreditation, as well as executive policies on admission, registration, formative assessment and promotion, examinations, trainee representation and support, duty hours, and leave—each of which constitutes regulations that must be implemented. Under this curriculum, trainees, trainers, and supervisors are required to adhere to the most current versions of these bylaws and policies, which are accessible online through the official SCFHS website.

XIV. APPENDICES

Appendix A: Academic Half-Day Activities

1. Case-Based Learning and Interactive Lectures

1.1 Junior-Level Topics

No.	Subject Title	Objectives
1	Introduction to Child Psychiatry (History Taking and MSE)	• Define CAP. • Review the general principles of history taking and MSE, including differences across age groups. • Become familiar with structured and semi-structured interviews and their appropriate use. • Become familiar with the current DSM-5-TR criteria for child and adolescent psychiatric • disorders.
2	Child and Adolescent Development	• Understand normal development to determine what constitutes abnormality at a given age.
3	Infancy and Attachment	• Define attachment. • Understand theories of attachment and the psychological consequences of insecure attachment.
4	Speech and Language Disorders	• Discuss types of speech and language disorders, including etiological factors. • Describe the clinical presentation. • Review DSM-5-TR criteria. • Discuss management.
5	Reactive Attachment Disorder	• Define the disorder and its etiological factors. • Describe the clinical presentation. • Review DSM-5-TR criteria. • Discuss management.

No.	Subject Title	Objectives
6	Autism Spectrum Disorder, Part 1	• Outline the historical development of Autism Spectrum Disorder as a diagnostic entity. • Describe the core symptoms of Autism Spectrum Disorder.
No.	**Subject Title**	**Objectives**
		• Discuss associated impairments and comorbid psychiatric disorders. • Explain the typical developmental course and demographic distribution of Autism Spectrum Disorder. • Discuss the etiological factors contributing to the development of Autism Spectrum Disorder. • Apply theoretical models of executive function and self-regulation to the clinical management of Autism Spectrum • Disorder.
7	ADHD, Part 1	• Outline the historical development of ADHD as a diagnostic entity. • Describe the core symptoms of ADHD. • Discuss associated impairments and comorbid psychiatric disorders. • Explain the typical developmental course and demographic distribution of ADHD. • Discuss the etiological factors contributing to the development of ADHD. • Apply theoretical models of executive function and self-regulation to the clinical management of ADHD.
8	Conduct Disorder	• Define the disorder and its etiological factors. • Describe the clinical presentation. • Review DSM-5-TR criteria. • Discuss comorbid psychiatric disorders • Discuss management and prognosis.

No.	Subject Title	Objectives
9	Oppositional Defiant Disorder and Impulse Control Disorders	• Define the disorders and their etiological factors. • Describe the clinical presentation. • Review DSM-5-TR criteria. • Discuss management.

No.	Subject Title	Objectives
10	Major Depressive Disorder	• Definition and epidemiology. • Etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid psychiatric disorders. • Management and prognosis.
11	Bipolar Disorder, Part 1	• Definition and epidemiology. • Etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Management.
12	Other Mood Disorders	• Clinical presentation. • DSM-5-TR criteria. • Management.
13	Obsessive-Compulsive Disorder	• Definition and epidemiology. • Etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid psychiatric disorders. • Management and prognosis.
14	Separation Anxiety Disorder and Other Anxiety Disorders	• Definition and epidemiology. • Etiological factors. • Clinical presentation. • DSM-5-TR criteria.

No.	Subject Title	Objectives
		• Management and prognosis.
15	Psychotic Disorders in Childhood and Adolescence	• Definition and epidemiology. • Theoretical models and etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Management.
16	Elimination Disorders	• Definition and etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid medical conditions. • Management.
17	Treatment in Child Psychiatry: An Overview	• Biopsychosocial approach to CAP.
No.	**Subject Title**	**Objectives**
18	Pharmacotherapy of Child and Adolescent Psychiatric Disorders	• Principles of safe drug prescribing in children and adolescents. • Common psychotropic medications used in pediatric populations.
19	Psychiatric Approach to Pediatric Inpatient Consultations	• Biopsychosocial models. • Stages of psychosomatic involvement. • Psychological aspects of chronic diseases and their impact on development. • Assessment and management.
20	Child Abuse	• Introduction to child and adolescent abuse. • Definition of abuse. • Types of abuse. • Prevention. • Psychological consequences. • Management.

