

INTERMEDIATE MODULE IN PSYCHIATRY

REQUIREMENTS FOR TRAINING & EXAMINATION

2012



COLLEGE OF
PHYSICIANS AND
SURGEONS
PAKISTAN

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Addendum

Basic Life Support (BLS) is a mandatory course for all postgraduate trainees (FCPS and MCPS). All Fellowship residents are required to attend BLS course before they can appear in Intermediate Module (IMM) examination.

THE COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN

would appreciate any criticism, suggestions,
advice from the readers and users of this document.

Comments may be sent in writing or by
e-mail to the CPSP at:

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About the COLLEGE

The College was established in 1962 through an ordinance of the Federal Government. The objectives/functions of the College include promoting specialist practice of Medicine, Obstetrics & Gynaecology, Surgery and other specialties by securing improvement of teaching and training, arranging postgraduate medical, surgical and other specialists training, providing opportunities for research, holding and conducting examinations for awarding College diplomas and admission to the Fellowship of the College.

Since its inception, the College has taken great strides in improving postgraduate medical and dental education in Pakistan. Competency-based structured Residency Programs have now been developed, along with criteria for accreditation of training institutions, and for the appointment of supervisors and examiners. The format of examinations has evolved over the years to achieve greater objectivity and reliability in methods of assessment. The recognition of the standards of College qualifications nationally and internationally, particularly of its Fellowship, has enormously increased the number of trainees and consequently the number of training institutions and the supervisors.

The rapid increase in knowledge base of medical sciences and consequent emergence of new subspecialties have gradually increased the number of CPSP fellowship disciplines to sixty four. After completing two years of core training during IMM, the trainees are allowed to proceed to the advanced phase of FCPS training in the specific specialty of choice for 2-3 years. However, it is mandatory to qualify IMM examinations before taking the FCPS-II exit examinations.

The work performed by the trainee is to be recorded in the e-logbook on daily basis. The purpose of the e-log is to ensure that the entries are made on a regular basis and to avoid belated and fabricated entries. It will hence promote accuracy, authenticity and vigilance on the part of trainees and the supervisors.

The average number of candidates taking CPSP examinations each year is to a minimum of 25,000. The College conducts examinations for FCPS I (12 groups of disciplines), IMM, FCPS II (64 disciplines), MCPS 20 disciplines, including MCPS in HPE and also Diploma in Health Care System Management (DCPS-HCSM). A large number of Fellows and senior medical teachers from within the country and overseas are involved at various levels of examinations of the College.

The College, in its endeavor to decrease inter-rater variability and increase fairness and transparency, is using TOACS (Task Oriented Assessment of Clinical Skills) in IMM and FCPS-II Clinical examinations. Inclusion of foreign examiners adds to the credibility of its qualifications at an international level.

It is important to note that in the overall scenario of health delivery over 85% of the total functioning and registered health care specialists of the country have been provided by the CPSP. To coordinate training and examination, and provide assistance to the candidates stationed in cities other than Karachi, the College has established 14 Regional Centers (including five Provincial Headquarter Centers) in the country.

The five Provincial Headquarter Centers, in addition to organizing the capacity building workshops/short courses also have facilities of libraries, I.T, and evaluation of synopses and dissertations along with providing guidance to the candidates in conducting their research work. The training towards Fellowship can be undertaken in more than 154 accredited medical institutions throughout the country and 100 plus accredited institutions abroad. The total number of trainees in these institutions is over 16202.

These continuous efforts of the College have even more importantly developed a credible system of postgraduate medical education for the country. The College strives to make its courses and training programs 'evidence' and need 'based' so as to meet international standards as well as to cater to the specialist healthcare needs not only for this country but also for the entire region.

Prof. Zafar Ullah Chaudhry

President
College of Physicians
and Surgeons Pakistan

INTERMEDIATE MODULE

To ensure better training, the CPSP introduced an intermediate module examination in several disciplines in 2001. This mid-training assessment strengthens the monitoring and in-training assessment systems by providing trainees with an estimate of mid-training core competencies. It also serves as a diagnostic tool for trainees and supervisors, provides a curricular link between basic and advanced training, and an opportunity for sampling a wider domain of knowledge and skills

Vide Notifications No. 6-1 / Exam-04 / CPS / 1438 S and R, dated July 21, 2004, the Intermediate Module (IMM) examination is mandatory eligibility requirement for all specified FCPS II examination as from September 2007. Trainees who passed FCPS I in 2001 and onwards are required to complete two years training in Psychiatry, and take the Intermediate Module (IMM) examination.

Even if they do not appear in the IMM examination, the trainees are permitted to continue their training in the chosen discipline but must pass the IMM examination prior to taking the final FCPS II examination.

TRAINING AND EXAMINATION

GENERAL REGULATIONS

Candidate will be admitted to the examination in the name (surname and other names) as given in the MBBS degree. CPSP will not entertain any application for change of name on the basis of marriage/ divorce / deed.

REGISTRATION AND SUPERVISION

All trainings must be supervised, and trainees are required to register with the Research and Training Monitoring Cell (RTMC) within 30 days of start of the training for the Intermediate Module. In case of delay in registration, the start of training will be considered from the date of receipt of application by the RTMC. Registration forms are available in RTMC and in the Regional Centers. They can also be downloaded from the CPSP Website. Training is compulsorily monitored by an approved supervisor who is a CPSP fellow or a specialist with relevant postgraduate qualifications and requisite experience, registered with the RTMC.

APPROVED TRAINING CENTRES

Training must be undertaken in units, departments and institutions approved by the College. A current list of approved institutions is available from the College and its Regional Centres as well as on the College website: www.cpsp.edu.pk

DURATION

The duration of training for the Intermediate Module (IMM) is two years; the Intermediate Module examination is taken on completion of the two years training.

ROTATIONS

Three months of rotation in each of the following disciplines is mandatory during in the Intermediate Module training:

1. Medicine: 3 months
2. Neurology: 3 months
3. Clinical Psychology: 3 months

COMPONENTS OF TRAINING

Mandatory Workshops

It is mandatory for all Intermediate Module trainees to attend the following CPSP certified workshops in the two years of Intermediate Module training:

1. Introduction to Computer and Internet
2. Research Methodology and Dissertation Writing
3. Communication Skills
4. BLS (Basic Life Support)

Any other workshop/s as may be introduced by CPSP.

NOTE: No candidate will be allowed to appear in IMM examination without attending the abovementioned workshops including BLS.

E-logbook

The CPSP Council has made e-logbook mandatory for all residency programs trainees inducted in July 2011 and onwards. Upon registration with RTMC each trainee is allotted a registration number and a password to log on and make entries of all work performed and the academic activities undertaken in e-logbook on daily basis. The concerned supervisor is required to verify the entries made by the trainee. This system ensures timely entries by the trainee and prompt verification by the supervisor. It also helps in monitoring the progress of trainees and vigilance of supervisors.

Research (Dissertation / Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on the topic related to the field of specialization published/accepted for publication in CPSP approved journals. For trainees in psychiatry the dissertation synopsis or abstracts of the research papers must be submitted for approval to the Research and Evaluation Unit (REU) by the end of first year of the Intermediate Module.

Instructional Methodology

Teaching occurs using several methods that range from formal didactic lectures to planned clinical experiences. Aspects covered will include knowledge, skills and practices relevant to the discipline in order to achieve specific learning outcomes and competencies.

