Psychiatry Curriculum

Scientific Committee of psychiatry in Palestinian medical council

(Curriculum and syllabus, and references)

Compiled by:

The Arab Board Psychiatry Training Committee (2019)

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TABLE OF CONTENTS

I. CURRUCULUM

TABLE OF CONTENTS

I. PROCESS OF DEVELOPING AND MONITORING THE CURRICULUM

Psychiatry Curriculum is the path which is followed to get the candidate trainees from being new to the field of psychiatry to becoming competent professional psychiatrists. The curriculum therefore;

1. promotes the resident's mastery of knowledge and acquisition of skills and also
2. conveys fundamental professional values through supervision and mentoring. This curriculum has considered both the general issues involved in conceptualizing its contents and the specific tasks involved in its development, planning, implementation, and management. We also address teaching formats, methodologies, techniques, and methods of achieving a balance between didactic and clinical experiences within the residency curriculum.

II. EDUCATION VERSUS TRAINING

The residency curriculum includes both the formal teaching sessions and the clinical experiences. Each is important in creating the psychiatrist, but they differ in several important ways.

- Education refers to the processes through which students develop their abilities to ask the right questions, form judgments, identity assumptions, think critically, be creative, solve problems, live with uncertainty, make decisions based on incomplete evidence, and develop those self-perpetuating skills that enable educated people to deal with change. Education requires a setting that promotes initiative and freedom.
- Training, however, promotes imitation, repetition, discipline, and the acquisition and mastery under supervision of a specific body of evidence-based knowledge and observable skills. Trainees must be able to demonstrate that they have mastered and safely performs the procedures that constitute the profession, for example the various tasks of psychiatric assessment and management.

Education and training merge because the problem-solving rules that permit one to recognize patterns better and ignore the irrelevant is inseparable from knowledge.

III. MODEL FOR EDUCATION AND TRAINING

This curriculum has taken into consideration the diverse orientation, and training background of supervisors/tutors in approved training centers throughout the Arab world. It has also considered the various models of education and training actually practiced in these centers. The extent to which trainers view psychiatric trainees as empty containers to be filled with instruction or as motivated and creative learners who need to know how to go about getting necessary information and skills can significantly influence the outcome. Whether to adopt an authoritarian-paternalistic or a collegial-facilitatory role will undoubtedly be reflected on the final product. Programs should follow the following general standards in requiring candidates to master specific knowledge and skills;

(A) Training programs are encouraged to combine different models for a satisfactory outcome. Training programs should stimulate trainee's individual talents to flourish and develop under close mentoring, supervision.

(B) Unobserved guidance without apprenticeship to a master is not sufficient. Candidates should get a chance to closely observe masters, learn their working techniques and to critically examine firsthand the extent to which their own works are artful.

(C) The supervisors should encourage open questioning, true scholarship, and scientific skepticism.

(D) Candidates are expected to work with patients and possess at least rudimentary skills of assessment and treatment from the very beginning, the methods of education and training must take this and other special needs into consideration.

IV. CURRICULUM DEVELOPMENT

- The Arab Board of Psychiatry standard curriculum (listed below) outlines the minimal basic requirements which competent psychiatrists should possess at the end of psychiatry training.

- Each program is expected to formulate a realistic vision of graduating trainees, establishing goals and objectives, clarifying the relationship between goals and objectives and the overall curriculum, and planning, monitoring, and evaluating the curriculum.
- The vision of this final product from all the education and training requires that each program define what the generically trained psychiatrist in their country should know and be able to do.
- The more clearly and operationally defined training programs are, the easier it is to assess the extent to which these objectives have been met and to discriminate trainees who have mastered the curriculum from those who have not.
- Training programs must help the trainees master the ***enabling*** objectives (versus the ***terminal*** objectives) which they will need for competent pursuit of lifelong learning. This is particularly important since the knowledge and skills required to practice psychiatry is constantly changing. These enabling skills include; information acquisition, critical evaluation, and development of an empathic relationship necessary to perform ultimate tasks. Demonstrating competence in achieving enabling objectives will ensure a better chance for the trainee to achieve the terminal objectives of mastering the psychiatric knowledge and skills as professionals, in the long term and with practice.

V. FORMULATING GOALS AND OBJECTIVES

There are several Requirements for post-graduate Training in Psychiatry, established by various international Graduate professional organizations including The Royal College of Psychiatrists and the Accreditation Council for Graduate Medical Education (ACGME), delineating the clinical experiences and the didactic course work that approved programs must provide.

The below listed goals and objectives for the Arab Board of Psychiatry reflect the various attitudinal, knowledge, and skill objectives considered by most Arab psychiatrists to be essential to the practice of psychiatry in this twenty first century.

They illustrate the extent to which sample of psychiatrists from representative Arab countries agreed that these objectives comprise core material for general psychiatry and may serve training

programs as the basis for curriculum development.

VI. LAYING OUT THE CURRICULUM GUIDED BY THE OBJECTIVES

In achieving agreement on appropriate goals and objectives, the program training committee needs to revise the program educational and philosophical positions. They need to agree upon its own goals and objectives for the training based on the available educational and training resources and considering the Arab Board standards and guidelines outlined hereby. Collaborations with other programs or other resources in the community is strongly encouraged and in some cases may be essential for the ultimate survival of some individual training programs.

A central philosophical point to be considered by the program is how, in what order to present the various perspectives of contemporary psychiatry, e.g., individual psychodynamics and family, behavioral, and biological approaches, etc. Some programs may choose to present all views concurrently from the start of training, and to help the resident integrate these perspectives from the very beginning. Other programs may decide to start by focusing the residents in one predominant point of view at a time. At the end, the expected outcomes from all programs must be a balanced and patient focused approach considering the biopsychosocial spiritual approach to understanding and management of the problems.

VII. OVERALL TRAINING OBJECTIVES

General Objectives

There are six general competencies identified for the educational objectives of the program: patient care, medical knowledge, interpersonal and communication skills, and professionalism. Toward this end, the program defines the specific knowledge, skills, and attitudes required and provide the requisite educational experiences in order for their residents to demonstrate these competencies.

