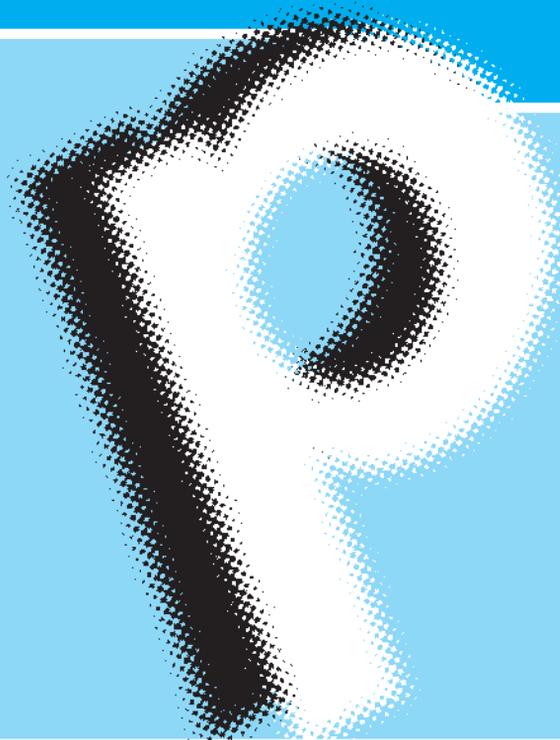


Requirements for Post IMM Fellowship Training

PSYCHIATRY



College of Physicians and Surgeons Pakistan

OFFICE COPY



2013

THIS IS AN EVOLVING DOCUMENT.

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:

National Directorate Residency Program (NDRP)
College of Physicians and Surgeons Pakistan (CPSP)
7th Central Street, Defence Housing Authority, Karachi-75500.
ndrp@csp.edu.pk

Contact Details:

College of Physicians and Surgeons, Pakistan.

7th Central Street, Phase II, D.H.A. Karachi - 75500.

Phone: 99207100-10, UAN 111-606-606

Facsimile: 99266450

Website: www.cpsp.edu.pk

CONTENTS

- 1** About the College
- 6** General Information
- 10** Supervisor's Role and Responsibilities
- 12** Trainee's Roles and Responsibilities
- 13** Training Program
- 36** Useful Addresses and telephone numbers

Composed by:

Syed Faisal Babar
Department of Medical Education

Published: August, 2013

COLLEGE OF PHYSICIANS AND SURGEONS PAKISTAN
7th Central Street, Defence Housing Authority, Karachi-75500.
Phone No. 99207100-10 UAN: 111-606-606 Fax No. 99266432

About the COLLEGE

The College was established in 1962 through an ordinance of the 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 including specialties in dentistry. 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 (11 groups of disciplines), IMM, FCPS II (69 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 159 accredited medical institutions throughout the country. The total number of trainees in CPSP accredited institutions is around 16000. 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

Training and Examinations Summary

The College lays down the training programs and holds examination for the award of Fellowship in the following disciplines:

Disciplines for 1st Fellowship

- | | |
|--------------------------|--|
| 1. Anatomy | 24. Neurosurgery |
| 2. Anesthesiology | 25. Nuclear Medicine |
| 3. Biochemistry | 26. Obstetrics and Gynaecology |
| 4. Cardiac Surgery | 27. Operative Dentistry |
| 5. Cardiology | 28. Ophthalmology |
| 6. Chemical pathology | 29. Oral & Maxillofacial Surgery |
| 7. Clinical Haematology | 30. Orthodontics |
| 8. Community Medicine | 31. Orthopedic Surgery |
| 9. Dermatology | 32. Otorhinolaryngology (ENT) |
| 10. Diagnostic Radiology | 33. Paediatric Surgery |
| 11. Emergency Medicine | 34. Paediatrics |
| 12. Family Medicine | 35. Periodontology |
| 13. Forensic Medicine | 36. Pharmacology |
| 14. Gastroenterology | 37. Physical Medicine & Rehabilitation |
| 15. General Medicine | 38. Physiology |
| 16. General Surgery | 39. Plastic Surgery |
| 17. Haematology | 40. Prosthodontics |
| 18. Histopathology | 41. Psychiatry |
| 19. Immunology | 42. Pulmonology |
| 20. Medical Oncology | 43. Radiotherapy |
| 21. Microbiology | 44. Thoracic Surgery |
| 22. Nephrology | 45. Urology |
| 23. Neurology | 46. Virology |

Disciplines for 2nd Fellowship

- | | |
|--|--|
| 1. Cardiothoracic Anesthesiology | 13. Paediatric Gastroenterology- Hepatology and Nutrition |
| 2. Clinical Cardiac Electrophysiology | 14. Paediatric Haematology Oncology |
| 3. Community & Preventive Paediatrics | 15. Paediatric Infectious Diseases |
| 4. Critical Care Medicine | 16. Paediatric Nephrology |
| 5. Developmental & Behavioural Paediatrics | 17. Paediatric Neurology |
| 6. Endocrinology | 18. Paediatric Ophthalmology |
| 7. Gynecological Oncology | 19. Reproductive Endocrinology & Infertility |
| 8. Infectious Diseases | 20. Rheumatology |
| 9. Interventional Cardiology | 21. Surgical Oncology |
| 10. Maternofetal Medicine | 22. Urogynaecology |
| 11. Neonatal Paediatrics | 23. Vitreo Retinal Ophthalmology |
| 12. Paediatric Cardiology | |