The theoretical part of the curriculum represents the current body of knowledge necessary for practice. This can be imparted through lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal clubs, self directed learning, conferences and seminars.

Clinical learning is to be organized to provide appropriate expertise and competence necessary to evaluate and manage common clinical problems. Demonstration in outpatient and inpatient clinics, and procedural skills training on simulators, mannequins and patients are all practical training modalities.

ASSESSMENT

Typically this Structured Training Program (STP) recommends a system of internal assessment by the training institution using a formative approach and a summative assessment organised by the College of Physicians and Surgeons Pakistan at the end of the training period - IMM examination.

1. INTERNAL ASSESSMENT BY THE TRAINING INSTITUTION

The formative methods that are recommended for use as part of the internal assessment organised by the training institution are:

a. *Portfolio-Based Assessment*

Supervisor will ensure the maintenance of a portfolio by each trainee, containing the training programs, weekly work schedule and the following documents:

- Histories and formulations (specimen presented by each trainee).
- Test results /feedback from consultant.
- Presentations made in journal clubs and seminars
- Salient features of feedback sessions by consultant / supervisor on histories, formulations and psychotherapy sessions
- Salient features of feedback sessions on internal assessment performance
- Clinical audit reports
- Ongoing assessment record particularly of attitudes and scores on professionalism parameters

b. *Written and Clinicals*

Quarterly and annual assessments patterned on the FCPS Intermediate Module format of exams may be conducted locally by the training institution to give practice to the trainees as well as provide dry runs for the subsequent external assessment by CPSP.

A suggested format is as follows:

- Written (33%)
 - Paper I :** One best type MCQs
 - Paper II:** 10 SEQs
- Clinicals (34%)
 - One Long Case, Three Short Cases (Psychiatry, Medicine, Neurology), Structured Viva / TOACS or OSCE
- Attitude: Professionalism: (33%)

c. *Feedback Sessions*

Detailed feedback sessions for the trainees may be regularly organised. These may be based on their ongoing clinical performance, attitudes, and performance in the quarterly assessments. These sessions should also include a feedback by the trainee on the supervisor as well as the training institution. Reflections of the trainee as well as the supervisors in these sessions are recommended to be formalised and recorded. Wherever feasible 360 degree appraisal system may be put into place to ensure a comprehensive and a structured all-inclusive feedback, followed by a feedback by the trainees on the format, conduct and content of the exam as well as the examiners, be organised.

d. *Assessment of Attitudes and Professional Character Development*

All trainees must, in advance, be communicated the details of parameters of professionalism and required attitudes on which they will be assessed, during the course of their training. These attitudes are recommended to be assessed and reported after each quarter. The recorded details must be communicated to the candidate in person by his supervisor. A total of 33% marks in the internal assessment may be allocated to this domain. Any student showing sloppiness, deterioration or inability to come up to the required standards must be counselled adequately by his/ her supervisor and a record of the same be placed in the portfolio. An inability to improve or change in the behaviour or attitude over the next 12 weeks may be communicated to Head of Dept and would put the candidate in a position to be dismissed from training or any other action deemed suitable by the institution.

S.No. ATTITUDES (PROFESSIONAL CHARACTER DEVELOPMENT)

| | | |
|--------------|--|------------|
| 1. | Professional attire/ demeanour | 2% |
| 2. | Respect for time and punctuality | 6% |
| 3. | Grasp and knowledge of own patients | 6% |
| 4. | Conscientiousness | 6% |
| 5. | Integrity in reporting patients findings | 6% |
| 6. | Availability to the patients | 3% |
| 7. | Relationships with colleagues, hospital staff and patients | 4% |
| Total | | 33% |

2. EXTERNAL ASSESSMENT BY CPSP - IMM EXAMINATION:**Eligibility Criteria for Intermediate Module Examination**

- Passed FCPS I in Psychiatry or granted exemption by CPSP.
- Registered with the Research and Training Monitoring Cell (RTMC).
- Completed two years of training under an approved supervisor in an institution recognized by the CPSP. A certificate of completion of training must be submitted.
- Submitted a completed and attested logbook.
- Submitted certificates of attendance of mandatory workshops.
- Approval of synopsis of dissertation or abstract of research articles.

Format of Examination

Intermediate Module examination consists of the following two components:

Theory examination:

Paper I 10 SEQs

Paper II 10 SEQs

Clinical examination:

To test basic clinical skills, the clinical examination consists of TOACS (Task Oriented Assessment of Clinical Skills)
12-18 TOACS Stations

Only those candidates who qualify in theory will be eligible to take the TOACS examination.

TOACS

TOACS will comprise of 12 to 18 stations with a change time of one minute for the candidate to move from one station to the other. The stations may have an examiner, a patient or both. Structured clinical tasks will be set at each station. At stations where no examiner is present the candidates will have to submit written responses to short answer questions/ MCQs on a response sheet.

There will be two types of stations: static and interactive. On **static** stations the candidate will be presented with patient data, a clinical problem or a research study and will be asked to give written responses about the questions asked. At the **interactive** stations the candidate will have to demonstrate a competency, for example, taking history, performing a clinical examination, counseling, assembling an instrument, etc. One examiner will be present at each interactive station and will either rate the performance of the candidate or ask questions testing reasoning and problem-solving skills.

BASIC PSYCHIATRY TRAINING FOR INTERMEDIATE MODULE

AIM

The Intermediate Module part of the Structured Training Programme (STP) of FCPS in Psychiatry is developed with the following objectives:

1. Serve as a screening tool for the supervisor to observe fitness of a trainee for continuing his or her training in Psychiatry on one hand and provide the trainee with an opportunity to assess whether his/ her best is being brought out in the given STP under the chosen supervisor, at the other end.
2. Provide learning opportunities to cover clinical aspects of subjects considered basic to training in Psychiatry i.e. behavioural sciences (psychology, sociology, anthropology) and neurobiological sciences, in order to equip him with information required for the practice of the Bio-Psycho-Social Model of health care.
3. Train in history taking, examination, and management principles and skills, alongside the requisite attitudes and ethics essential to psychiatric practice.

TRAINEE'S ROLE AND RESPONSIBILITIES

To fulfil these objectives a trainee in Psychiatry is expected to be an active learner. He/she will be expected to maintain highest standards of professionalism with a single minded resolve to achieve respect and confidence of the patient, his or her family and community, the team members, and seniors, through pursuance of evidence based knowledge and finest skills and attitudes. Trainee in Psychiatry is expected to accept responsibility for his/her own learning and ensure that it is in accordance with the relevant requirements of CPSP as well as his training institution.

The trainee is expected to:

1. Investigate sources of information about the training program and his/ her supervisor and play an informed role in the choice of the supervisor.
2. Seek registration with CPSP in accordance with rules and regulations of the training institution.

3. Diligently follow the structured training programme.
4. Submit the synopsis/research proposal by the end of first year of their registration with the RTMC and preferably finish review of literature by 2nd year.
5. Be responsible for arranging regular meetings with the supervisor to discuss any hindrances in progress and documenting the progress etc. If the supervisor is not available/ willing to meet the trainee on a regular basis, the trainee must notify the College or its nominee (tutor) and the head of the training institution.
6. Complete all requirements for sitting the Intermediate Module exam.
7. Provide feedback regarding the training post to the training institution and examining body.
8. Ensure regular entries in the log book, duly signed by the supervisor.
9. Maintain a portfolio in association with the supervisor that carries specimen of his work, and salient features of the training activities, presentations made, feedback sessions and the results of internal assessment.