At the end of the training, the candidate should be able to:

1. Recognize and manage patients with common psychiatric disorders as would be expected of a specialized psychiatrist.
2. Demonstrate good knowledge and understanding of the concepts, classification, clinical features, aetiology, treatment and prevention of different psychiatric disorders.
3. Establish a professionally sound and ethically acceptable therapeutic relationship with the patient, which should be maintained and utilized as a positive tool for continued after-care.
4. Obtain a coherent case history from patients with psychiatric disorders and perform a mental state examination.
5. Formulate patients' presentations in relation to their past experiences, personalities and social circumstances.
6. Be aware of one's own emotional responses to patients (e.g. counter transference). Awareness of this can help keep negative feelings about a patient or situation from affecting the quality of care.
7. Recognize patients' emotional responses to doctors (e.g. transference) and the ways in which these can influence patient care and therapeutic relationship.
8. Demonstrate knowledge and understanding of the main principles of, and indications for, counselling and psychotherapeutic intervention.
9. To have an understanding of the stigmatising attitudes and stereotypes attached to mental illness.
10. Distinguish between psychiatric disturbance, resulting from an identifiable medical condition and those that are not.
11. Describe and recognise common cognitive disorders (acute and chronic) for example, delirium, dementia and their management.
12. Diagnose depressive illness and describe the different type, severity and management strategies including treatment resistance case.
13. Diagnose schizophrenia and related psychoses, outline the management of acute attacks and describe the management of the chronic illness in the community.
14. Describe and recognise common symptoms of anxiety and related disorders.
15. Describe and recognise the features of normal and abnormal grief and outline their management.

16. Recognise the diverse clinical presentations of substance use disorders and describe their management.
17. Recognise the common forms of sexual disorders and outline the principles of their management.
18. Demonstrate knowledge of common causes of acute emotional disturbance in different age and social groups and outline the principles of crisis management especially in relation to suicidal behaviour.
19. Assess the risk of suicide in the mentally ill.
20. Describe and recognize the common psychological issues related to women.
21. Describe and recognise the common psychological problems of old age and outline principles for assessment and management of psychiatric disorders in the elderly population.
22. Describe the main psychiatric disorders found in children and adolescents and the methods for investigating and treating these conditions.
23. Describe and recognise the common psychological reactions to physical illness and outline the psychological mechanisms, which can produce somatic symptoms and influence the course of physical illness.
24. Outline the conditions under which it is legitimate to detain patients in hospital for involuntary treatment.

Specific Objectives

1. Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of psychiatric problems and the promotion of health. Residents are expected to:

a. demonstrate caring and respectful behaviors when interacting with patients and their families;
b. gather essential and accurate information about their patients ;
c. make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment ;
d. develop and carry out patient management plans;
e. educate patients and their families;
f. perform competently all procedures considered essential for the practice of psychiatry;
g. provide services aimed at preventing health problems or promoting health;

h. work with health care professionals, including those from other disciplines, to provide quality care;
i. provide case formulation including medical, neurological, psychiatric, psychological, and sociocultural perspectives;
j. formulation of multi-disciplinary treatment plan appropriate to the care settings;
k. provide competent care and management for patients with psychiatric disorders which are consistent with the patient's values and desires for treatment;
l. Identify and provide methods of psychotherapeutic treatment that is most appropriate for a specific patient including: crisis intervention, brief and long-term individual, supportive, psychodynamic, CBT, Inter Personal Therapy, group therapy, family and couples therapy, and other evidenced based individual psychotherapy.

2. Medical Knowledge

Residents must demonstrate knowledge about biomedical, clinical, epidemiological and social-behavioral sciences. Residents are expected to be able to:

a. understand the basic biological and psychological sciences underlying psychiatry;
b. understand the sociocultural and behavioral sciences as it pertains to the development of psychiatric illness;
c. understand the major psychiatric and neuropsychiatric disorders including phenomenology, nosology (including DSM-V and ICD-11 criteria), epidemiology, etiology (including genetic, medical, neurological, psychobiological, psychological, sociocultural factors), pathophysiology, course, and prognosis,
d. Understand the psychopharmacological management of psychiatric patients and appropriate use of psychotropic medication including antidepressants, antipsychotics, anxiolytics, mood-stabilizers, hypnotics, and stimulants appropriate to acute settings.
e. understand the effectiveness of various psychotherapies including: establishment and use of therapeutic alliance, crisis intervention, supportive psychotherapy, psychodynamic psychotherapy, brief therapies (including CBT and interpersonal therapy), group therapy, couples and family therapy, child therapy,
f. combine psychotherapeutic interventions with medication management, to monitor the patient's response and modify the treatment strategies as necessary,
g. learn other somatic treatments including Electro Convulsive Therapy (ECT) appropriate to acute settings,
a. demonstrate an analytic thinking approach to clinical situations;
b. Know and apply the basic and clinically supportive sciences which are appropriate to their patients including social, psychological and biological.

3. Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, families, and health professionals. Residents are expected to:

a. create and sustain a therapeutic and ethically sound relationship with patients;
b. use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills,

c. work effectively with others as a member or leader of a health care team or other professional group,
d. Demonstrate effective communication skills, while handling difficult situations (breaking bad news and managing difficult patient).
e. maintain empathy with patients even under difficult circumstances,
f. manage appropriate boundaries with patients and families,
g. manage transference and counter-transference with patients and families,
h. demonstrate sensitivity to the sociocultural issues and differences,
i. Communicate their treatment plans to patients and their families in an understandable way.
j. maintain a polite and courteous attitude at all times with all people,
k. listen to and learn from others, even those with different viewpoints and backgrounds,
l. communicate effectively within a multi-disciplinary inpatient treatment team,
m. communicate effectively with colleagues from all disciplines,
n. communicate effectively with peers,
o. communicate effectively with supervisors and teachers for purpose of learning,
p. maintain all necessary and appropriate documentation of patient care,
q. demonstrate ability to lead a clinical team.