Fellowship of the College of Physicians and Surgeons Pakistan is awarded to those applicants who are declared successful in examinations carried out by the Examination Department of the CPSP, and elected by the College Council and have:

- a recognized medical degree;
- completed one year house job in a recognized institution
- passed the relevant FCPS Part I Examination;
- registered with the Research, Training and Monitoring Cell (RTMC);
- undergone specified years of supervised accredited training on whole time basis.
- passed IMM examination in **Psychiatry**
- obtained approval of dissertation/ two research articles (related to the specialty) published/ accepted for publication in CPSP approved journal(s):
- completion of entries in e-logbook along with validation by the supervisor;
- been declared successful in examinations carried out by the Examination Department of the CPSP; and
- been elected by the College Council.

It is important to note that all applicants must undergo a formal examination before being offered Fellowship of the relevant specialty, except in case of Fellowship without examination.

TRAINING ENQUIRIES AND REGISTRATION

All trainees should notify the College in writing of any change of address and proposed changes in training (such as change of Supervisor, change of department, break in training etc) as soon as possible.

GENERAL INFORMATION

REGISTRATION AND TRAINING

GENERAL REGULATIONS

The following regulations apply to all the candidates taking the FCPS-II Examination.

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

ELIGIBILITY REQUIREMENTS FOR ENTERING FCPS PART II TRAINING PROGRAM IN PSYCHIATRY

- Passed FCPS Part I in Psychiatry or granted exemption
- Completed two years RTMC registered training of IMM in Psychiatry.

EXEMPTION FROM FCPS PART-I

An application for exemption from FCPS Part-I must be submitted to the College with all the relevant documents and a bank draft for the prescribed fee.

After due verification, the College may grant exemption from FCPS Part-I to those applicants who have acquired any of the following qualifications in Psychiatry:

- Diplomat American Board of Specialties
- FCPS Part-I, Bangladesh.

In all other cases, after proper scrutiny and processing, the College shall decide acceptance or rejection of the request for exemption from FCPS-I on case to case basis.

All applicants who are allowed exemption will be issued an EXEMPTION CERTIFICATE on payment of exemption fee. The date of issue of the exemption certificate will be considered as the date of passing FCPS I examination. A copy of this certificate will have to be attached with the application for appearing in FCPS II examination.

APPROVED TRAINING CENTRES

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

REGISTRATION AND SUPERVISION

All training must be supervised and undertaken on whole time basis. The trainees are required to register with the RTMC and submit the name of their supervisor(s) by the date indicated on the registration form. The supervisor will normally be a Fellow of the College. However, another supervisor may be accepted if no Fellow is available to offer appropriate supervision. Only that training will be accepted which is done under a CPSP approved supervisor. Normally, only one supervisor is nominated, and if the trainee spends significant periods working in an area where the supervisor has no personal involvement, the supervisor must certify that suitable supervision is being provided. The nomination of more than one supervisor is needed only if the trainee divides the year between two or more unrelated units, departments or institutions. The trainees are not allowed to work simultaneously in any other department/institutions for financial benefit and /or for another academic qualifications.

DURATION OF TRAINING IN PSYCHIATRY

- Total duration of the training is 4 years divided into two phases (IMM & advanced specialty training), all of which is to be undertaken after passing FCPS I, and after registration with RTMC and with an approved Supervisor at a CPSP accredited unit/institution.
- The first two years of training, inclusive of rotations, will constitute the Intermediate Module (IMM), at the end of which the trainee will have to appear in the Intermediate Module examination in Psychiatry.
- After completing training for IMM, trainee has to undergo post IMM advanced training in the specialty for years 3 & 4.
- Passing of IMM examination is one of the eligibility requirements to appear in FCPS-II examination.
- All training inclusive of rotations is to be completed one month before the date of theory examination for FCPS-II.

COMPONENTS OF TRAINING

Mandatory Workshops

All mandatory workshops should be attended during the first two years of training. Therefore no workshop is mandatory during the 3rd & 4th year of training. However the trainee will be required to take any workshop as may be introduced by the CPSP.

Research (Dissertation / Two Papers)

One of the training requirements for fellowship trainees is a dissertation or two research papers on a topic related to the field of specialization. Synopsis of the dissertation or research papers must be approved from the Research & Evaluation Unit (REU) of CPSP before starting the research work. The dissertation or research paper must be submitted for approval to the REU before or during the first six months of fourth year of training program.

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

GENERAL REQUIREMENTS

Training should incorporate the principle of gradually increasing responsibility, and provide each trainee with a sufficient scope, volume and variety of experience in a range of settings that include inpatients and outpatients.

Instructional Methodology

Teaching occurs using several methods that range from formal 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 presents the current body of knowledge necessary for practice. This can be imparted using lectures, grand teaching rounds, clinico-pathological meetings, morbidity/mortality review meetings, literature reviews and presentations, journal clubs, conferences and seminars along with self directed learning.