LEARNING OBJECTIVES

At the end of the Intermediate Module training in Psychiatry, the candidate will be able to:

As regards knowledge

1. Distinguish Normality from Abnormality in the light of the concept of mental health
2. Discuss anthropological, social and psychological determinants of normal development
3. Relate the interplay of biological factors with psychosocial factors in the genesis of mental illness and disability
4. Discuss the clinical features in phenomenological terms
5. Classify the clinical presentation of patients into current ICD categories and the variation of the same in the parallel DSM.
6. Request and justify laboratory, radiological, electrophysiological, psychometric and social investigations
7. Use neurobiological, psychological and social theories in clinical assessment and management
8. Identify common neurological and medical disorders relevant to psychiatric practice

9. Plan pharmacological and psychosocial management of common psychiatric disorders as well as neurological and medical disorders relevant to mental health
10. Apply evidence-based guidelines to manage clinical situations in emergency, outdoor and indoor settings.

As regards skills

Written Communication Skills

1. Write comprehensive history and mental state examination
2. Update medical records in clear, concise and accurate manner
3. Write a formulation for professional communication
4. Write management plans, discharge summaries and referral notes
5. Demonstrate competence in medical writing

Verbal Communication Skills

1. Establish professional communication with patients and their relatives, fellow members of the mental health team and staff members
2. Demonstrate usage of appropriate language in e-communication, seminars, bedside sessions, out patients and other work situations
3. Demonstrate the ability to communicate clearly, considerately and sensitively with patients, relatives, other health professionals and the public
4. Demonstrate competence in presentation skills
5. Provide informational care and counsel patients
6. Use telemedicine(if an opportunity exists) in practicing health

Examination Skills

1. Initially assess the patients by
 - Obtaining pertinent history
 - Assessing the mental state
 - Performing physical examination correctly
2. Perform an accurate physical and mental state examination in complex clinical problems often involving multiple systems

Patient Management Skills

1. Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis
2. Demonstrate competence in identification, analysis and management of the problem at hand by using appropriate resources, and interpretation of investigation results
3. Prioritize clinical problems for the start of interventions
4. Use evidence-based pharmacologic, psychological and social interventions
5. Independently undertake counselling and informational care sessions
6. Independently conduct supportive psychotherapy, group therapy and behaviour therapy
7. Independently use electroplexy (electroconvulsive therapy) and other evidence-based physical methods of psychiatric treatment

Skills in Research

1. Undertake literature search and collect evidence base and standard guidelines for use in clinical practice
2. Develop a synopsis or a research proposal using CPSP guidelines
3. Interpret, summarise and use research articles in clinical practice, develop a research synopsis and undertake a literature review

Administrative and Managerial Skills

1. Acquire administrative and managerial skills to assist in running a Psychiatry unit /institution
2. Organize educational, training and research activities

As regards Attitudes

Towards Patients

1. Establish an ethical and therapeutic relationship with all patients
2. Demonstrate commitment to the bio-psycho-social model in the assessment and management of patients
3. Demonstrate sensitivity, empathy and understanding while performing physical and mental state examination and adhere to highest ethical standards

4. Consistently show consideration of the interests of the patient and the community paramount and always above personal interest
5. Exhibit highest standards of professionalism through the practice of integrity, compassion, honour, altruism, excellence, humanism and respect for patients, as well as their family and the community.

Towards Self Development

1. Demonstrate consistent respect for every human being irrespective of ethnic background, culture, socioeconomic status and religion.
2. Deal with patients in a non discriminatory and prejudice free manner.
3. Deal with patients with honesty, equity and compassion.
4. Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
5. Foster the habit and principles of self education and reflection in order to constantly update and refresh knowledge and skills and a commitment to continuing education.
6. Recognize stress in self and others.
7. Deal with own stress and support medical colleagues and allied health workers in stress.
8. Handle criticism by colleagues, patients, their family and the community constructively. Develop ability of self criticism.
9. Identify limitations of self and obtain and value a second opinion on clinical matters.
10. Demonstrate effectiveness as member of the team, as well as a leader
11. Adhere to principles of medical ethics in general and mental health ethics in particular in all walks of his professional life.

Towards Society

1. Exhibit sensitivity towards social, ethical and legal aspects of health care provision
2. Offer cost effective professional services

In addition to the above attitudes he/she will demonstrate a commitment towards following measures of **PROFESSIONAL CHARACTER DEVELOPMENT:**

Professional attire

A professional psychiatrist is expected to carry himself / herself in a serious, non-provoking and non offending attire. The bearing of the trainee should be of the kind which helps patients in becoming familiar and easy with him/her and should not in any way pass an image of neglect or non concern.

Respect for time and punctuality

A trainee in Psychiatry is expected to be prompt and punctual and prepared for ward rounds, lectures, procedures for patients, appointments for different family and individual sessions and should be able to exercise this punctuality with persistence. This attitude reflects very strongly on the morale of the patients, colleagues and fellow students and reflects commitment towards profession. A lack of such attitude exhibits lack of discipline, structuring and organizing capabilities of the trainee and are to be taken in the same spirit by the supervisors.

Grasp and knowledge about patients under care

A trainee is expected to have a grasp and knowledge of the patients s/he interviews and assesses and should be adequately equipped with basic literature about the patients' illness. He / she is also expected to be able to present the patient's history to the consultant on the very next day of hospitalization. An expression of this pattern is viewed as a positive professional attitude and a lack of it indicates poor and insufficient intellectual stamina.

Conscientiousness

Taking responsibility in carrying out clinical assignments, showing promptness and thoroughness in carrying out duties, reflects interest in learning and efficient patient care. A trainee in Psychiatry is expected to exhibit that level of responsible attitude about his/ her patients which profiles him/her as a conscientious psychiatrist. A lack or inconsistency of this attitude indicates ambivalence towards career, health problems and inability of becoming a professional psychiatrist.

Integrity in reporting patients' findings

A trainee is expected to adhere to the basic human value of understanding true and accurate details of a patient's clinical findings and report them with equal accuracy, integrity and confidentiality.

Availability to the patients

A trainee in Psychiatry is expected to be available to his/ her patients on daily basis through appointments, sessions and institutional contact during duty hours. Especially when on leave or out of station on duty, one should make oneself available on telephone to the institution or else an alternative professional.

Relationships

Relationships with patients, hospital staff, fellow students, colleagues and faculty members is expected to be of mutual trust, respect, professional honesty and support. Progressive difficulties or failure to pull along with any one or more of these people reflects serious personality issues and health problems and makes a person liable to penalty. Failure to improve despite counseling would qualify a review of status of the trainee.

Learning Objectives of Rotation in Medicine and Neurology

At the end of the rotation in Medicine and Neurology, the trainee is able to:

1. Undertake detailed medical and neurological examination
2. Identify common medical and neurological conditions that appear in the differential diagnoses of psychiatric disorders
3. Delineate the site, type, and pathological basis of lesions in patients presenting with neurological symptoms.
4. Interpret laboratory, radiological and electrophysiological tests commonly undertaken in medical and neurological cases
5. Undertake emergency, outpatient and indoor management of common medical and neurological disorders.
6. Apply the knowledge of drug interactions between psychotropics and various common drugs used in neurological and medical conditions.
7. Detect the psychosocial correlates and psychiatric co-morbidities in patients with common neurological and medical conditions.