4. **Professionalism**

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

a. demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; and a commitment to on-going professional development and excellence;
b. demonstrate a commitment to ethical principles pertaining to withholding of clinical care, confidentiality of patient information, informed consent, and business practices;
c. demonstrate sensitivity and responsiveness to patients' culture, age, religion, Sex, and disabilities;
d. maintain professional dress, and professional attire;
e. put needs of patients and families first;
f. maintain professional boundaries;
g. have knowledge of principles of Medical Ethics with annotations for Psychiatry;
h. understand and respect issues related to patient confidentiality and informed consent;
i. work well with peers including helping out with group issues, emergencies, and cross-coverage;
j. be on-time, available, and arranging for appropriate cross-coverage;
k. maintain appropriate documentation;
l. contribute to the overall welfare of the hospital and the program;
m. demonstrate leadership in clinical and educational settings;
n. serve as a role model for students.

5. Practice-based Learning and Improvement

The resident must demonstrate the knowledge, attitude and skills necessary to initiate self-directed learning to keep abreast of current information and practices relevant to the practice of psychiatry, to correct any areas of information or skills gaps, and to improve patient care. Residents are

expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. Practice-based learning includes ability to:

a. recognize and accept limitations in his/her knowledge base and clinical skills and understand the need for life-long learning;
b. obtain, evaluate, and utilize evidence from the scientific literature to improve their patient care including: medical and psychiatric libraries, psychiatric and medical major journals, drug information databases , medical information databases (e.g., PubMed, Medline, EMBASE etc.) and on-line services and information technology;
c. utilize evidence based approaches to community treatment including caring for chronic mental illness including adherence to treatment, vocational rehabilitation, stigma and access to medical care;
d. use direct feedback to improve their performance;
e. use systematic evaluation of case load and practical experience to assess his/her practice, growing competence and expanding knowledge and skills;
f. participate in research and/or scholarship, attend all classes, journal clubs, case conferences, grand rounds and special conferences and actively participate in these educational activities;
g. present scholarly work at conferences or meetings within and outside the program to improve patient care and knowledge base;
h. Demonstrate effective contribution to the teaching of medical students and other health care professionals.

6. System-based Practice

Residents are expected to exhibit progressive improvement in their system-based practice throughout their training. Residents are expected to exhibit progressive improvement in their level of knowledge and skill throughout their training. System-based practice includes:

a. understanding the influence of sociocultural factors on seeking, receiving, and assuring effectiveness of treatment;
b. understanding the effect of stigma related to psychiatric illness
c. the ability to understand, use, or work with the resources available within the hospital health care system and the larger community in the care of patients requiring knowledge of social service systems, legal system and educational system;
d. understanding and ability to work within multi-disciplinary treatment setting;
e. identifying and reporting system errors; learning from these to reduce medical system errors;
f. understanding of and compliance with the hospital and psychiatry program policies, systems, by-laws and regulations pertaining to patient care and residency training;
g. attention to cost-efficacy in patient care;
h. Attention to patient advocacy within the hospital and the health-care system.

II. APPENDIX

I. SYLLABUS

TABLE OF CONTENTS

15. PSYCHOLOGICAL METHODS OF TREATMENT IN PSYCHIATRY/PSYCHOTHERAPIES
16. PSYCHIATRIC EMERGENCIES
17. EATING DISORDERS
18. CONSULTATION LIAISON PSYCHIATRY/COLLABORATION
19. ADJUSTMENT AND STRESS-RELATED DISORDERS
20. COMMUNITY AND FORENSIC PSYCHIATRY
21. SEXUAL DYSFUNCTION AND PARAPHILIAS
22. CHILD AND ADOLESCENT PSYCHIATRY
23. PSYCHIATRIC ILLNESS IN THE ELDERLY (GERIATRIC PSYCHIATRY)
24. APPLIED ETHICS IN PSYCHIATRY
25. DELUSIONAL DISORDER AND OTHER PSYCHOTIC DISORDER
26. SLEEP PHYSIOLOGY AND SLEEP DISORDERS
27. ATTITUDES, PERSPECTIVES AND PERSONAL DEVELOPMENT
28. PSYCHIATRIC DISORDERS DUE TO GENERAL MEDICAL CONDITION
29. PROFESSIONAL ETHICS

C. SYLLABUS / OBJECTIVES FOR PSYCHOTHERAPY

A. BRIEF THERAPY COMPETENCIES

B. COGNITIVE BEHAVIOURAL THERAPY

C. PSYCHODYNAMIC PSYCHOTHERAPY COMPETENCIES

D. PSYCHOTHERAPY COMBINED WITH PSYCHOPHARMACOLOGY COMPETENCIES

E. SUPPORTIVE THERAPY COMPETENCIES

A. SYLLABUS / OBJECTIVES FOR THE BASIC SCIENCES

1. SOCICULTURAL AND BEHAVIORAL PSYCHIATRY

i) Basic Psychology

a) Learning theory: classical, operant, observational and cognitive models. The concepts of extinction and reinforcement. Learning processes and aetiological formulation of clinical problems, including the concepts of generalisation, secondary reinforcement, incubation and stimulus preparedness. Escape and avoidance conditioning. Clinical applications in behavioural treatments: reciprocal inhibition, habituation, chaining, shaping, cueing. The impact of various reinforcement schedules. The psychology of punishment. Optimal conditions for observational learning.

b) Basic principles of visual and auditory perception: figure ground differentiation, object constancy, set, and other aspects of perceptual organisation. Perception as an active process. The relevance of perceptual theory to illusions, hallucinations and other psychopathology. The development of visual perception as an illustration of constitutional/environmental interaction.

c) Information processing and attention. The application of these to the study of schizophrenia and other conditions.

d) Memory: influences upon and optimal conditions for encoding, storage and retrieval. Primary working memory storage capacity and the principle of chunking. Semantic episodic and skills memories and other aspects of long-term/secondary memory. The process of forgetting. Emotional factors and retrieval. Distortion, inference, schemata and elaboration in relation. The relevance of this to memory disorders and their assessment.

e) Thought: the possible relationship with language. Concepts, prototypes and cores. Deductive and inductive reasoning. Problem-solving strategies, algorithms and heuristics.

f) Personality: derivation of nomothetic and idiographic theories. Trait and type approaches and elementary personal construct theory. Resume of principles underlying psychoanalytic and humanistic approaches. The interactionist approach. Construction and use of inventories, rating scales, grids and Q-sort.

g) Motivation: needs and drives. Extrinsic theories (based on primary and secondary drive reduction) and homeostasis. Hypothalamic systems and satiety. Intrinsic theories, curiosity and optimum levels of

arousal. Limitations of approach and attempts to integrate. Cognitive consistency. Need for achievement (nAch). Maslow's hierarchy of needs.