No.	Subject Title	Objectives
21	Suicidality and Homicidality	• Introduction to suicide and homicide in pediatric populations. • Epidemiology. • Risk factors associated with safety compromise. • Prevention. • Management.
22	Psychometric Testing in Children and Adolescents	• Definition. • Overview of tests used in CAP. • Selection of appropriate testing tools. • Interpretation of results.

1.2 Senior-Level Topics

No.	Subject Title	Objectives
1	Autism Spectrum Disorder, Part 2	• Conduct clinical interviews with parents, teachers, and children/adolescents to assess Autism Spectrum Disorder. • Utilize appropriate behavioral rating scales to evaluate Autism Spectrum Disorder. • Discuss the role of psychological testing and direct observation in the evaluation of Autism Spectrum Disorder. • Provide an effective feedback session to parents. • Discuss treatment options for Autism Spectrum Disorder. • Apply knowledge of developmental principles to the management of Autism Spectrum Disorder. • Provide classroom management recommendations for children and adolescents with Autism • Spectrum Disorder.
2	ADHD, Part 2	• Conduct clinical interviews with parents, teachers, and children/adolescents to assess ADHD. • Utilize appropriate behavioral rating scales to evaluate ADHD. • Discuss the role of psychological testing and direct observation in the evaluation of ADHD. • Provide an effective feedback session to parents. • Discuss treatment options for ADHD. • Apply knowledge of developmental principles to the management of ADHD.
No.	**Subject Title**	**Objectives**
		• Provide classroom management recommendations for children and adolescents with ADHD.

No.	Subject Title	Objectives
3	Bipolar Disorder, Part 2	• Address comorbidities. • Manage complex cases. • Provide family counseling and therapy.
4	Major Depressive Disorder in Adolescents	• Discuss etiological factors and comorbid psychiatric disorders. • Management.
5	Schizophrenia in Children and Adolescents	• Definition and epidemiology. • Theoretical models and etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid psychiatric disorders. • Management and prognosis.
6	Pharmacotherapy of Child and Adolescent Psychiatric Disorders (Psychostimulants)	• Mechanism of action and pharmacological properties. • Indications and dosing in pediatric populations. • Adverse effects of medication. • Principles of safe prescribing.
7	Pharmacotherapy of Child and Adolescent Psychiatric Disorders (Antidepressants)	• Mechanism of action and pharmacological properties. • Indications and dosing in pediatric populations. • Adverse effects of medication. • Principles of safe prescribing.
8	Pharmacotherapy of Child and Adolescent Psychiatric Disorders (Antipsychotics)	• Mechanism of action and pharmacological properties. • Indications and dosing in pediatric populations. • Adverse effects of medication. • Principles of safe prescribing.
9	Play Therapy and Other Interventions	• Definition of integrative play assessment and therapy. • Clinical conditions in which play therapy is beneficial. • Indications for play therapy. • Other therapeutic interventions. • Common issues in therapy.

No.	Subject Title	Objectives
		• Evidence of efficacy.
10	Psychodynamic Psychotherapy	• Definition and indications. • Differences between psychodynamic psychotherapy in children and adolescents and in adults. • Methods of intervention. • Evidence-based studies of efficacy in children and adolescents.
11	School Consultation	• Definition. • Models of school-based consultation. • Consultation within the school context and culture. • Goals of consultation.
12	Forensic Psychiatry	• Definition. • Overview of the legal system in Saudi Arabia. • Legal processes and relevant professionals. • Ethical issues. • Professional liability. • Court consultations.
13	Sleep Disorders	• Definition and epidemiology. • Theoretical models and etiological factors. • DSM-5-TR criteria. • Comorbid psychiatric and medical conditions. • Management and prognosis.
14	Neurocognitive Disorders	• Definition and epidemiology. • Theoretical models and etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid conditions. • Management and prognosis.