Learning Objectives of Rotation in Clinical Psychology

While the trainee will work in constant liaison with psychological services, throughout the period of his/her training, he or she will undergo three months exclusive training, at the end of which he or she will be able to:

1. Undertake detailed psychosocial history and evaluation.
2. Use basic principles of psychology (motivation, perception, thinking, emotions, etc) in his assessment of various psychopathological phenomena
3. Link stages and theories of personality development to the assessment of personality in clinical settings.
4. Develop a psychoanalytic, psychodynamic, behavioural and cognitive formulation.
5. Run and interpret psychometric tests of personality, intelligence, memory, and organicity.
6. Use and interpret patient and interviewer filled diagnostic and prognostic tests of common psychiatric conditions.
7. Assist the group therapy, and individual supportive, behavioural and cognitive psychotherapy sessions

ESSENTIAL LEARNING EXPERIENCES

In addition to the essential workshops organized by CPSP for the trainees, the training will also include learning exercises and opportunities leading to the ability to:

1. Organize informational care sessions with families of patients and small group therapy sessions with groups of patients.
2. Use statistical packages such as SPSS for Windows/ Excel to compile data and interpret it for research purposes
3. Critically evaluate scientific articles in the journals
4. Acquire and practice administrative and managerial skills required to run an indoor and outdoor psychiatric facility.
5. Undertake a standard medical audit.

The areas and minimum activities to be covered during the two years of training are as under:

| | |
|---|---|
| 1. Outpatients | 100 out patient days |
| 2. Inpatients | 100 patients |
| 3. ECT under GA (includes preparation, admn, and recovery) | 50 applications |
| 4. Emergency | 30 emergency duties |
| 5. Medicine | 20 patients |
| 6. Neurology and Organic Psychiatry | 20 patients |
| 7. Psychosocial rehabilitation | 5 patients |
| 8. Psychometric tests administered and interpreted | 20 cases |
| 9. Seminars/journal club | 10 presentations in - journal club meetings and 5 in seminars |
| 10. Counseling Sessions /NPIs | 10 cases |
| 11. Supportive and Group, Behaviour therapy | 30 cases |
| 12. Specialized Investigations (Lab, Radiological,Electrophysiological) | 15 cases |

COMPETENCE LEVEL EXPECTED OF A TRAINEE IN PSYCHIATRY FOR INTERMEDIATE MODULE EXAMINATION

A candidate is expected to attain the laid down level of competence by the end of each specified period as given below:

Note: Familiarization with routine/baseline laboratory, radiological and electrophysiological investigations as well as lumbar puncture and fundoscopy should invariably be pursued from the first month of training.

Key to competency levels in clinical skills:

1. Observer status
2. Assistant status
3. Performed under supervision
4. Performed independently
5. Ability to teach others and critically evaluate

COMPETENCIES

| | First Year | | | | | | | | | | Total Cases 1st Year |
|---|--|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------------------------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Basics | | | | | | | | | | | |
| Assessment of Patients | 25 | 1,2,3 | 25 | 4 | - | - | - | - | - | - | 50 |
| Psychology [3,a], Social Sciences | - | - | - | - | 30 | 1,2 | - | - | - | - | - |
| Common Psychiatric dis. (in Patients) | 5 | 1,2 | 15 | 1,2 | 10 | 1,2 | 16 | 1,2 | 1,2 | 46 | |
| Common Psychiatric disorders (OPD) | 10 | 1,2 | 16 | 1,2 | 14 | 1,2 | 20 | 1,2 | 1,2 | 60 | |
| Psychiatric Emergencies | 3 | 1,2 | 3 | 1,2 | 3 | 1,2 | 6 | 1,2 | 1,2 | 15 | |
| Neurology | - | - | - | - | - | - | - | - | - | - | |
| Common Med. condition [3,c] / Liaison Psych | - | - | - | - | - | - | - | - | - | - | |
| Workshops | 3 workshops conducted under the supervision of CPSP | | | | | | | | | | |
| Public Mental Health Activity | World Mental Health Day, Anti-Narcotics Day, No Tobacco Day, Camps/ Visits | | | | | | | | | | |
| Forensic Assessment and Reports | - | - | - | - | - | - | - | - | - | - | |
| Journal Club / Seminars | 1 | 1,2 | 1 | 2,3 | 1 | 2,3 | 2 | 2,3 | 2,3 | 5 | |
| Research Methodology | Prepare and Submit Synopsis Participation in research for object learning critique of research paper | | | | | | | | | | |

| COMPETENCIES | First Year | | | | | | | | | | | |
|--|------------|----------|----------|----------|----------|----------|-----------|----------|-------------|----------|-----------|--|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | Total Cases | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | 1st Year | |
| Procedures and Skills | | | | | | | | | | | | |
| ECT (under GA) | 2 | 1,2 | 2 | 1,2 | 3 | 1,2 | 3 | 1,2 | 3 | 1,2 | 10 | |
| Psychosocial Rehabilitation | - | - | - | - | - | - | 1 | 1,2 | 1 | 1,2 | 1 | |
| Psychometric test (admin) | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 2 | 1,2 | 2 | 1,2 | 5 | |
| Counselling / Nonpharma. Interventions | 1 | 1,2 | 1,2 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 4 | |
| Psychotherapy / behaviour therapy | 2 | 1,2 | 2 | 1,2 | 3 | 1,2 | 3 | 1,2 | 3 | 1,2 | 10 | |
| Specialized Investigations | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 2 | 1,2 | 2 | 1,2 | 5 | |
| Total Procedures and Skills | 7 | - | 6 | - | 9 | - | 12 | - | 12 | - | 35 | |

COMPETENCIES

| | First Year | | | | | | | | | | | Total Cases 1st Year |
|--|------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|-------------------------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | | |
| Common Psychiatric Disorders (Inpatients / Outpatients) | | | | | | | | | | | | |
| Understanding and Application of Standardized CLASSIFICATION (ICD-10 AND DSM IV) | | | | | | | | | | | | |
| Anxiety Disorders | 3 | 1,2 | 4 | 1,2 | 3 | 1,2 | 3 | 1,2 | 3 | 1,2 | 3 | 13 |
| Depressive Disorder | 5 | 1,2 | 8 | 1,2 | 6 | 1,2 | 8 | 1,2 | 8 | 1,2 | 8 | 27 |
| Bipolar Affective Disorder | 2 | 1,2 | 4 | 1,2 | 4 | 1,2 | 4 | 1,2 | 6 | 1,2 | 6 | 16 |
| Schizophrenia | 2 | 1,2 | 4 | 1,2 | 3 | 1,2 | 3 | 1,2 | 6 | 1,2 | 6 | 15 |
| Somatiform Disorders | 2 | 1,2 | 4 | 1,2 | 3 | 1,2 | 3 | 1,2 | 4 | 1,2 | 4 | 13 |
| Mental Retardation / Learning Disability | - | - | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 3 |
| Personality Disorders | - | - | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 3 |
| Substance Use Disorder | 1 | 1,2 | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 3 | 1,2 | 3 | 8 |
| Eating Disorders | - | - | 1 | 1,2 | - | - | - | - | - | - | - | 1 |
| Psychophysiological Disorders | - | - | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 2 | 1,2 | 2 | 4 |
| Organic Psychosis | - | - | 1 | 1,2 | - | - | - | - | 2 | 3 | 2 | 3 |
| Total CPD (Inpatients / Outpatients) | 15 | - | 31 | - | 24 | - | 24 | - | 36 | - | 36 | 106 |