h) Emotion: components of emotional response. Critical appraisal of James-Lange and Cannon-Bard theories. Cognitive appraisal, differentiation and the status of primary emotions. Emotions and performance.

i) Stress: physiological and psychological aspects. Situational factors: life events, daily hassles/uplifts, conflict and trauma. Vulnerability and invulnerability, type a behaviour theory. Coping mechanisms. Locus of control, learned helplessness and learned resourcefulness.

j) States and levels of awareness: levels of consciousness and evidence for unconscious processing. Arousal, attention and alertness. Sleep structure and dreaming. Parasomnias. Biorhythms and effects of sleep deprivation. Hypnosis and suggestibility. Meditation and trances.

ii) Social Psychology

a) Attitudes: components and measurement by Thurston, Likert and semantic differential scales. Attitude change and persuasive communication. Cognitive consistency and dissonance. Attitude-behaviour relationships.

b) Self psychology: self-concept, self-esteem and self-image. Self-recognition and personal identity.

c) Interpersonal issues: person perception, affiliation and friendship. Attribution theory, 'naive psychology' and the primary (fundamental) attribution error. Social behaviour in social interactions. 'Theory of mind' as it might apply to pervasive developmental disorders. Elemental linguistics as applied to interpersonal communication.

d) Leadership, social influence, power and obedience. Types of social power. Influence operating in small and large groups or crowds: conformity, polarisation and 'groupthink', deindividuation. Communicative control in relationships.

e) Intergroup behaviour: prejudice, stereotypes and intergroup hostility. Social identity and group membership.

f) Aggression: explanations according to social learning theory, operant conditioning, ethnology, frustration and arousal concepts. The influence of television and other media. Family and social backgrounds of aggressive individuals.

g) Altruism, social exchange theory and helping relationships. Interpersonal co-operation.

iii). Social science & socio-cultural psychiatry

At the completion of training the trainee will be able to demonstrate knowledge of the following:

a) Descriptive terms: social class, socio-economic status and their relevance to psychiatric disorder and health care delivery.

b) The social roles of doctors. Sick role and illness behaviour.

c) Family life in relation to major mental illness (particularly the effects of high Expressed Emotion).

d) Social factors and specific mental health issues, particularly depression, schizophrenia and addictions. Life events and their subjective, contextual evaluation.

e) The sociology of residential institutions.

f) Basic principles of criminology and penology.

g) Stigma and prejudice.

h) Ethnic minorities, acculturation and mental health.

iv). Research methods, statistics and evidence-based practice

The Trainee shall demonstrate knowledge of the principles of research methods, statistics, epidemiology and evidence-based practice. This includes:

a. The history and philosophy of science as it relates to concepts of mental disorder.
b. Scientific analysis and interpretation of psychiatric literature. To include basic structuring of research: individual, population, case-control, whole and intervention studies, clinical trials and meta-analysis.

- **a.** Concepts of scale of measurement, sampling methods, frequency and probability distributions. Summary statistics and graphs, outliers, stem-and-leaf plots, Bos plots, scatter grams. Types of data e.g. categorical, ordinal, continuous.
- **b.** Descriptive and Inferential Statistics. Significance tests, estimation and confidence intervals. The advantage of confidence intervals over *p* values.
- **c.** Specific tests, particularly t-test, chi-square test, Mann-Whitney U test, confidence intervals for difference between means, proportions and medians.
- **d.** Clinical trials - the advantages of randomised trials and the problems with alternatives such as historical controls.

e. A *brief* introduction to more complex methods such as factor analysis - no more than a description of what the techniques aim to achieve.

f. Problems of measurement in psychiatry, latent traits (constricts) and observed indications (symptoms). Type I and type II errors.

g. Ideas of reliability and validity. Sensitivity, specificity and predictive values of research measures. Bias.

h. Diagnostic agreement measured by Kappa and intra-class correlations. Cronbach's alpha.

i. Metanalysis, survival analysis, logistic regression.

j. Concepts of incidence (inception), prevalence and population at risk.

k. Sampling techniques, case identification, case registers mortality and morbidity statistics.

l. Epidemiology of specific psychiatric disorders.

2. HUMAN DEVELOPMENT

The trainee should be knowledgeable about normal biological, psychological and social development from infancy to old age. This is in order to consider:

1. The stages of normal development in order to determine whether an individual's style of thinking, coping, feeling or behaviour is appropriate for that stage or may be an indication of illness
2. How the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems
3. Factors that may be associated with vulnerability to mental health problems and protective factors associated with resilience.
4. Developmental issues in relation to the varied cultural and economic backgrounds of patients.

In particular they should be able to demonstrate knowledge of:

a) Basic frameworks for conceptualising development: nature and nurture, stage theories, maturational tasks. Possible definitions of maturity. Examination of gene-environment interactions with specific reference to intelligence. Relative influence of early versus later adversities. The relevance of developmental framework for understanding the impact of specific adversities such as traumata. Very brief mention of historical models and theories: Freud and general psychoanalytic, social-learning, Piaget.

b) Methodology for studying development: cross sectional, cohort and individual studies. Identification and evaluation of influences.

c) Bowlby attachment theory and its relevance to emotional development, affect regulation and human relationships in childhood and later on. Conditions for secure attachment. Types and clinical relevance of insecure attachment. Early separation and its consequences. Consequences of failure to develop selective attachments. Brief consideration of neonatal maternal 'bonding'.

d) Other aspects of family relationships and parenting practices. The influence of parental attitudes compared with parenting practices. Some aspects of distorted family function: e.g. discord, overprotection, rejection, and enmeshment. The impact of bereavement, parental divorce and intrafamilial abuse on subsequent development of the child. Brief mention of relevance or otherwise of non-orthodox family structure including cultural influences on family and stages of family.

e) Individual temperamental differences and their impact on parent-child relationships. Origins, typologies and stability of temperament and the evolution of character and personality. Childhood vulnerability and resilience with respect to mental health.

f) Cognitive development with critical reference to Piaget's model. The relevance of pre-operational and formal operational thought to communication with children and adults.

g) Basic outline of language development in childhood with special reference to environmental influences and communicative competence.