No.	Subject Title	Objectives
15	Eating Disorders	• Definition and epidemiology. • Theoretical models and etiological factors. • Clinical presentation. • DSM-5-TR criteria. • Comorbid psychiatric and medical conditions. • Management.

2. Workshops and Simulation

2.1 Junior-Level Workshops

	Workshop Title	Objectives	Duration	
1	Professionalism and Ethics in Psychiatry	• Recognize ethical responsibilities, in accordance with national and international guidelines and relevant Islamic regulations, toward patients, medical colleagues, health care institutions, the local community, and personal well-being and professional competence. • Obtain informed consent for psychiatric assessment and treatment, recognizing the distinction between consent and assent. • Justify the involvement of psychiatric patients in teaching medical students and residents while maintaining patient dignity and safety. • Identify signs of impaired professional competence—whether personal or among colleagues—and, when appropriate, report risks to patient safety. • Critically evaluate ethical boundaries in interactions with the pharmaceutical industry. • Apply foundational ethical principles in various clinical and research scenarios.	1 day	

	Workshop Title	Objectives	Duration	
2	Principles of Learning and Teaching in Health Sciences	• Demonstrate critical thinking skills in applying knowledge and understanding the scientific principles that guide practice. • Apply diverse teaching strategies to promote learning, incorporating adult learning theory. • Recognize opportunities for teaching in various clinical settings. • Recognize the value of incidental teaching during clinical supervision. • Develop confidence in sharing knowledge and enhancing teaching effectiveness. • Identify opportunities for teaching practical skills in clinical environments. • Develop an organized approach to teaching clinical skills to trainees, junior colleagues, and peers. • Demonstrate competency in knowledge translation and skill dissemination through • interactive small-group exercises.	1 day	
3	Communication Skills	• Identify and apply effective verbal and nonverbal communication skills in the workplace. • Respond to questions and provide justification, instruction, and education to patients and families. • Articulate the importance of effective communication in personal and professional contexts. • Enhance small-group dynamics to promote effective teamwork. • Deliver bad news in a compassionate and effective manner.	1 day	

	Workshop Title	Objectives	Duration	
4	CBT in Children and Adolescents	• Review the foundational principles of CBT. • Apply CBT techniques to children and adolescents. • Identify psychiatric disorders that benefit from CBT. • Discuss common challenges and management strategies. • Practice application through case scenarios.	2 days	
5	Research Methodology and Statistics, Section 1: Research Methods	• This workshop provides a hands-on opportunity for trainees to acquire foundational skills in research methods and biostatistics. By the end of this section, trainees will be able to: • Formulate research objectives. • Justify the selection of an appropriate research design. • Discuss study variables, measurement considerations, potential biases, study populations, and sampling strategies. • Develop a comprehensive research proposal incorporating these elements.	1 day	
6	EBM	• Promote the application of EBM and foster habits of lifelong learning. • Critically appraise medical literature and apply findings to patient care.	1 day	
7	Wellness and Burnout Prevention for Health Care Professionals	• Increase awareness of risk factors and signs of burnout among health care professionals. • Promote evidence-based strategies for resilience, stress management, and self-care. • Foster a culture of wellness and support within health care systems.	1 day	

	Workshop Title	Objectives	Duration	
8	Legal Issues in Clinical Practice	• Familiarize trainees with mental health law, patient rights, and clinician responsibilities. • Recognize the medico-legal implications of psychiatric assessment and treatment. • Enhance competency in ethical decision-making and documentation.	1 day	

2.2 Senior-Level Workshops

	Workshop Title	Objectives	Duration	
1	Family Therapy	• Review the foundational principles of family therapy. • Apply family therapy approaches to children and adolescents. • Identify psychiatric disorders that benefit from family therapy. • Discuss common challenges and management strategies. • Practice application through case scenarios.	2 days	
2	Approaches to Substance Use in Adolescents	• Review DSM-5-TR diagnostic criteria for substance use disorders in adolescents. • Differentiate substance use patterns across developmental stages. • Identify commonly used substances among adolescents. • Discuss prevention strategies. • Outline evidence-based management strategies. • Provide family counseling interventions.	1 day	