| COMPETENCIES | First Year | | | | | | | | | | |
|--|------------|----------|----------|----------|----------|----------|-----------|----------|-------------|----------|-----------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | Total Cases | | 1st Year |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Psychiatric Emergencies | | | | | | | | | | | |
| EPS (drug induced) | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 8 |
| Suicidal behaviour, deliberate self harm | - | - | - | - | - | - | - | - | - | - | - |
| Homicidal | - | - | - | - | - | - | - | - | - | - | - |
| NMS | - | - | - | - | - | - | - | - | - | - | - |
| Acute Psychotic behaviour | 1 | 1,2 | 1 | 1,2 | | | 1 | 1,2 | | | 3 |
| Lithium Toxicity, Serotonin Syndrome | - | - | - | - | - | - | - | - | - | - | - |
| Catatonia | - | - | - | - | - | - | - | - | - | - | - |
| Stupor | - | - | - | - | - | - | - | - | - | - | - |
| Conversion Disorder | - | - | - | - | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 2 |
| Acute Organic Brain | - | - | - | - | - | - | - | - | 1 | 1,2 | 1 |
| Organic Psychosis | - | - | - | - | - | - | - | - | - | - | - |
| Stress Reaction | - | - | - | - | - | - | - | - | 1 | 1,2 | 1 |
| Total emergency cases | 3 | - | 3 | - | 3 | - | 3 | - | 6 | - | 15 |

| COMPETENCIES | Second Year | | | | | | | | | | Total Cases 2nd Year |
|---|--|---------|-----------|-------|-----------|-------|-----------|-------|-------|-------|-------------------------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Basics | | | | | | | | | | | |
| Assessment of Patients | - | - | - | - | 25 | 3,4 | 25 | 3,4 | 3,4 | 3,4 | 50 |
| Psychology [3,a], Social Sciences | - | - | - | - | - | - | - | - | - | - | 30 |
| Common Psychiatric dis. (in Patients) | 10 | 3,4 | 10 | 3,4 | 16 | 3,4 | 18 | 3,4 | 18 | 3,4 | 54 |
| Common Psychiatric disorders (OPD) | 10 | 3,4 | 10 | 3,4 | 20 | 3,4 | 20 | 3,4 | 20 | 3,4 | 60 |
| Psychiatric Emergencies | 3 | 3 | 3 | 3 | 9 | 3,4 | 10 | 3,4 | 10 | 3,4 | 25 |
| Neurology | ≥ 20 | 1,2,3,4 | - | - | - | - | - | - | - | - | ≥ 20 |
| Common Med. condition [3,c] / Liaison Psych | - | - | ≥ 15 | 3,4 | - | - | - | - | - | - | ≥ 15 |
| Workshops | 3 workshops conducted under the supervision of CPSP | | | | | | | | | | |
| Public Mental Health Activity | World Mental Health Day, Anti-Narcotics Day, No Tobacco Day, Camps/ Visits | | | | | | | | | | |
| Forensic Assessment and Reports | - | - | - | - | - | - | 5 | 1,2 | 5 | 1,2 | 5 |
| Journal Club / Seminars | 2 | 3,4 | 2 | 3,4 | 3 | 4 | 3 | 4 | 3 | 4 | 15 |
| Research Methodology | Participation in research for object learning critique of research paper | | | | | | | | | | |

| COMPETENCIES | Second Year | | | | | | | | | |
|--|-------------|----------|-----------|----------|-----------|----------|-----------|----------|----------------------|-------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | Total Cases 2nd Year | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level |
| Procedures and Skills | | | | | | | | | | |
| ECT (under GA) | 5 | 3,4 | 5 | 3,4 | 10 | 3,4 | 20 | 3,4 | 40 | |
| Psychosocial Rehabilitation | 1 | 1,2,3 | 1 | 1,2,3 | 1 | 3,4 | 1 | 3,4 | 3 | |
| Psychometric test (admin) | 3 | 3,4 | 3 | 3,4 | 4 | 3,4 | 5 | 3,4 | 15 | |
| Counselling / Nonpharma. Interventions | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 6 | |
| Psychotherapy / behaviour therapy | 5 | 3,4 | 5 | 3,4 | 5 | 3,4 | 5 | 3,4 | 20 | |
| Specialized Investigations | 2 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 10 | |
| Total Procedures and Skills | 17 | - | 17 | - | 25 | - | 36 | - | 94 | |

COMPETENCIES

| | Second Year | | | | | | | | | | | | Total Cases 2nd Year |
|--|-------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-------------------------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | 24 Months | | 24 Months | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Common Psychiatric Disorders (Inpatients / Outpatients) | | | | | | | | | | | | | |
| Understanding and Application of Standardized CLASSIFICATION (ICD-10 AND DSM IV) | | | | | | | | | | | | | |
| Anxiety Disorders | 2 | 3,4 | 2 | 3,4 | 4 | 3,4 | 4 | 3,4 | 4 | 3,4,5 | 4 | 3,4,5 | 12 |
| Depressive Disorder | 6 | 3,4 | 6 | 3,4 | 8 | 3,4 | 8 | 3,4 | 8 | 3,4,5 | 8 | 3,4,5 | 28 |
| Bipolar Affective Disorder | 4 | 4 | 4 | 3,4 | 6 | 3,4 | 6 | 3,4 | 6 | 3,4,5 | 6 | 3,4,5 | 20 |
| Schizophrenia | 2 | 3,4 | 2 | 3,4 | 6 | 3,4 | 6 | 3,4 | 6 | 3,4,5 | 6 | 3,4,5 | 16 |
| Somatoform Disorders | 2 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 3 | 3,4,5 | 3 | 3,4,5 | 10 |
| Mental Retardation / Learning Disability | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4,5 | 2 | 3,4,5 | 6 |
| Personality Disorders | 1 | 3,4 | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4,5 | 1 | 3,4,5 | 3 |
| Substance Use Disorder | 2 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 3 | 3,4,5 | 3 | 3,4,5 | 10 |
| Eating Disorders | - | - | - | - | - | - | - | - | 1 | 3,4 | - | 3,4 | 1 |
| Psychophysiological Disorders | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 3 |
| Organic Psychosis | - | - | - | - | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 3 | 3,4 | 5 |
| Total CPD (Inpatients / Outpatients) | 20 | - | 20 | - | 36 | - | 38 | - | 38 | - | 38 | - | 114 |

| COMPETENCIES | Second Year | | | | | | | | | | |
|--|-------------|----------|-----------|----------|-----------|----------|-----------|-----------|-------------|----------|-----------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | Total Cases | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | 2nd Year | | |
| Psychiatric Emergencies | | | | | | | | | | | |
| EPS (drug induced) | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 4 |
| Suicidal behaviour, deliberate self harm | - | - | - | - | 1 | 4 | 1 | 4 | 1 | 4 | 2 |
| Homicidal | - | - | - | - | - | - | 1 | 4 | 1 | 4 | 1 |
| NMS | 1 | 3,4 | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 2 |
| Acute Psychotic behaviour | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 4 |
| Lithium Toxicity, Serotonin Syndrome | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 |
| Catatonia | - | - | - | - | 1 | 3,4 | - | - | - | - | 1 |
| Stupor | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 |
| Conversion Disorder | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 3 |
| Acute Organic Brain | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 |
| Organic Psychosis | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 |
| Stress Reaction | - | - | - | - | 1 | 3,4 | - | - | - | - | 1 |
| Total emergency cases | 3 | - | 3 | - | 10 | - | - | 10 | - | - | 25 |

ROTATIONAL TRAINING

ROTATIONS

CLINICAL PSYCHOLOGY (Three Months)

While the trainee will work in constant liaison with psychological services, throughout the period of his/her training, he or she will undergo three months exclusive training, covering the following areas:

Undertake detailed psychosocial history and evaluation of 30 cases.