h) Development of social competence and relationships with peers: acceptance, group formation, co-operation, friendships, isolation and rejection. The components of popularity.

i) Moral development with critical reference to Kohlberg's stage theory. Relationship to development of social perspective taking.

j) Development of fears in childhood and adolescence with reference to age. Possible aetiological and maintenance mechanisms.

k) Sexual development including the development of sexual identity and preferences.

l) Adolescence as a developmental phase with special reference to pubertal changes, task mastery, conflict with parents and authority, affective stability and 'turmoil'. Normal and abnormal adolescent development.

m) Adaptations in adult life, such as pairing, parenting, illness, bereavement and loss.

n) Pregnancy and childbirth and their stresses both physiological and psychological.

o) The development of personal (ego-) identity in adolescence and adult life. Work, ethnic, gender and other identities. Mid-life 'crises'. Adaptations in adult life, especially to illness.

p) Normal ageing and its impact on physical, social, cognitive and emotional aspects if individual functioning. Social changes accompanying old age.

3. BASIC NEUROSCIENCES

The trainee shall demonstrate knowledge of neurosciences which are basic to the practice of clinical psychiatry. In particular, they will be able to demonstrate knowledge of those aspects of neuroanatomy, neurophysiology, neurochemistry, molecular genetics and other biological sciences which are relevant to understanding mental disorders and their treatment:

A. Neuroanatomy

i) The general anatomy of the brain and the functions of the lobes and some of the major gyri including the prefrontal cortex, cingulate gyrus and limbic system. Basic knowledge of the cranial nerves and spinal cord.

ii) The anatomy of the basal ganglia.

iii) The internal anatomy of the temporal lobes, i.e. hippocampal formation and amygdala.

iv) The *major* white matter pathways, e.g. corpus callosum, fornix, Papez's circuit and other circuits relevant to integrated behaviour (see neurophysiology section).

v) The types of cell found within the nervous system.

vi) The major neurochemical pathways, including the nigrostriatal, mesolimbic and mesocortical dopamine pathways, the ascending noradrenergic pathway from the locus coeruleus, the basal forebrain cholinergic pathway, the brain stem cholinergic pathway, the corticofugal glutamate system and serotonin pathways.

B. Neurophysiology

i) The basic concepts in the physiology of neurones, synapses and receptors, including synthesis, release and uptake of transmitters. A basic knowledge of action potential, resting potential, ion fluxes and channels etc.

ii) The physiology and anatomical pathways of the neural and endocrine systems involved in integrated behaviour including perception, pain, memory, motor function, arousal, drives (sexual behaviour, hunger and thirst), motivation and the emotions, including aggression, fear and stress. Knowledge of disturbances of these functions with relevance to organic and non-organic (functional) psychiatry.

iii) The development and localisation of cerebral functions throughout the life span from the foetal stages onwards and their relevance to the effects of injury at different ages to the brain and to mental function. An understanding of neurodevelopmental models of psychiatric disorders and of cerebral plasticity.

iv) An understanding of the neuroendocrine system, in particular the control of the secretion of hypothalamic and pituitary hormones (by releasing factors and by feedback control) and posterior pituitary function. The main hormonal changes in psychiatric disorders. A basic understanding of neuroendocrine rhythms and their disturbance in psychiatric disorders.

v) A basic knowledge of the physiology of arousal and sleep and with particular reference to noradrenergic activity and the locus coeruleus.

vi) The normal EEG (including frequency bands) and evoked response techniques. The applications to investigation of cerebral pathology, seizure disorders, sleep and psychiatric disorders. The effects of drugs on the EEG.

C. Neurochemistry

i) Transmitter synthesis, storage and release. Ion channels and calcium flux in relation to this.

ii) Knowledge of receptor structure and function in relation to the transmitters listed below. Pre-synaptic and post-synaptic receptors.

iii) Basic pharmacology of noradrenaline, serotonin, dopamine, GABA, acetylcholine, excitatory amino acids.

iv) Elementary knowledge of neuropeptides, particularly corticotrophin releasing hormone and cholecystokinin and the encephalins/endorphins.

D. Molecular Genetics

i) Basic concepts: chromosomes, cell division, gene structure, transcription and translation, structure of the human genome, patterns of inheritance.

ii) Traditional techniques: family, twin and adoption studies.

iii) Techniques in molecular genetics: restriction enzymes, molecular cloning and gene probes, Southern blotting, restriction fragment length polymorphisms, recombination.

iv) Distinction between direct gene analysis and gene tracking. Genetic markers, linkage studies, lod scores.

v) Conditions associated with chromosome abnormalities.

vi) Principal inherited conditions encountered in psychiatric practice and the genetic contribution to specific psychiatric disorders.

vii) Prenatal identification. Genetic counselling. The organisation of clinical genetic services, DNA banks.

viii) Molecular and genetic heterogeneity. Phenotype/genotype correspondence.

4. CLINICAL PSYCHOPHARMACOLOGY

The trainee will demonstrate knowledge of psychopharmacology. This knowledge will include will include pharmacological action, clinical indications, side effects, drug interactions, toxicity and appropriate prescribing practice. In particular trainees will be able to demonstrate knowledge of:

i. General Principles

A brief historical overview of the development of psychotropic drugs. Their classification. Optimising patient compliance. Knowledge of the placebo effect and the importance of controlling for it. The principles of rational prescribing of psychoactive drug.

ii. Pharmacokinetics

a) General principles of absorption, distribution, metabolism and elimination. Particular reference to a comparison of oral, intramuscular and intravenous routes of administration as they affect drug availability, elimination as it affects the life of the drug in the body and access to the brain through the 'blood-brain barrier'. Applications of these to choice of administrative route and timing of doses. The relationship of culture and ethnicity to pharmacokinetics

b) Relationships between plasma drug level and therapeutic response: the possibilities and limitations of this concept with specific examples such as lithium, antidepressants and anticonvulsants.

iii. Pharmacodynamics

a) Synaptic receptor complexity, main receptor sub-types, phenomena of receptor up- and down-regulation.

b) The principal CNS pharmacology of the main groups of drugs used in psychiatry with particular attention to their postulated modes of action in achieving therapeutic affect: at both molecular/synaptic

and systems levels. These groups would include 'anti-psychotic' agents, drugs used in the treatment of affective disorder (both mood altering and stabilising), anxiolytics, hypnotics and anti-epileptic agents. The relationship of culture, race and ethnicity to pharmacodynamics.

c) Neurochemical affects of ECT.

iv. Adverse Drug Reactions (ADRs)

a) Understanding of dose-related as distinct from 'idiosyncratic' ADRs.

b) The major categories of ADRs associated with the main groups of drugs used in psychiatry and those associated with appropriate corrective action.

c) The importance of assessing risks and benefits for every individual patient in relation to his medication. Risks and benefits of psychotropic drugs in acute, short- and long-term use including effects of withdrawal.

d) The information database for adverse drug reactions and how to report them.

e) Prescribing of controlled drugs.