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

SUPERVISOR'S

ROLE AND RESPONSIBILITIES

Training held under the aegis of CPSP is compulsorily supervised. A supervisor is a CPSP Fellow or a specialist with relevant postgraduate qualifications recognized by the CPSP.

Supervision is a multifaceted task and essential for the comprehensive grooming of a trainee. The task is arbitrarily divided into the following components for the sake of convenience. This division is by no means exhaustive or rigid. It is merely meant to give semblance of order to this comprehensive yet abstract and versatile role of the supervisor.

EXPERT TRAINER

- This is the most fundamental role of the supervisors. They have to not only ensure and monitor adequate training but also provide continuous helpful feedback (formative) regarding the progress of the training.
- This would entail observing the trainee's performance and rapport with all the people within his work environment.
- He / she should teach the trainee and help him / her overcome the hurdles during the learning process.
- It is the job of the supervisor to make the trainee develop the ability to interpret findings in his patients and act suitably in response.
- The supervisor must be adept at providing guidance in writing dissertation / research articles (which are essential components of training).
- Every supervisor is expected to participate actively in Supervisors' workshops, conducted regularly by CPSP, and do his/her best to implement the newly acquired information/ skills in the training. It is a basic duty of the supervisors to keep abreast of the innovations in their field of expertise and ensure that this information percolates to trainees of all years under them.

RELIABLE LIAISON

- The supervisor must maintain regular contact with the College regarding training and the conduct of various mandatory workshops and courses.
- It is expected that the supervisor will establish direct contact with relevant quarters of CPSP if any problem arises during the training process, including the suitability of trainee.
- They must be able to coordinate with the administration of their institutions/ organizations in order to ensure that their trainees do not have administrative problems hampering their training.

PROFICIENT ADMINISTRATOR

- He/ she must ensure that the trainee's regularly fill their e-logbook and keep them updated.
- They must provide assessment reports to the College at the end of each year or training period. These reports are used to evaluate a trainee's performance and should indicate if training has been followed satisfactorily. The report must also contain positive and negative aspects of the trainee's performance and any extra academic endeavors made by them. Prolonged absences must also be mentioned in sufficient detail. It is essential that each report be discussed and signed by both the trainer and the trainee before it is sent to the College.
- The supervisors might be required to submit confidential reports on trainee's progress to the College.
- The supervisor should notify the College of any change in the proposed approved training program.
- In case the supervisor plans to be away for more than two months, he/she must arrange satisfactory alternate supervision during the period.

TRAINEE'S

ROLE AND RESPONSIBILITIES

Given the provision of adequate resources by the institution, Trainees should:

1. accept responsibility for their own learning and ensure that it is in accord with the relevant requirements.
2. investigate sources of information about the program and potential Supervisor, and play an informed role in the selection and appointment of the Supervisor.
3. seek reasonable infrastructure support from their institution and Supervisor, and use this support effectively.
4. ensure that they undertake training diligently.
5. work with their supervisors in writing the synopsis/ research proposal and submit the synopsis/ research proposal within six months of registration with the RTMC.
6. accept responsibility for the dissertation, and plan and execute the research within the time limits defined.
7. be responsible for arranging regular meetings with the supervisor to discuss any hindrances to progress and document progress etc. If the supervisor is not able/willing to meet with the student on a regular basis, the student must notify the College.
8. provide the supervisor with word-processed updated synopsis and dissertation drafts that have been checked for spelling, grammar and typographical errors, prior to submission.
9. ensure that the supervisor has all the raw data relevant to the thesis; prior to submission of dissertation.
10. submit completed Dissertation to REU or evidence of publication/ acceptance for publication of two research papers in CPSP approved journal (s) or JCPSP six months before the completion of (last year of) training. The trainee should be the first or second author of both papers and the synopsis of both papers must have a prior approval of REU.
11. follow the Colleges complaint procedures if serious problems arise;
12. complete all requirements for sitting an examination.
13. provide feedback regarding the training post to the College on the prescribed confidential form.

TRAINING PROGRAM

CURRICULUM

This is the second part of the structured training programme (STP) based on the 3rd and 4th years training leading to FCPS psychiatry. This document is to be read in continuity with the CPSP's Structured Training Programme for the Intermediate Module, already published. A Structured Visual Curriculum Display Chart for 3rd and 4th year training has also been prepared to assist the residents and the supervisors. A theme based approach that aims at a learner committed to active learning that is experiential and problem solving has been used to cover the topics. Bloom's taxonomy of learning domains of knowledge, skills and attitudes is used to separate the three types of objectives with each one linked to its own set of specific learning objectives, modes of information transfer and assessment method.

Formal and informal models of collecting and sharing information, opportunities to discover data base through sources that go beyond text books to include internet, videos, conferences, workshops and symposia are advocated. The document encourages the residents to undertake learning and teaching opportunities amongst each other and also to learn by facilitating other members of the mental health team i.e. nursing staff, social workers and psychologists. For the first time, portfolios on each resident's representative work are recommended as an important formative assessment tool and also to help him or her to record his achievements. These portfolios are expected to be maintained mutually by the residents as well as the supervisors. A special effort has been made to introduce assessment tools (formative and summative), to assess all the three learning domains i.e. knowledge, skills and attitudes, that fulfil all the criteria of a good examination. In view of the unique demands of the profession an extra competency level 'ability to teach and critically evaluate' has been added. The last two levels of competency will be emphasised in particular in this phase of the training.