Use basic principles of psychology (motivation, perception, thinking, emotions, etc) in his/her assessment of various psychopathological phenomena

Link stages and theories of personality development to the assessment of personality in clinical settings.

Develop a psychoanalytic, psychodynamic, behavioural and cognitive formulation.

Run and interpret psychometric tests of personality, intelligence, memory, and organicity.

Use and interpret patient and interviewer filled diagnostic and prognostic tests of common psychiatric conditions.

Assist the group therapy, and individual supportive, behavioural and cognitive psychotherapy sessions

ROTATIONS

NEUROLOGY (Three Months)

Rotation in Neurology will train the candidate to:

Undertake detailed neurological examination of 20 cases (sensory and motor system, cranial nerves including fundocopy, cerebral and cerebellar functions)

Identify common neurological conditions that appear in the differential diagnoses of psychiatric disorders

Delineate the site, type, and pathological basis of lesions in patients presenting with neurological symptoms

Interpret laboratory, radiological and electrophysiological tests commonly undertaken in neurological cases

Undertake emergency, outpatient and indoor management of common neurological disorders

Apply the knowledge of drug interactions between psychotropics and various common drugs used in neurological conditions

Detect the psychosocial correlates and psychiatric co-morbidities in patients with common neurological conditions

MEDICINE (Three Months)

Rotation in Medicine will be focused so that the candidate is able to:

Undertake detailed physical and systemic examination of 20 cases

Identify common medical conditions that appear in the differential diagnoses of psychiatric disorders

Interpret laboratory, radiological and electrophysiological tests commonly undertaken in medical cases

Undertake emergency, outpatient and indoor management of common medical disorders

Apply the knowledge of drug interactions between psychotropics and various common drugs used in medical conditions

Detect the psychosocial correlates and psychiatric co-morbidities in patients with common medical conditions

MODES OF INFORMATION TRANSFER

The modes of information transfer that needs to be put into place to realise the aims and objectives listed above are expected to be flexible and according to the facilities at a given training centre. However the basic principles that need to be adhered to under all circumstances are:

1. Experiential learning
2. Problem-based approach
3. Hands on training using a graded approach of observer, assisted and independent performance of clinical tasks and skills through:
 - Ward duties
 - Emergency duties
 - OPD duties
 - Special clinic duties
4. Theme-based learning: e.g. when teaching about the concept of personality development, the ensuing period, should be dedicated to all the relevant areas of personality development like its clinical and psychometric assessment, various models and relevant psychological and social theories, application of the models in clinical situations, various management strategies and contemporary literature review of different personality issues, providing the student with an integration of different aspects of one theme.
5. Regular feedback sessions particularly on attitudes and professional character development

Some of the suggested modes that may be adopted to achieve the learning objectives are listed below:

1. Clinical Training in form of graded responsibility in patient care e.g.:
 - Multidisciplinary review meetings, grand rounds
 - Lectures, small group discussions
 - Workshops
 - Presentations at journal club meetings
 - Attendance & presentations at seminars, symposia, conferences, small group discussions, workshops, interactive lectures

2. Essay writing and medical writing projects
3. Administrative work
4. Research projects
5. Film shows, video conferences, video shows
6. Informal social interactions with senior team members, colleagues and staff, visits, picnics, sports day etc
7. Lectures / discussions / evenings with opinion leaders, icons and inspiring personalities from the fields of science, literature, mental health, and social sciences.

THE SYLLABUS

The minimum list of clinical problems that a trainee must learn to manage using the biopsychosocial model of assessment and care include the following:

1. Separating normalcy of behaviour, normal reactions to stresses and life events from mental illness and morbidity.
2. Compiling clinical data on biological, psychological, social and anthropological determinants of mental health and its aberrations
3. Assessment of personality, physical and mental state, and ability to translate them into clinical signs and phenomenological terms
4. Assessment and management of patients with a risk of violence and suicide
5. Patients with morbid sadness
6. Patients in morbid fear and panic
7. Persistent complainers and patients with unexplained medical symptoms
8. Patients with altered states of consciousness
9. Mute patients
10. Deliberate self harm and drug overdose / Unprescribed use, abuse and misuse of drugs

The suggested list of TOPICS FOR LEARNING that need to be covered through various modes of information transfer to provide the knowledge, skills and attitudes required to manage the above mentioned list of clinical scenarios is as follows:

FIRST YEAR

History taking, General Physical examination, Systemic Examination, Detailed Neurological Examination, Mental State Assessment.

Phenomenology: Disorders of Consciousness, Thinking and Speech, Emotions, Perception, Memory

Classification of Psychiatric Disorders: ICD current version (comparison of categories and diagnostic criteria with current version of DSM)

Mental Health: normality vs abnormality Bio-Psycho-Social Model of Health Care

Ethics: The Hippocratic Oath, The issues of transference and counter-transference, Doctor-Patient relationship, Patient's and Doctor's rights, Peculiar ethical issues in Psychiatry, Relationship with pharmaceutical industry, media and other social institutions Professionalism

Biological Basis of Human Behaviour: Neuroanatomical structures and associated syndromes, Neurochemical and Neurophysiological concepts, Psychoneuroendocrinology, Psychoneuroimmunology and Chronobiology.

Behavioural Sciences: Psychology, Sociology, Anthropology, Psychology, Perspectives in Psychology, History of Psychology, Learning, Memory, Perception, Intelligence, Consciousness and unconsciousness, Thinking and language, Motivation, Emotions Personality development, Childhood, Adolescence, Adulthood, Old age Cognitive, Social, Moral, Emotional, Sexual, Temperament Trait Theorists, Developmental Theorists, Schools of Psychopathology, Psychoanalytic, Psychodynamic, Cognitive, Interpersonal, Behavioural Psychological Assessment, Psychometrics Assessment of personality (ability to choose, administer and interpret at least one projective and two non-projective personality assessment tools) Measurement and Rating of Anxiety, Depression, Schizophrenia and Mania Scales Use of psychometric tools in assessing organicity

Sociology: Social Factors Influencing Human Development, Mental Health and Illness:

- Stigma, Sick Roles, Deviance, Myths and Misconceptions.
- Social Class and Mental Disorders, Social causation theory, Drift Hypothesis, Segregation Hypothesis, Holmes and Rahe's Social Risk factors, Therapeutic Community, Institutionalisation, Deinstitutionalisation.
- Parenting and Child Rearing Practices, Impact of Discord, Violence, Child abuse, Divorce, Influence of Illness and Death on Child development.
- Social Theories of Weber, Marx, Durkheim, Foucault, Parsons, Goffman and Heberman.
- Family, Family Types.
- Social systems and stratifications.
- Social change.
- Gender differences, stereotyping, patriarchy, social roles and sexual harassment.
- Relationship between culture, society, ethnicity, race, religion, attitudes and values - the pluralist model. Pathoplastic effects of culture and its impact on doctor patient relationship.