B. SYLLABUS /OBECTIVES FOR GENERAL PSYCHIATRY

5. PSYCHIATRIC HISTORY, PHYSICAL, AND THE MENTAL STATUS EXAMINATION

Overall Goal

By the end of the training, the candidate will demonstrate the ability to obtain a complete psychiatric history, recognize relevant physical findings, and perform a complete mental status examination.

Specific Objectives

The candidate will be able to:

1) 1] elicit and clearly record a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history, medications (psychiatric and non-psychiatric), general medical history, review of systems, substance abuse history, family history, and personal and social history.
2) Recognize the importance of, and be able to obtain and evaluate historical data from multiple sources (family members, community mental health resources, old records, etc.).
3) Discuss the effect of developmental issues on the assessment of patients.
4) Elicit, describe, and precisely record the components of the mental status examination, including General appearance and behaviour, motor activity speech, affect, mood, thought process, thought Content, perception, sensorium and cognition (eg state of consciousness, orientation, registration, Recent and remote memory, calculations, capacity to read and write, abstraction), judgment, and Insight.

5] Use appropriate terms associated with the mental status examination.

6] For each category of the mental status exam, list common abnormalities and their common causes.

7] Assess and record mental status changes, and alter hypotheses and management in response to these Changes.

8] Recognize physical signs and symptoms that accompany classic psychiatric disorders (E.g. tachycardia and hyperventilation in panic disorder).

9] Appreciate the implications of the high rates of general medical illness in psychiatric patients and state Reasons why it is important to diagnose and treat these illness.

10] Assess for the presence of general medical illness in psychiatric patients, and determine the extent to Which a general medical illness contributes to a patient's psychiatric problem.

11] Recognize and identify the effects of psychotropic medication in the physical examination.

12] Make a clear and concise case presentation.

2 DIAGNOSIS, CLASSIFICATION, AND TREATMENT PLANNING

Overall Goal

By the end of the Training, the candidate will be able to identify psychopathology, formulate accurate differential and working diagnoses, and develop appropriate assessment and treatment plans for psychiatric patients**.**

Specific Objectives

Using his or her knowledge of psychopathology, diagnostic criteria, and epidemiology, the candidate will:

1] Discuss the advantages and limitations of using a diagnostic system like the DSM-IV and ICD-10

2] Use this diagnostic system in identifying specific signs and symptoms that compose a syndrome or disorder

3] Use the multiaxial system in evaluating patients

4] State the typical signs and symptoms of the common psychiatric disorders, such as major depression, anxiety disorders, bipolar disorder, dementia, delirium, schizophrenia, personality disorders, and substance use disorders

5] Discuss the prevalence and barriers to recognition of psychiatric illnesses in general medical settings, including variations in presentation.

6] Formulate a differential diagnosis for major presenting problems

7] Formulate an individualized treatment plan for their parents taking into consideration the bio psychosocial spiritual approach

8] Assess changes in clinical status and alter hypotheses and management in response to changes

3 DESCRIPTIVE PSYCHOPATHOLOGY (PHENOMENOLOGY)

At the end of the training the candidate should be able to:

1] Understand both descriptive psychopathology and dynamic psychopathology.

2] Understand clearly the significance of psychiatric symptoms and the course of illness in making a psychiatric diagnosis.

3] Understand the meaning the main psychiatric symptoms and their clinical significance. These symptoms will be categorized under the following main groups:

4 INTERVIEWING SKILLS

Overall Goal

By the end of the training, the candidate will conduct an interview in a manner that facilitates information gathering and formation of a therapeutic alliance.

Specific Objectives

The candidate will

1] Demonstrate skilful interviewing for patient that is conductive to obtaining optimal clinical outcomes

2] Demonstrate respect, empathy, responsiveness, and concern regardless of the patient's problems or personal characteristics

3] Identify his or her emotional responses to patients

4] become aware of strengths and weaknesses in his or her interviewing skills

5] discuss the prior perceptions (Objectives 3 and 4) with a colleague or supervisor to improve interviewing skill

6] Identify verbal and nonverbal expressions of affect in a patient's responses, and apply this information in assessing and treating the patient

7] State and use basic strategies for interviewing disorganized, cognitively impaired, hostile/resistant, mistrustful, circumstantial/hyperverbal, unspontaneous/hypoverbal and potentially assaultive patients

8] Demonstrate the following interviewing skills: appropriate initiation of the interview; establishing rapport; the appropriate use of open-ended and closed questions; techniques for asking "difficult" questions; the appropriate use of facilitation, empathy, clarification, confrontation, reassurance, silence, summary statements; soliciting and acknowledging expression of the patient's ideas, concerns, questions, and feelings about the illness and its treatment; communicating information to patients in a clear fashion; appropriate closure of the interview

9] Become cognisant of and avoid the following common mistakes in interviewing technique: interrupting the patient unnecessarily; asking long, complex questions; using jargon; asking

questions in a manner suggesting the desired answer; asking questions in an interrogatory manner; ignoring patient verbal or nonverbal cues; making sudden inappropriate changes in topic; indicating patronizing or judgmental attitudes by verbal or nonverbal cues (e.g., calling an adult patient by his or her first name, questioning in an oversimplified manner, etc.); incomplete questioning about important topics; and demonstrate sensitivity to student-patient similarities and differences in sex, ethnic background, socioeconomic status, educational level, political views, and personality traits.

5. DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS

Overall Goal

By the end of the training, the candidate will recognize the psychiatric manifestations of brain disease of known etiology or pathophysiology, and will state the evaluation and initial management of these neuropsychiatric disorders.