	Workshop Title	Objectives	Duration	
3	Approaches to Suicide and Homicide in Adolescents	• Review epidemiology. • Identify risk factors associated with compromised safety. • Discuss prevention strategies. • Outline management approaches. • Review relevant legal frameworks in Saudi Arabia.	1 day	
4	Approaches to Child Abuse	• Define child abuse. • Describe types of abuse. • Discuss psychological consequences. • Outline management strategies. • Review relevant legal frameworks in Saudi Arabia.	1 day	
5	Research Methodology and Statistics, Section 2: Biostatistics	• This workshop provides a hands-on opportunity for trainees to acquire advanced skills in research methodology and biostatistics. By the end of this section, trainees will be able to: • Apply the principles of the scientific method to clinical research. • Utilize appropriate methodological and statistical tools to analyze collected data using standard statistical software.	1 day	
6	EBM in Psychiatry	• Promote the application of EBM in psychiatry. • Foster habits of lifelong learning in the application of evidence-based principles. • Critically appraise medical literature and apply findings to patient care.	1 day	

	Workshop Title	Objectives	Duration	
7	Psychometric Testing in Children and Adolescents (IQ and Personality Assessment)	• Provide orientation to psychometric tests used in CAP. • Select appropriate testing instruments based on clinical indications. • Interpret test results accurately. • Develop an approach to complex or challenging cases. • By the end of this workshop, fellows will acquire foundational skills to appropriately administer and interpret psychometric tests. • One day for each test group	2 days	
8	Leadership and Health Care Management	• Introduce concepts of leadership styles and organizational behavior in health care. • Develop skills in managing multidisciplinary teams and health care systems. • Promote advocacy, professionalism, and innovation in mental health leadership roles.		

3. Example of a Half-Day Schedule for One Month

Academic Week	*Rotation*	*Section*	*Sessions*
1	General CAP	Introduction to Child Psychiatry	Interactive Lecture: Normal Development Differences Between Child and Adult Psychiatry
			Case-Based Learning
2	General CAP	Evaluation 1	Interactive Lecture: History Taking (Parent Interview, Patient Interview, and Collateral Information)
			Case-Based Learning
3	General CAP	Evaluation 2	Interactive Lecture: MSE Family Evaluation
			Case-Based Learning
4	General CAP	Workshop	Professionalism and Ethics in Psychiatry

Appendix B: Information on Assessment

1. ITER – CAP Fellowship Program

Date: _____ Fellow: Supervisor:

Registration No:_____ Rotation: _ Rotation Date:

Level (Please check one): FY1 □ FY2 □

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
Medical Expert – Knowledge					
1) Basic sciences: physiology, neuroanatomy, neurochemistry, and genetics.					
2) Etiology, clinical presentation, and course of illness.					
3) Normal and abnormal development and psychological processes.					
4) Psychotherapeutic constructs: individual, family, and group modalities.					
5) Knowledge of indications, dosing, adverse effects, and drug–drug interactions of psychotropic medications.					
6) Cultural, gender, and age-specific theoretical, clinical, and therapeutic considerations.					
7) Community resources.					
8) Health care regulations and confidentiality.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
9) Ability to reference and utilize relevant literature in clinical practice and to critically appraise evidence.					
10) Nosology (DSM-5-TR).					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
Medical Expert – Skills					
1) Establishes and maintains therapeutic rapport and effective professional relationships.					
2) Organizes and conducts comprehensive and developmentally appropriate interviews.					
3) Performs comprehensive mental status examinations.					
4) Formulates and synthesizes differential diagnoses and final diagnoses.					
5) Integrates and presents a coherent biopsychosocial formulation.					
6) Develops and implements integrated, evidence-based treatment plans.					
7) Appropriately utilizes psychiatric, psychological, and medical diagnostic tools and investigations.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
8) Applies appropriate psychotherapeutic modalities (specify types in the comments section).					
9) Demonstrates effective self-awareness and manages countertransference reactions.					
10) Utilizes pharmacotherapy safely and effectively.					
11) Appropriately utilizes somatic therapies (e.g., electroconvulsive therapy).					
12) Maintains accurate, thorough, and timely medical records.					
13) Demonstrates proficiency in technical and procedural skills while minimizing patient risk and discomfort.					
14) Effectively assesses, documents, and manages suicidal or homicidal risk and other psychiatric emergencies.					
Communicator					
1) Listens effectively.					
2) Conveys accurate and coherent information to patients and families regarding diagnoses, treatment plans, and prognoses.					
3) Shares appropriate clinical information with members of the health care team.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
4) Effectively communicates pertinent clinical information and professional opinions to medical colleagues.					
5) Prepares accurate, organized, and timely documentation, including comprehensive medical notes.					
Collaborator					
1) Effectively consults with physicians and other health care professionals.					
2) Demonstrates the ability and willingness to teach colleagues and learn from them.					
3) Works collaboratively with members of the health care team, recognizing roles and responsibilities.					
4) Actively contributes to interdisciplinary team activities.					
Leader					
1) Effectively utilizes information to optimize patient care, lifelong learning, and professional activities.					
2) Uses resources cost-effectively based on sound clinical judgment.					
3) Evaluates the effectiveness and efficiency of resource utilization.					
4) Demonstrates the ability and willingness to refer patients to relevant community resources.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
5) Sets realistic priorities and manages time effectively to optimize professional performance.					
6) Applies principles of practice management effectively.					
7) Coordinates the efforts of the multidisciplinary treatment team.					
Health Advocate					
1) Demonstrates awareness of structures within the mental health care system.					
2) Demonstrates awareness of major regional, national, and international mental health advocacy organizations.					
3) Identifies and understands determinants of health affecting patients and communities and responds appropriately in advocacy contexts.					
Scholar					
1) Demonstrates understanding of and commitment to lifelong learning and develops and implements personal learning strategies.					
2) Critically appraises medical literature and integrates information from diverse sources effectively.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
3) Facilitates the learning of others through guidance, teaching, and constructive feedback.					
4) Contributes to the advancement of new knowledge.					
5) Demonstrates awareness and application of research principles.					
6) Demonstrates the ability to supervise junior residents and medical students.					
Professional					
1) Demonstrates integrity, honesty, compassion, and respect for diversity.					
2) Fulfills the medical, legal, and professional obligations of a psychiatrist.					
3) Maintains collaborative and respectful therapeutic relationships with patients, demonstrating gender and cultural sensitivity.					
4) Demonstrates responsibility, dependability, self-direction, and punctuality.					
5) Accepts and constructively utilizes supervision and feedback.					
6) Demonstrates awareness and application of ethical principles in clinical practice.					

Knowledge and Skills	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
7) Demonstrates awareness of personal limitations and seeks appropriate support when needed.					
8) Understands and applies regulations governing access to health care records by patients or authorized parties.					
Additional Comments					

Name of Fellow:

Signature: ---------- Date:_----------

Supervisor's Name: ----------

Signature: ---------- Date: ----------

Institute Training Supervisor: ----------

Signature: ----------Date:_----------

Fellowship Training Director: ----------

Signature: ----------

Date: ----------

Note: It is emphasized that the ITER operates electronically. It has been included here solely to display its contents in this manual.

2. Portfolio and Logbook

2.1 Portfolio

a. The portfolio will be an integral component of the training program.

b. Each fellow is required to maintain a logbook.

c. The educational supervisor is responsible for monitoring and reviewing the portfolio and providing continuous feedback to the fellow.

d. The portfolio should include the following:

e. Curriculum vitae.

f. Professional development plan.

g. Records of educational and training activities.

h. Reports from educational supervisors.

i. Logbook.

j. Selected case write-ups.

k. Reflective entries.

l. Other materials, including patient feedback, clinical audits, and related documentation.

2.2 Logbook

a. The logbook is a component of the portfolio. The purposes of the logbook are to:

b. Monitor the fellow's performance on a continual basis.

c. Document cases seen or managed by the fellow.

d. Record procedures and technical interventions performed.

e. Enable the fellow and supervisor to identify learning gaps.

f. Provide a structured basis for feedback.