At the end of the FCPS Psychiatry, the candidates will be able to acquire the following attributes of knowledge, skills and attitudes:

KNOWLEDGE

1. Formulate a diagnostic and management plan using medical, neurological, anthropological, psychological and social aspects of psychiatric disorders
2. Critically evaluate and discuss contemporary issues in psychiatry
3. Undertake appropriate assessment and management in the fields of adult, child, geriatric, organic, and liaison psychiatry
4. Adequately use the knowledge about the cross cultural aspects of psychiatry in his/ her interactions with patients
5. Appropriately use pharmacological, physical and non-pharmacological methods of treatment
6. Appropriate use of articles of the Mental Health Act 2001 in forming forensic opinions
7. Formulate plans to respond to major mental health challenges faced by the community

SKILLS

Written Communication Skills

The trainee will be able to:

1. Make a diagnostic formulation of a patient.
2. Update medical records in clear, concise and accurate manner
3. Formulate forensic assessments in the light of the relevant rules and instructions of Mental Health Act 2001.
4. Demonstrate competence in medical writing

Interpersonal Communication Skills

The trainee will be able to:

1. Establish professional relationships with patients and their relatives and or caregivers in order to obtain a history, conduct a physical examination and provide appropriate management
2. Demonstrate use of appropriate language and clear communication in seminars, bedside sessions, out patients, e-communication and other work situations
3. Demonstrate competence in presentation skills in clinical, academic and professional settings
4. Demonstrate the skills and art of effective communication with patients in therapeutic and professional interactions

Examination Skills

The trainee will be able to:

1. Demonstrate the skills of effectively and smoothly carrying out the detailed physical, neurological and psychiatric examination and detect presence or absence of neurological, physical and psychopathological signs.
2. Interpret general physical, systemic and mental state examinations to formulate diagnosis, differential diagnosis and management strategies.

Patient Management Skills

The trainee will be able to:

1. Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis.
2. Demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources, and interpretation of investigation results.
3. Prioritize clinical problems for the start of interventions.
4. Use evidence-based pharmacologic and psychosocial interventions.
5. Formulate and execute management of complex cases with multisystem disorders.
6. Independently conduct supportive psychotherapy, group therapy, behavior therapy and other evidence based psychotherapies or psychotherapeutic interventions.
7. Independently use and teach electroplexy (electroconvulsive therapy) and other physical / biological therapeutic interventions.

Skills in Research

The trainee will be able to:

1. Undertake literature search and collect evidence based database and standard guidelines for use in clinical practice and research.
2. Compile, interpret and discuss a research and write a dissertation / an article based on original research in a peer reviewed journal, in light of the instructions on the subject by CPSP.
3. Interpret and use results of various research articles to improve clinical practice and research.

Administrative and Managerial Skills

The trainee will be able to:

1. Practice administrative and managerial skills in running a psychiatry unit /institution
2. Organize educational, training and research activities
3. Carry out a departmental audit

ATTITUDES

Towards Patients

The trainee will be able to:

1. Establish a therapeutic relationship with all patients
2. Demonstrate commitment to the bio-psycho-social model in the assessment and management of the patients
3. Demonstrate sensitivity, empathy and understanding while performing physical and mental state examination
4. Consistently show consideration of the interests of the patient and the community paramount and always above personal interest
5. Adhere to principles of medical ethics in general and mental health ethics in particular
6. Exhibit highest standards of professionalism and adherence to the core values of the medical profession, through the practice of integrity, respect for patients, colleagues, seniors and juniors, compassion, honour, altruism, excellence and humanism
7. Demonstrate ability to work as a team member as well as a leader

Towards Self Development

The trainee will be able to:

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 as a commitment to continuing education.
6. Recognize stress in self and others.
7. Deal with stress and support medical colleagues and allied health workers.
8. Handle self criticism or criticism by colleagues or patients constructively.
9. Obtain and value a second opinion on clinical matters.
10. Demonstrate effectiveness as member of the team, as well as a leader

Towards Society

The trainee will be able to:

1. Exhibit sensitivity towards the social, ethical and legal aspects of health care provision.
2. Offer cost effective professional services.
3. Make earnest efforts to remove myths and misconceptions and stigma against the mentally ill prevailing in the society.

Essential Learning Experiences

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

1. Organize family intervention sessions and small group therapy sessions.
2. Use statistical packages such as SPSS for Windows to compile data and interpret it.
3. Critically evaluate scientific articles in the journals
4. Practice administrative and managerial skills required to run an indoor and outdoor psychiatric facility.
5. Undertake a standard medical audit.
6. Complete and submit Dissertation to RTMC at CPSP before the end of 3rd year / submit articles for publication.