Specific Objectives

The candidate will

1] Recognize the cognitive, psychological, and behavioural manifestations of brain disease of known etiology, anatomy, or pathophysiology

2] Compare, contrast, and give examples of the following: delirium, dementia (including treatable dementia), dementia syndrome of depression (pseudodementia), cortical dementia, and subcortical dementia

3] Discuss the clinical features, differential diagnosis, and evaluation of delirium, including emergent conditions

4] State the prevalence of delirium in hospitalized elderly patients

5] Discuss the behavioural and pharmacologic treatments of delirious patients

6] Discuss the epidemiology, differential diagnosis, clinical features, and course of Alzheimer's disease, vascular dementia, substance-induced persisting dementia, Parkinson's disease, and HIV encephalopathy

7] List the treatable causes of dementia and summarize their clinical manifestations

8] Summarize the medical evaluation and clinical management of a patient with dementia

9] Discuss the diagnosis, differential diagnosis, and treatment of amnestic disorder that is due to general medical conditions (e.g., head trauma) and substance-induced conditions (e.g., Korsakoff's syndrome that is due to thiamine deficiency)

10] Employ a cognitive screening evaluation to assess and follow patients with cognitive impairment, and state the limitations of these instruments

11] State the neuropsychiatric manifestations of HIV-related illnesses; and state the neuropsychiatric manifestations of seizure disorders, strokes, and head injuries

6. SUBSTANCE-RELATED DISORDERS

Overall Goal

By the end of the training, the candidate will identify, clinically evaluate, and treat the neuropsychiatric consequences of substance abuse and dependence.

Specific Objectives

The candidate will:

1] Obtain a thorough history of a patient's substance use through empathic, nonjudgmental and systematic interviewing

2] List and compare the characteristic clinical features (including denial) of substance abuse and dependence

3] Discuss the epidemiology (including sex difference), clinical features, patterns of usage, course of illness, and treatment of substance use disorders (including anabolic steroids)

4] identify typical presentations of substance abuse in general medical practice

5] List the psychiatric disorders that share significant comorbidity with substance-related disorders and discuss some criteria for determining whether the comorbid disorder should be treated independently

6] Discuss the role of the family, support groups, and rehabilitation programs in the recovery of patients with substance use disorders

7] List the questions that compose the CAGE (test for alcoholism) questionnaire and discuss its use as a screening instrument

8] Discuss the genetic, neurobiological, and psychosocial explanations of the etiology of alcoholism

9] List the psychiatric and psychosocial complications of alcoholism

10] Know the clinical features of intoxication with, and withdrawal from: cocaine, amphetamines, hallucinogens, cannabis, phencyclidine, barbiturates, opiates, caffeine, nicotine, benzodiazepines, and alcohol

11] State the treatments of intoxication and withdrawal induced by the substances just listed

12] List patient characteristics associated with benzodiazepine abuse

13] State guidelines for prescribing benzodiazepines

14] Discuss the difficulties experienced by health care personnel in providing empathic, nonjudgmental care to substance abusers.

7. SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

Overall Goal

By the end of the training, the candidate will demonstrate proficiency in the recognition, evaluation, and management of persons with psychosis associated with schizophrenic, affective, general medical, and other psychotic disorders**.**

Specific Objectives

The candidate will:

1] Define the term psychosis

2] Develop a differential diagnosis for a person presenting with psychosis, including identifying historical and clinical features that assist in the differentiation of general medical, substance induced, affective, schizophrenic, and other causes

3] State the neurobiologic, genetic, and environmental theories of etiology and pathophysiology of schizophrenia

4] Summarize the epidemiology, clinical features, course, and complications of schizophrenia

5] Name the clinical features of schizophrenia that are associated with good and poor outcome, and explain the significance of negative symptoms

6] Summarize the treatment of schizophrenia, including both pharmacologic and psychosocial interventions7] List the features that differentiate delusional disorder, schizophreniform disorder, schizoaffective disorder, and brief psychotic disorder from each other and from schizophrenia.

8. MOOD DISORDERS

Overall Goal

By the end of the training, the student will recognize, evaluate, and state the treatments for patients with mood disorders

Specific Objectives

The candidate will:

1] Discuss evidence for neurobiological, genetic, psychological, and environmental etiologies of mood disorders

2] State the epidemiologic features, prevalence rates, and lifetime risks of mood disorders in clinical and nonclinical populations

3] Compare and contrast the epidemiologic and clinical features of unipolar depression and bipolar disorders

4] State the common signs and symptoms, differential diagnosis (including general medical and substance-induced disorders), course of illness, comorbidity, prognosis, and complications of mood disorders

5] Contrast normal mood variations, states of demoralization, and bereavement with the pathological mood changes that constitute depressive illness

6] Identify the difference in the presentation, treatment, and prognosis of major depression with and without melancholic features, psychotic features, atypical features, catatonic features, seasonal pattern, and postpartum onset

7] Compare and contrast the clinical presentations of mood disorders in children, adults, and the elderly

8] Describe some common presentations of depressive disorders in nonpsychiatric settings, and develop an approach to evaluating and treating mood disorders in a general medical practice

9] Discuss the increased prevalence of major depression in patients with general medical-surgical illness (e.g., myocardial infarction, diabetes, cardiovascular or cerebrovascular accidents, hip fractures) and the impact of depression on morbidity and mortality from their illnesses

10] Discuss the identification and management of suicide risk in general medical settings

11] Outline the recommended acute and maintenance treatments for dysthymia, major depression, and bipolar disorders (manic and depressive phases)

12] State the characteristics and techniques of the no pharmacological treatments for depression, including psychotherapy, cognitive therapy, couples therapy, and phototherapy

9. ANXIETY DISORDERS

Overall Goal

By the end of the training, the student will recognize, evaluate, and state the treatments for patients with anxiety disorders.