Anthropology: The influence on mental health, and illness, of culture, society and environment.

The evolutionary processes of civilisation, society, ethnicity, culture, language, ways of living and their influence on causing differences in thinking, conduct, perception of reality, and behaviour, across the world, in general and across Pakistan's provinces in particular.

Study of people in their natural habitats e.g. subcultures of deserts, river beds, mountainous terrains, coastal areas and plains of Pakistan.

Influence of the cultures and subcultures of Pakistan on presentation and treatment of psychiatric disorders.

Significance and influence of shrines, faith healers, charlatans, quacks and alternative medicine on mental health issues and their management.

Influence of culture on personality development, social roles, gender issues.

Culture bound syndromes: Dhaat Syndrome, Gas and Gola Syndrome, Possession state, Jin, Bhoot, Amok, Latah, Voodoo

Cultural methods of psychotherapy and treatment of mental illness

Common Psychiatric Disorders: Anxiety, Depression, Psychosis, Somatisation Disorder Anxiety disorders:

1. Generalized anxiety disorders
2. Phobic anxiety disorders
3. Panic disorders
4. Mixed anxiety and depressive disorders
5. Obsessive compulsive disorders

Management of Common Psychiatric Emergencies

SECOND YEAR

1. Stress Related Disorders
 - Dissociative disorders
 - Adjustment Disorders
 - Acute and Chronic Stress Disorder
 - Acute stress reaction, PTSD
 - Grief reactions

2. Mood disorders
 - Bipolar Affective disorders
 - Depression
 - Persistent mood disorder

3. Schizophrenias and Schizoaffective Disorders

4. Drug Abuse
 - Alcohol related disorders
 - Opioids
 - Anxiolytics and Hypnotics
 - Cannabis
 - Stimulants
 - Solvents, Inhalants

5. Organic Psychiatry
 - Delirium
 - Dementia
 - Focal cerebral syndrome
 - Amnesias
 - Neuro-degenerative disorders
 - Cerebro-vascular syndromes
 - Intracranial infections
 - Brain tumors
 - Multiple sclerosis
 - Dyskinesias
 - Epilepsy
 - Sleep disorders
 - Mental retardation

6. Non Pharmacological interventions (NPI's)
 - Counseling and other non-pharmacological interventions such as relaxation training, breathing
 - Exercises, and stress management techniques
 - Crisis intervention
 - Supportive psychotherapy
 - Cognitive behavioral therapy
 - Couples and family therapy
 - Group therapy
 - Psychoanalytical psychotherapy
 - Behavioral techniques

7. Electroplexy

8. Psycho-Pharmacology
 - Anxio-lytics
 - Hypnotics
 - Anti-psychotics
 - Anti-parkinsonians
 - Anti-depressants
 - Mood stabilizers
 - Psycho-stimulants
 - Drug Interactions
 - Non-psychotropics with neuro-psychiatric effects

SUGGESTED LIST OF THEMES / SUBJECTS

| Phase of Training | Subject / Theme |
|-------------------|---|
| First Quarter | Mental Health: Normality vs Abnormality and Biopsychosocial Model of health care, Ethics |
| Second Quarter | Phenomenology, Neurobiological basis of Human Behaviour |
| Third Quarter | Anthropological and Social influences on mental health Psychology, Psychometrics |
| Fourth Quarter | Neurology and Medicine in relevance to Psychiatry |
| Fifth Quarter | Emergency and Outpatient Assessment and Management |
| Sixth Quarter | Indoor Assessment, Psychometric, Lab, Radiological and Neurophysiological Investigations, Pharmacological Management, ECT |
| Seventh Quarter | Non-pharmacological Interventions, Supportive, Group, Behavioural Therapies |
| Last Quarter | Clinical Guidelines, Review Articles, Critical Appraisal, Clinical Audit |

**FCPS (IMM & POST-IMM)
PSYCHIATRY**

**Guidelines for
formative assessment**

ASSESSMENT

FORMATIVE ASSESSMENT

College of Physicians and Surgeons Pakistan, in order to implement competency based education in letter and spirit, is introducing Work Placed Based Assessment (WPBA) in addition to institutional/departmental assessments. To begin with college is introducing Mini-CEX in FCPS Psychiatry to ensure that the graduates are fully equipped with the desired clinical competencies.

- Mini-CEX is entirely formative tool of assessment and is to be accompanied with constructive feedback.
- Each Mini-CEX encounter extends for about 20 minutes with 05 minutes for feedback & further action plan.
- Topics prescribed can be covered as per the earmarked topics list given below however, each time Focus should be on a different area/topic depending on the availability of cases (at least two Mini-CEX are to be conducted in each quarter).
- The resident has the onus to report to the supervisor when he/she is prepared to appear for Mini-CEX.
- The supervisor will arrange for the session of WPBA and after completing the session will retrieve online prescribed assessment form (sample given below), fill it and make entries online (e-portal).
- Non-compliance by the resident has to be reported in quarterly feedback.

Topics' List for Mini-CEX

YEAR-1

- Assessment of Mood
- Assessment of Thoughts
- Assessment for Perceptual Abnormalities
- Assessment for Schneiderian First Rank Symptoms
- Psychosexual History
- Assessment for Cognitive Errors
- Assessment of Cognitive Functions
- Mini Mental State Examination
- Eliciting Drug/Alcohol History
- Assessment for Morbid Jealousy
- Motivational Interviewing/Assessment for Motivational Level
- Breaking Bad News
- Assessment for Diminished Responsibility
- Assessment for Diminished Capacity
- Assessment of patient suffering from Anxiety Disorder
- Assessment of patient suffering from Depressive Disorder
- Assessment of patient suffering from Obsessive Compulsive Disorder
- Assessment of patient suffering from Mania
- Assessment of patient suffering from Schizophrenia

YEAR-2

- Assessment of patient suffering from Mental Retardation
- Assessment of patient suffering from Drug Dependence
- Assessment of patient suffering from Personality Disorder
- Assessment of patient suffering from Abuse
- Assessment of patient suffering from Obsessive Compulsive Disorder
- Non-pharmacological interventions in Anxiety Disorder
- Non-pharmacological interventions for Depressive Disorder
- Non-pharmacological interventions for Obsessive Compulsive Disorder
- Non-pharmacological interventions for Bipolar Disorder
- Non-pharmacological interventions for Schizophrenia
- Non-pharmacological interventions in Mental Retardation
- Non-pharmacological interventions for Drug Dependence
- Non-pharmacological interventions for Personality Disorder
- Non-pharmacological interventions in Abused patient
- Non-pharmacological interventions for Dementia
- Suicide Risk Assessment
- Violence and Homicide Risk Assessment
- Assessment of Sexual Dysfunction
- Assessment of Grief
- Assessment of Stress related Disorder