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

| | |
|---|-----------------------------|
| 1. Outpatients | 150 out-patient days |
| 2. Inpatients | 120 patients |
| 3. ECT | 30 Patients |
| 4. Psychiatric Emergency | 60 Patients |
| 5. Drug dependence, psychoactive substance abuse | 15 patients |
| 6. Geriatric, Adolescent and Child psychiatry | 36 patients |
| 7. Liaison psychiatry | 20 patients |
| 8. Organic psychiatry | 20 patients |
| 9. Psychosocial rehabilitation | 20 patients |
| 10. Forensic Assessments | 10 patients |
| 11. Public Mental Health | 5 activities |
| 12. Psychometric tests administered and interpreted | 30 cases |
| 13. Seminars/journal club | 20 Journal Club, 5 Seminars |
| 14. Counselling Sessions | 20 |
| 15. Supportive, Behaviour therapy / Cognitive therapy or other evidence based psychotherapies | 30 cases |
| 16. Specialized Investigations (EEG, CT, MRI etc) | 15 |
| 17. Conferences/Workshops/symposia | 5 |
| 18. Administrative and Managerial tasks | 15 |
| 19. Ethical Issues and Dilemmas | 10 cases |

Modes of Information Transfer

The objectives of the training could be achieved through a variety of modes, some of which are listed below:

1. Clinical Training in form of independently taking responsibility in patient care and supervision of junior trainees/ colleagues through:
 - a. Ward duties
 - b. Emergency duties
 - c. OPD duties
 - d. Special clinic duties
2. Interactive Lectures
3. Small Group Discussion
4. Multidisciplinary review meetings
5. Clinical Audits
6. Journal clubs
7. Seminars, symposia, conferences, workshops
8. Administrative work
9. Research projects
- 10 Teaching and Tutoring Medical Students, Junior Trainees, Members of the Health Team

SYLLABUS

Child and Adolescent Psychiatry

1. Normal development of child
2. Classification of childhood Psychiatric Disorders
3. Psychiatric assessment of children
4. Pervasive developmental disorders
5. Hyperkinetic disorders
6. Conduct disorders
7. Anxiety disorder
8. Disorders of elimination
9. Mental sub-normality
10. Child abuse
11. Specific Learning Difficulties

Geriatric Psychiatry

1. Psychological issues of aging
2. Mood disorders in elderly
3. Anxiety disorders in elderly
4. Psychotic disorders in elderly
5. Abuse and neglect of elderly
6. Neuropsychiatric disorders
7. Primary and secondary pre-senile and senile dementias
8. Organization of community services for elderly
9. Rehabilitation
10. Care of the carers

Forensic Psychiatry

1. Mental health Act
2. Administrative Management of Psychiatric cases
3. Forensic Psychiatric Syndromes
4. Psychiatrists' role in court
5. Management of violence and risk assessment
6. Psychiatric report
7. Terrorism

Public Mental Health (Community Psychiatry)

Including knowledge and skills of organising and evaluating a community mental health programme and knowledge of the National Programme of Mental Health in Pakistan

Normal Human Sexuality and Sexual & Gender Identity Disorders

Personality disorders

Psychological factors affecting medical conditions

1. History, classification, and current trends
2. Gastrointestinal disorders
3. Obesity
4. Cardiovascular disorders
5. Respiratory disorders
6. Endocrine and metabolic disorders
7. Psycho-cutaneous disorders
8. Stress, infectious diseases and psychiatry
9. Behaviour and immunity
10. Psycho-oncology

Additional conditions that may be focus of attention

1. Treatment compliance
2. Adult antisocial behaviour and criminality
3. Borderline intellectual functioning and academic problems

Special areas of study

1. Addictionology
2. Psychiatry and reproductive health
3. Genetic counselling
4. Death, dying and bereavement
5. Psycho-trauma

Psychotherapies

1. Evaluation for psychotherapy
2. Combined pharmacotherapy and psychotherapy
3. Supportive Therapy
4. Group therapy
5. Family therapy
6. Marital therapy
7. Interpersonal psychotherapy
8. Cognitive therapy
9. Behaviour therapy

CLINICAL COMPETENCIES

The clinical competencies, a specialist must have, are varied and complex. A list of the core procedural competencies required during training in the Department of Psychiatry is given below. The level of competencies to be achieved each year is specified according to the key, as follows:

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

| PROCEDURES | Third Year | | | | | | | | | | | | Total Cases 3rd Year |
|---|--|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------------------------|----|-------------------------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | | | Total Cases 3rd Year | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | | | |
| Basics | | | | | | | | | | | | | |
| Assessment of Patients | 25 | 4,5 | 25 | 4,5 | - | - | - | - | - | - | - | 50 | |
| Common Psychiatric dis. (in Patients) | 10 | 3,4 | 10 | 3,4 | 15 | 3,4 | 15 | 3,4 | 20 | 3,4 | 20 | 55 | |
| Common Psychiatric disorders (OPD) | 15 | 3,4 | 15 | 3,4 | 20 | 3,4 | 20 | 3,4 | 25 | 3,4 | 25 | 75 | |
| Psychiatric Emergencies | 4 | 3,4 | 5 | 3,4 | 6 | 3,4 | 6 | 3,4 | 10 | 3,4 | 10 | 25 | |
| Drug Dependence, Psychoactive Substance abuse | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 7 | |
| Geriatric, Adolescent and Child Psychiatry | 3 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 12 | |
| Conferences / Workshops / Symposia [1] | Arranging, conducting Conferences / workshop / symposia, in and outside department | | | | | | | | | | | | |
| Public Mental Health Activity | World Mental Health Day, Anti-Narcotics Day, No Tobacco Day, Camps/ Visits | | | | | | | | | | | | |
| Liaison Psychiatry | 2 | 2,3 | 2 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 3 | 3 | 10 | |
| Organic Psychiatry | 2 | 2,3 | 2 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 10 | |
| Forensic Assessments | 1 | - | 1 | - | 1 | - | 1 | - | 1 | - | 1 | 4 | |
| Community Psychiatry | 4 | - | - | - | - | - | - | - | - | - | - | - | |
| | Weeks | | | | | | | | | | | | |
| Journal Club / Seminars | 2 | 1,2 | 2 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 2,3 | 3 | 10 | |