Principles

The portfolio and logbook should be reviewed weekly by the supervisor together with the fellow and, if deemed complete and satisfactory, subsequently reviewed by the primary supervisor at the training center. The logbook must be completed to allow the fellow to sit for the promotion or final examination.

3. Mini-CEX

Purpose

1. To evaluate the psychiatry fellow's clinical skills through direct observation.
2. To promote learning by providing structured feedback on performance within an authentic workplace context.

Method

A supervised clinical case interview followed by discussion and feedback. The supervisor assesses the fellow's clinical skills using a standardized assessment form with listed competencies and provides structured, relevant feedback.

Principles

Approximately one Mini-CEX session is conducted monthly (for a total of 10–12 sessions annually).

A minimum of 15 minutes is allocated for observation and 15 minutes for feedback during each session.

The fellow must achieve a minimum score of 5 (satisfactory) out of 9 in the Mini-CEX to pass and to be eligible to sit for the end-of-first-year promotion examination or to progress from the second year and sit for the final examination.

Assessment Criteria

The Mini-CEX is intended to assess fellows' competencies in the following domains:

Criterion	Below Expected 1 2 3	Expected 4 5 6	Above Expected 7 8 9	Not Applicable	Comments
History-taking process					
History-taking content					
MSE					
Physical examination skills					
Communication skills					
Risk assessment					
Management planning					
Overall clinical judgment and decision-making					
Mini-CEX Duration: Observation: _____ minutes Feedback: _____ minutes					

High-Priority Areas for Mini-CEX

a. Assessment of a psychiatric emergency (acute psychosis).

b. Management of a psychiatric emergency (acute psychosis).

c. Assessment of a high-prevalence psychiatric condition.

d. Management of a high-prevalence psychiatric condition.

e. Assessment of a low-prevalence psychiatric condition.

f. Management of a low-prevalence psychiatric condition.

g. Assessment of a severe and enduring mental illness.

h. Management of a severe and enduring mental illness.

i. Assessment of a psychiatric emergency (suicidal ideation or behavior).

j. Management of a psychiatric emergency (suicidal ideation or behavior).

k. Clinical review of a patient.

l. Assessment of response to treatment.

m. Obtaining informed consent.

n. Other (specify):

Mini-CEX Assessment Form

CAP Fellowship Program

Date: ----------

Fellow:

Assessor:

Registration No.:

Rotation: Rotation Dates:

Setting: Emergency Department □ Ward □ Outpatient Clinic □ Other (specify):

Patient Age:

Competency Assessed:

Level (Please check one): FY1 ☐ FY2 ☐

Please provide comments on the trainee's performance. Describe strengths, areas for improvement, and your overall impression. Where appropriate, suggest specific actions for improvement and an expected timeline.

To what degree was this case an adequate test of the trainee's abilities?

1 2 3 4 5 6 7 8 9

Inadequate Adequate Superior

How did the candidate perform?

Did Not Meet Expectations ☐ Borderline ☐ Met Expectations ☐

Above Expectations ☐

Assessor's Signature: Fellow's Signature:

Date:

XV. REFERENCES

This curriculum template document has been reviewed and updated utilizing the following references:

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3. World Health Organization. Adolescent Mental Health. November 2021. https://www.who.int/news-room /fact-sheets /detail/adolescent-mental-health. Accessed October 4, 2022.
4. Qureshi, N., Al-Habeeb, A., & Koenig, H. (2013). Mental health system in Saudi Arabia: An overview. Neuropsychiatric Disease and Treatment, 9, 1121–1135.
5. Koenig, H., Al Zaben, F., Sehlo, M., Khalifa, D., Al Ahwal, M., Qureshi, N., & Al-Habeeb, A. (2014). Mental health care in Saudi Arabia: Past, present, and future. Open Journal of Psychiatry, 4, 113–130.
6. Al-Habeeb, A., Qureshi, N., & Al-Turki, M. (2012). Pattern of child and adolescent psychiatric disorders among patients consulting publicly funded child psychiatric clinics in Saudi Arabia. Eastern Mediterranean Health Journal, 18, 112–119.
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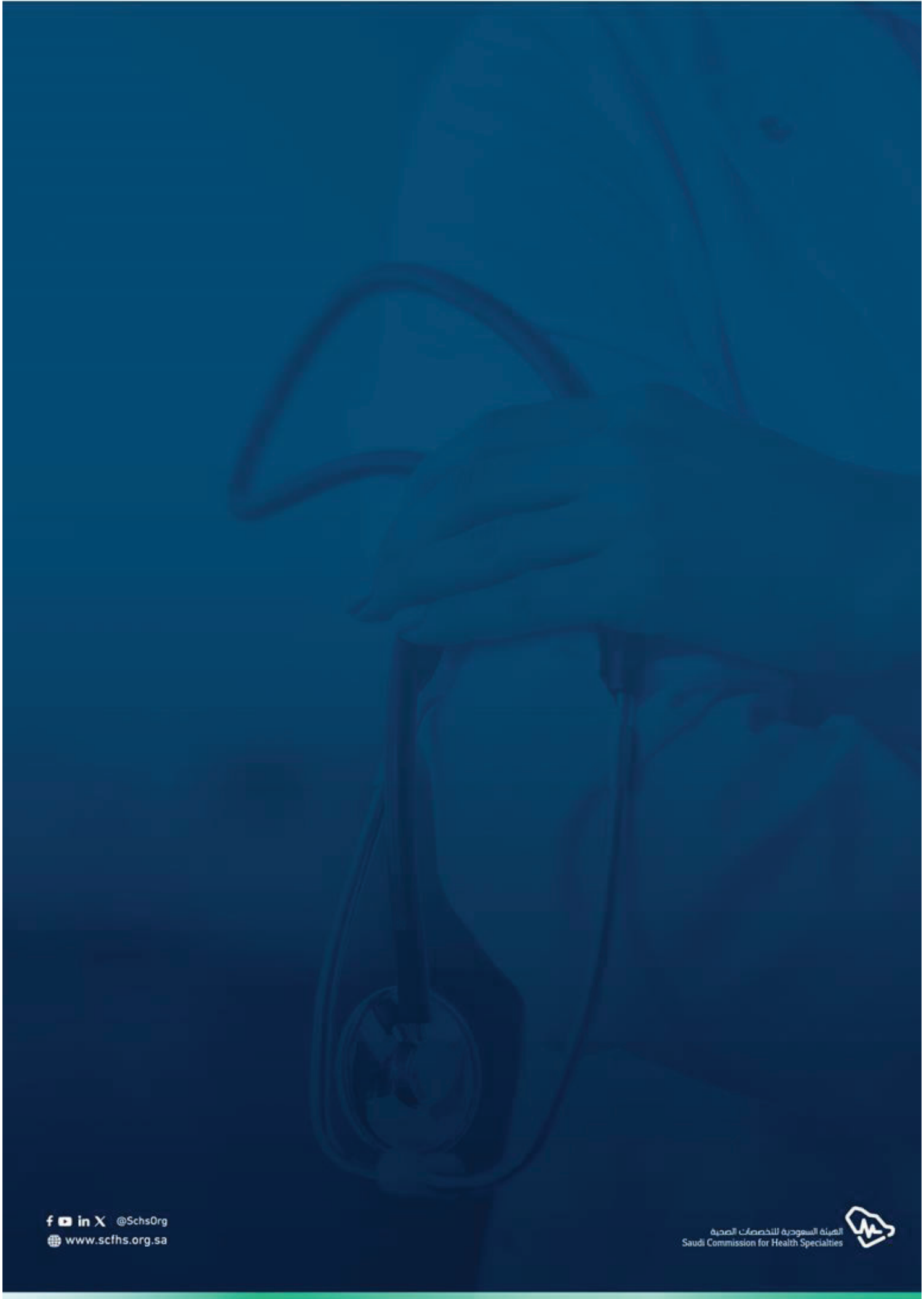

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