YEAR-3

- Management of Anxiety Disorder
- Management of Depressive Disorder
- Management of Obsessive Compulsive Disorder
- Management of Bipolar Disorder
- Management of Schizophrenia
- Management of Mental Retardation
- Management of Drug Dependence
- Management of Personality Disorder
- Management of Abused patient
- Management of Alcohol Abuse and Toxicity
- Management of Postpartum Psychosis
- Management of patient with Status Epilepticus
- Management of patient with Cannabis Toxicity
- Management of patient with Tardive Dyskinesia
- Management of patient having Extrapyrimal Symptoms
- Management of patient with Neuroleptic Malignant Syndrome
- Management of patient with Serotonin Syndrome
- Management of patient with Lithium Use and Toxicity
- Management of patient with Benzodiazepine Overdose
- Management of patient with Opioid Toxicity

YEAR-4

- Management of patient with Suicide Risk
- Management of patient with Violence and Homicide Risk
- Anger Management in case of Personality Disorder
- Management of patient with Grief
- Management of patient with Stress related Disorder
- Management of Sexual Dysfunction
- Identifying and applying the appropriate section of Mental Health Act on a patient
- Evaluation for use of Electroconvulsive Therapy
- Applying Diagnostic Criteria of DSM V and ICD 11 in a patient
- Demonstrate arrangements for under taking Tele-psychiatry
- Demonstrating Informed Consent
- Management of Treatment resistant Schizophrenia
- Management of Treatment resistant Depression
- Management of Eating Disorder
- Management of Treatment resistant Obsessive Compulsive Disorder
- Management of Treatment resistant Mania



COLLEGE OF
OF PHYSICIANS AND
SURGEONS PAKISTAN

MINI CLINICAL EVALUATION EXERCISE (CEX)

Specialty: **FCPS (IMM & Post IMM) Psychiatry**

Time Duration = 20 mins (15 mins assessment and 5 mins feedback)

PLEASE COMPLETE THE QUESTIONNAIRE BY FILLING/CHECKING APPROPRIATE BOXES

Assessor: _____ Assessment Date: _____

Resident's Name: _____

Hospital Name: _____ R&RC Number: _____

Year of Residency: R1 R2 R3 R4

Quarter: 1st 2nd 3rd 4th

Setting: OPD Admitted Patient Others: _____

Diagnosis of Patient: _____ Patient Age: _____ Sex: _____

Clinical Area: _____

Complexity of Case/ Procedure: Low/Easy Moderate High

Focus of Clinical Encounters: History/Data Gathering Assessment/Examination/MSE Investigation

Diagnosis Management Counseling Non-Pharmacological Intervention

| | Please grade the following areas on the given scale: | Not Observed / Applicable | Below Expectations | | Satisfactory | Above Expectation | Excellent |
|---|--|---------------------------|--------------------|---|--------------|-------------------|-----------|
| | | | 1 | 2 | 3 | 4 | 5 |
| 1 | Communication & Interviewing skills | | | | | | |
| 2 | Physical Examination skills | | | | | | |
| 3 | Mental State Examination skills | | | | | | |
| 4 | Psychometric Assessment skills | | | | | | |
| 5 | Clinical Judgment | | | | | | |
| 6 | Counseling skills | | | | | | |
| 7 | Organization/efficiency | | | | | | |
| 8 | Overall clinical competence | | | | | | |
| 9 | Professionalism (Humanistic Qualities) | | | | | | |

Assessor's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

Resident's Satisfaction with Mini-CEX:

(Low) 1 2 3 4 5 (High)

| Strengths | Suggestions for Improvement |
|-----------|-----------------------------|
| | |

Encounter to be repeated YES NO

Assessor's Signature

USEFUL ADDRESSES AND TELEPHONE NUMBERS

1. Regional Offices of the CPSP

MUZAFFARABAD

CMH Muzaffarabad
Azad Kashmir
TEL: 05822-920998
Email: rc_muzaffarabad@csp.edu.pk

ABBOTTABAD

Ayub Hospital Complex
Abbottabad
TEL: 0992-383330
Email: rc_abbottabad@csp.edu.pk

PESHAWAR

Hayatabad Medical Complex
Phase IV, Hayatabad,
Peshawar
UAN: 091-111-666-666
TEL: 091-9217011, 091-9217320-1
FAX: 091-9217062
Email: rc_peshawar@csp.edu.pk

ISLAMABAD

P.I.M.S, Ravi Road, Sector G- 8/ 3
Islamabad.
UAN: 051-111-666-666
TEL: 051-9262590-1,
FAX: 051-9262592
Email: rc_islamabad@csp.edu.pk

FAISALABAD

Punjab Medical College
Faisalabad
UAN: 041-111-666-666
TEL: 041-9210131, 9210366-8
FAX: 041-9210224
Email: rc_faisalabad@csp.edu.pk

LAHORE

Next to INMOL, Hospital
New Muslim Town, Block-D
Lahore.
UAN: 042-111-666-666
TEL: 042- 9231320-8
FAX: 042- 9231327
Email: rc_lahore@csp.edu.pk

MULTAN

Nishtar Medical College,
Distt. Jail Road, Opp Circuit House,
Multan.
UAN: 061-111-666-666
TEL: 061-9200946, 9200952
Email: rc_multan@csp.edu.pk

BAHAWALPUR

Quaid-e-Azam Medical College
Bahawalpur
TEL: 062- 9250461
Email: rc_bahawalpur@csp.edu.pk

NAWABSHAH

Peoples Medical College for Girls
Nawabshah
TEL: 0244-9370271, 9370479
FAX: 0244-9370478
Email: rc_nawabshah@csp.edu.pk

LARKANA

Chandka Medical College
Larkana
TEL: 074 – 9410726
Email: rc_larkana@csp.edu.pk

HYDERABAD

Adjacent to Sir Cowasji Jehangir
Institute of Psychiatry,
Hyderabad, Sindh.
TEL: 022-3860056
FAX: 022-3860057
Email: rc_hyderabad@csp.edu.pk

QUETTA

Near Cenar Hospital,
Off: Brewery Road, Quetta
TEL: 081-9213434 & 081-2913435
FAX NO. :081-2853326
Email: rc_quetta@csp.edu.pk

KARACHI

2. Departments of CPSP Karachi

UAN – 021-111-606-606

- Department of Medical Education
99207100 -10 Ext: 235/240
- Examination (FCPS Part I)
99207100 -10 Ext: 311
- Examination (FCPS Part II)
99207100 -10 Ext: 215
- Registration, Training & Monitoring Cell
99207100 -10 Ext: 345 & 324

For further Information:
Phone: 99207100-10
UAN 111-606-606
Facsimile: 99266450
Website: www.csp.edu.pk

OVERSEAS CPSP CENTRES

3. Saudi Arabia

RIYADH

Saudi Council for Health Specialities
Diplomatic Quartre P.O.Box 94656,
Riyadh - 11614.
Kingdom of Saudi Arabia
City: Riyadh
Country: Kingdom of Saudi Arabia
TEL NO.: 966-1-4822415 ext:156/141
FAX NO.: 966-1-4884146

4. Nepal

KATHMANDU

Institute of Medicine, Maharajgunj,
Kathmandu, Nepal
City: Kathmandu
Country: Nepal
TEL NO.: 00977-1-4416224
FAX NO.: 00977-1-4416224
Email: csp_kathmandu@yahoo.com