| PROCEDURES | Third Year | | | | | | | | | | | | Total Cases 3rd Year |
|---|------------|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------|-----|-------------------------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | | | Level | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | | | |
| Procedure and Skills | | | | | | | | | | | | | |
| ECT (under GA) | 3 | 5 | 3 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 15 |
| Psychosocial Rehabilitation | 2 | 4 | 2 | 4 | 2 | 4 | 2 | 4 | 2 | 4 | 4 | 4 | 8 |
| Psychometric test (admin & interpreted) | 3 | 4,5 | 3 | 4,5 | 4 | 4,5 | 4 | 4,5 | 5 | 4,5 | 4,5 | 4,5 | 15 |
| Counselling / Non-pharma. Interventions | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 8 |
| Psychotherapy / behaviour therapy | 3 | 3,4 | 3 | 3,4 | 4 | 3,4 | 4 | 3,4 | 5 | 3,4 | 5 | 3,4 | 15 |
| Specialized Investigations | 1 | 4 | 1 | 4 | 1 | 4 | 1 | 4 | 2 | 4 | 2 | 4 | 5 |
| Rapid Tranquilization | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 |
| Ethical Issues and Dilemmas | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 5 |
| Administrative and Managerial Tasks | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 5 |
| Total | 16 | - | 16 | - | 20 | - | 20 | - | 26 | - | 26 | - | 78 |

PROCEDURES

| | Third Year | | | | | | | | | | | | Total Cases 3rd Year |
|--|------------|-------|----------|-------|----------|-------|-----------|-------|-------|-------|-------|-------|-------------------------|
| | 3 Months | | 6 Months | | 9 Months | | 12 Months | | | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Psychiatric Emergencies | | | | | | | | | | | | | |
| EPS (drug induced) | 1 | 1,2 | 1 | 1,2 | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 2 | 1,2 | 6 |
| Suicidal behaviour, deliberate self harm | - | - | 1 | 3,4 | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 2 |
| Violence /Aggression | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| NMS/Catatonia | - | - | 1 | 3,4 | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 2 |
| Acute Psychotic behaviour | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 1 | 1,2 | 2 | 1,2 | 2 | 1,2 | 5 |
| Lithium Toxicity, Serotonin Syndrome | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| Stupor | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| Conversion Disorder | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 3 |
| Acute Organic Brain | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| Organic Psychosis | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| Stress Reaction | - | - | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 |
| Total emergency cases | 2 | - | 5 | - | 4 | - | 4 | - | 13 | - | 13 | - | 24 |

| | Fourth Year | | | | | | | | | | | | Total Cases 4th Year |
|---|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-------|-------|-------|-------|-------------------------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Basics | | | | | | | | | | | | | |
| Assessment of Patients | - | - | - | - | 25 | 5 | 25 | 5 | 25 | 5 | 25 | 5 | 50 |
| Common Psychiatric dis. (in Patients) | 15 | 3,4 | 15 | 3,4 | 20 | 3,4 | 20 | 3,4 | 20 | 3,4 | 20 | 4,5 | 65 |
| Common Psychiatric disorders (OPD) | 15 | 4 | 15 | 4 | 20 | 4 | 20 | 4 | 25 | 4,5 | 25 | 4,5 | 75 |
| Psychiatric Emergencies | 5 | 3 | 5 | 3 | 10 | 3,4 | 15 | 3,4 | 15 | 4,5 | 15 | 4,5 | 35 |
| Drug Dependence, Psychoactive Substance abuse | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 3,4 | 2 | 4,5 | 2 | 4,5 | 8 |
| Geriatric, Adolescent and Child Psychiatry | 6 | 3,4 | 6 | 3,4 | 6 | 3,4 | 6 | 3,4 | 6 | 4,5 | 6 | 4,5 | 24 |
| Conferences / Workshops / Symposia [1] | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Public Mental Health Activity | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Liaison Psychiatry | 2 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 3 | 4,5 | 3 | 4,5 | 10 |
| Organic Psychiatry | 2 | 3 | 2 | 3 | 3 | 3,4 | 3 | 3,4 | 3 | 4,5 | 3 | 4,5 | 10 |
| Forensic Assessments | 1 | | 1 | | 2 | | 2 | | 2 | 4,5 | 2 | 4,5 | 6 |
| Community Psychiatry | - | - | - | - | - | - | - | - | - | - | - | - | - |
| Journal Club / Seminars | 3 | 3,4 | 3 | 3,4 | 4 | 4 | 4 | 4 | 5 | 4 | 5 | 4 | 15 |

PROCEDURES

| | Fourth Year | | | | | | | | | | | | Total Cases 4th Year |
|---|-------------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-------------------------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | | | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | |
| Procedure and Skills | | | | | | | | | | | | | |
| ECT (under GA) | 3 | 5 | 3 | 5 | 4 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 15 |
| Psychosocial Rehabilitation | 3 | 5 | 3 | 5 | 3 | 5 | 3 | 5 | 3 | 5 | 3 | 5 | 12 |
| Psychometric test (admin & interpreted) | 3 | 4,5 | 3 | 4,5 | 4 | 4,5 | 4 | 4,5 | 5 | 4,5 | 5 | 4,5 | 15 |
| Counselling / Non-pharma. Interventions | 3 | 3,4 | 3 | 3,4 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 12 |
| Psychotherapy / behaviour therapy | 3 | 4 | 3 | 4 | 4 | 4,5 | 4 | 4,5 | 5 | 5 | 5 | 5 | 15 |
| Specialized Investigations | 2 | 4,5 | 2 | 4,5 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 10 |
| Rapid Tranquilization | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 4 |
| Ethical Issues and Dilemmas | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 1 | 4,5 | 2 | 4,5 | 2 | 4,5 | 5 |
| Administrative and Managerial Tasks | 2 | 4,5 | 2 | 4,5 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 3 | 4,5 | 10 |
| Total | 21 | - | 21 | - | 26 | - | 26 | - | 30 | - | 30 | - | 98 |

| | Fourth Year | | | | | | | | | | | |
|--|-------------|----------|-----------|----------|-----------|----------|-----------|----------|-------------|----------|------------|--|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | Total Cases | | | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | 4th Year | Level | | |
| Common Psychiatric Disorders (Inpatients / Outpatients) | | | | | | | | | | | | |
| Understanding and Application of Standardized CLASSIFICATION (ICD-10 AND DSM IV) | | | | | | | | | | | | |
| Anxiety Disorders | 3 | 4,5 | 3 | 4,5 | 4 | 5 | 5 | 5 | 5 | 5 | 15 | |
| Depressive Disorder | 7 | 4,5 | 8 | 4,5 | 8 | 5 | 9 | 5 | 5 | 5 | 32 | |
| Bipolar Affective Disorder | 6 | 4,5 | 6 | 4,5 | 6 | 5 | 7 | 5 | 5 | 5 | 25 | |
| Schizophrenia | 5 | 4,5 | 5 | 4,5 | 5 | 5 | 5 | 5 | 5 | 5 | 20 | |
| Somatoform Disorders | 3 | 4,5 | 3 | 4,5 | 4 | 5 | 5 | 5 | 5 | 5 | 15 | |
| Mental Retardation / Learning Disability | 2 | 4,5 | 2 | 4,5 | 2 | 5 | 2 | 5 | 5 | 5 | 8 | |
| Personality Disorders | 1 | 4,5 | 1 | 4,5 | 1 | 5 | 1 | 5 | 5 | 5 | 4 | |
| Substance Use Disorder | 3 | 4,5 | 3 | 4,5 | 3 | 5 | 4 | 5 | 5 | 5 | 13 | |
| Eating Disorders | - | - | - | - | - | - | 1 | 5 | 1 | 5 | 1 | |
| Psychophysiological Disorders | - | - | 1 | 4,5 | 1 | 5 | 1 | 5 | 5 | 5 | 3 | |
| Organic Psychosis | - | - | - | - | 2 | 5 | 3 | 5 | 5 | 5 | 5 | |
| Total | 30 | - | 32 | - | 36 | - | 43 | - | - | - | 141 | |

| PROCEDURES | Fourth Year | | | | | | | | | | | |
|--|-------------|-------|-----------|-------|-----------|-------|-----------|-------|-------------|-------|----------|-------|
| | 15 Months | | 18 Months | | 21 Months | | 24 Months | | Total Cases | | 4th Year | |
| | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level | Cases | Level |
| Psychiatric Emergencies | | | | | | | | | | | | |
| EPS (drug induced) | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 8 | |
| Suicidal behaviour, deliberate self harm | - | - | - | - | 1 | 4 | 2 | 4 | 2 | 4 | 3 | |
| Violence /Aggression | - | - | - | - | - | - | 1 | 4 | 1 | 4 | 1 | |
| NMS/Catatonia | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 4 | |
| Acute Psychotic behaviour | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 3 | 3,4 | 3 | 3,4 | 7 | |
| Lithium Toxicity, Serotonin Syndrome | - | - | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | |
| Stupor | - | - | - | - | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 1 | |
| Conversion Disorder | 1 | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 | 3,4 | 2 | 3,4 | 5 | |
| 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 | 3,4 | 1 | 3,4 | 2 | |
| Total emergency cases | 4 | - | 5 | - | 10 | - | 17 | - | 17 | - | 36 | |

ASSESSMENT

ELIGIBILITY REQUIREMENTS FOR FCPS-II IN PSYCHIATRY EXAMINATION:

The eligibility requirements for candidates appearing in FCPS-II examination in Psychiatry are:

1. To have passed FCPS Part-I in Medicine and allied, or been granted official exemption.
2. To have undertaken four years of the specified training in Psychiatry, **all of which should be after passing FCPS Part-I** (a certificate testifying attendance is obligatory for admittance to examination) in an institution recognized by the CPSP
3. To provide certificate of having passed the Intermediate Module examination in Psychiatry.
4. To provide a certificate of attendance of mandatory workshops.
5. To have made regular entries & completed e-log book.
6. To provide a certificate of having passed the Intermediate Module in Psychiatry.
7. To provide a certificate of approval of dissertation or acceptance of two research papers for publication in CPSP approved journals,

FORMAT OF EXAMINATIONS:

Theory Examination

The written examination will comprise of two theory papers of 3 hours duration each:

Paper I 10 Short Essay Question - SEQs

Paper II 10 Short Essay Question - SEQs

Clinical Examination:

Only those candidates who pass the theory examination will be eligible to appear in the clinical examination. Detailed instructions will be sent out to all candidates who pass the theory exam regarding the date and particulars of the clinical exam.

The clinical examination consists of:

1. TOACS (Task Oriented Assessment of Clinical Skills) - 14 to 16 stations
2. Long case - One

TABLE OF SPECIFICATION:

Theory

- Paper I** *SEQs:* Adult Psychiatry, Child and Adolescent Psychiatry and Psychogeriatrics
- Paper II** *SEQs:* Liaison Psychiatry, Organic Psychiatry, Public Mental Health , Forensic Psychiatry, Therapeutics including Psychotherapies, Addictionology / Substance abuse, Eating Disorders, Psychosexual Disorders, Reproductive Health, Psychotrauma.

Clinical

- Long Case:** Clinical interview and assessment of a complex psychiatric management issue, its formulation, followed by a discussion on diagnosis, management, prognosis and modern guidelines, and recent advances on the issue.

EXAMINATION SCHEDULE

1. The Fellowship theory examination in Psychiatry will be held twice a year.*
2. Theory examinations are held in various cities of the country usually at Abbottabad, Bahawalpur, Faisalabad, Hyderabad, Islamabad, Karachi, Lahore, Larkana, Nawabshah, Multan, Peshawar and Quetta centres. The College shall decide where to hold clinical examination depending on the number of candidates in a city and shall inform the candidates accordingly.*
3. English is the medium of examination for the theory and clinical examinations.
4. The College will notify of any change in the centres, the dates and format of the examination.
5. A competent authority appointed by the College has the power to debar any candidate from any examination if it is satisfied that such a candidate is not a fit person to take the College examination because of using unfair means in the examination, misconduct or other disciplinary reasons.
6. Each successful candidate in the Fellowship examination shall be entitled to the award of a College Diploma after being elected by the College Council and payment of registration fee and other dues.

EXAMINATION FEES

1. Fees deposited for a particular examination shall not be carried over to the next examination in case of withdrawal/ absence/ exclusion/ any other reason under normal circumstances.
2. Applications along with the prescribed examination fees and required documents must be submitted by the last date notified for this purpose before each examination.
3. The details of examination fee and fees for change of centre, subject, etc. shall be notified before each examination.

*The CPSP reserves the right to alter dates, postpone examinations or change venue in the interest of safety and well being of its staff, invigilators and / or candidates.

REFUND OF FEES

1. If, after submitting an application for examination, a candidate decides not to appear, a written request for a refund must be submitted before the last date for withdrawal with the receipt of applications. In such cases a refund is admissible to the extent of 75% of fee only. No request for refund will be accepted after the closing date for receipt of applications.
3. Fee deposited for a particular examination shall not be carried over to the next examination in case of withdrawal / absence/exclusion.
4. If an application is rejected by the CPSP, 75% of the examination fee will be refunded, the remaining 25% being retained as a processing charge. No refund will be made for fee paid for any other reason, e.g. late fee, change of centre/subject fee, etc.

Note: The candidate is required to fill a self explanatory 'feedback form' at the end of the clinical examination. This will help the College in making future examination more candidate friendly.

The college reserves the right to alter/amend any rules/regulations.

It is, therefore, important that the candidates keep visiting CPSP website regularly to know of any changes notified by the college. Any decision taken by the College on the interpretation of these regulations will be binding on the applicant

**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: 058810 - 43307
FAX: 058810 - 43902
Email: ssg-r-breman@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
il: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

KARACHI

2. Departments of CPSP Karachi

UAN – 021-111-606-606

- **Examination** (FCPS Part I)
99207100 -10 Ext: 311
- **Examination** (FCPS Part II)
99207100 -10 Ext: 215
- **Department of Medical Education**
99207100 -10 Ext: 305
- **Registration, Training & Monitoring Cell**
99207100 -10 Ext: 320

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

QUETTA

Near Cenar Hospital,
Off: Brewery Road, Quetta
TEL: 081-9213434 & 081-2913435
Email: rc_quetta@csp.edu.pk

OVERSEAS CPSP CENTRES

3. Saudi Arabia

RIYADH

Saudi Commission for Health
Specialities,
Diplomatic Quarter,
P.O. Box 94656
Riyadh -11614, KSA.
TEL: 966-1-4822415 Ext: 156/141
966-2-6401000 Ext: 25843
Email: medexam5@scfhs.org

4. Nepal

KATHMANDU

T.U. Institute of Medicine
Maharajganj, Kathmandu,
Nepal
TEL: 977-1- 416224
Email: csp@healthnet.org.np