Specific Objectives

The candidate will:

1] Summarize neurobiological, psychological, environmental, and genetic etiologic hypotheses for the anxiety disorders
2] Discuss the epidemiology, clinical features, course, and psychiatric comorbidity of panic disorder, agoraphobia, social phobia, specific phobias, generalized anxiety disorder, acute stress disorder, and obsessive-compulsive disorder
3] Distinguish panic attack from panic disorder
4] Identify the clinical features of obsessive compulsive disorders, and describe common examples.
5] List the common general medical and substance-induced causes of anxiety, and assess for these causes in evaluating a person with an anxiety disorder
6] Outline psychotherapeutic and pharmacologic treatments for each of the anxiety disorders
7] Compare and contrast clinical presentations of anxiety disorders in children and adults
8] Discuss the role of anxiety and anxiety disorders in the presentation of general medical symptoms, the decision to visit a physician, and health care expenditures

10. SOMATOFORM AND DISSOCIATIVE DISORDERS

Overall Goal

By the end of the training, the candidate will diagnose and discuss the principles of management of patients with somatoform and dissociative disorders.

Specific Objectives

The candidate will :

1] State the clinical characteristics of somatization disorder, conversion disorder, pain disorder, body dysmorphic disorder, and hypochondriasis

2] List the psychiatric disorders that have high comorbidity with somatoform disorders

3] Discuss the implications of the high rate of underlying general medical/neurologic illness in patients diagnosed with pain disorder and conversion disorder

4] List the characteristic features of factitious disorder and malingering, and compare these with the somatoform disorders

5] Discuss the frequency and importance of physical symptoms as manifestations of psychological distress

6] Summarize the principles of management of patients with somatoform disorders

7] Discuss difficulties physicians may have with patients with these diagnoses.

DISSOCIATIVE DISORDERS

Overall Goal

By the end of the training, the student will define dissociation, state its psychological defensive role, and discuss the clinical syndromes with which it is associated**.**

Specific Objectives

The candidate will:

1] List a differential diagnosis of psychiatric, substance-induced, and general medical conditions that may present with amnesia and discuss the evaluation and treatment of persons with amnesia.

2] State the clinical features of dissociative amnesia, dissociative fugue, depersonalization disorder, and dissociative identity disorder.

3] Discuss the hypothesized role of psychological trauma, including sexual, physical, and emotional abuse, in the development of dissociative disorders (and posttraumatic stress disorders).

4] Discuss the etiologic hypotheses, epidemiology, clinical features, course, and treatment of dissociative identity disorder.

11. PERSONALITY DISORDERS

Overall Goal

By the end of the training, the candidate will recognize maladaptive traits and interpersonal patterns that typify personality disorders, and discuss strategies for caring for patients with personality disorders.

Specific Objectives

The candidate will:

1] Explain how the DSM-IV and ICD-10 defines personality traits and disorders, and identify features common to all personality disorders.

2] List the three descriptive groupings (clusters) of personality disorders in the DSM-IV and describe the typical traits of each personality disorder.

3] Summarize the neurobiological, genetic, developmental, behavioural, and sociological theories of the etiology of personality disorders, including the association of childhood abuse and trauma.

4] discuss the biogenetic relationships that exist between certain psychiatric and personality disorders (e.g., schizotypal personality disorder and schizophrenia).

5] Discuss the epidemiology, differential diagnosis, course of illness, prognosis, and comorbid psychiatric disorders in patients with personality disorders.

6] List the general medical and psychiatric disorders that may present with personality changes.

7] Identify difficulties in diagnosing personality disorders in the presence of stress, substance abuse, and other psychiatric disorders.

8] Discuss the concepts of hierarchical levels of defense and regression under stress, and list typical defense mechanisms used in various personality disorders.

9] List the psychotherapeutic and pharmacologic treatment strategies for patients with personality disorders.

10] Discuss the management of patients with personality disorders in the general medical setting.

11] Summarize principles of management of patients with personality disorders, including being aware of one's own response to the patient, soliciting consultations from colleagues when indicated, and using both support and nonpunitive limit setting.

12. SUICIDE, ATTEMPTED SUICIDE AND GRIEF REACTION

At the end of the training the candidate should be able to:

1] Distinguish between what is meant by suicide and attempted suicide
2] Recognize other terms used as synonymous with attempted suicide
3] Demonstrate knowledge of the epidemiology of both suicide and attempted suicide
4] Demonstrate knowledge of aetiological factors and outcome
5] Describe in detail the management steps to follow in cases of attempted suicide
6] Detect likelihood of genuine suicidal intent and demonstrate knowledge of practical, effective management
7] Understand what is meant by grief reaction and bereavement
8] Describe the clinical picture and course in both typical and pathological grief reactions
9] Recognize the indicators for pathological grief reaction course and the possible psychiatric complications
10] Describe the psychiatric complications of grief reaction
11] Describe the principles of management.

13. GENERAL PRINCIPLES OF TREATMENT IN PSYCHIATRY

At the end of the training the candidate should be able to:

1] Recognize the similarities and differences between treatment in psychiatry compared to other branches of medicine.
2] Understand the holistic way of intervention in psychiatry, viewing the patient as an integrated whole.
3] Learn the components of the different elements of treatment in psychiatry, namely: the physical, psychological, and socio-cultural.
4] Understand the general principles of biological methods of treatment: drugs, ECT, and psychosurgery
5] Understand the general principles of psychological methods in treatment in psychiatry.
6] Understand the social interventions from a cultural context.
7] Know how these different elements of treatment are integrated into a management plan appropriate to the particular patient.

14. PSYCHOPHARMACOLOGY

Overall Goal

By the end of the training, the candidate will summarize the indications, basic mechanisms of action, common side effects, and drug interactions of each class of psychotropic medications and demonstrate the ability to select and use these agents to treat mental disorders.

Specific Objectives

Anxiolytics

The candidate will discuss:

1] The indications, mechanism of action, pharmacokinetics, common side effects, signs of toxicity, and drug interactions of the different benzodiazepines and sedative-hypnotics

2] The consequences of abrupt discontinuation

3] Patient characteristics associated with benzodiazepine abuse

4] Guidelines for prescribing benzodiazepines

5] The differences (mechanism of action, onset of effect, and indications) between buspirone and benzodiazepines.

Antidepressants

The candidate will summarize:

1] Indications, mechanisms of action, pharmacokinetics, common or serious side effects (including overdose potential), signs of toxicity, and drug interactions of tricyclics, second generation (atypical) antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors

2] The pre-treatment assessment and strategies of antidepressant use, including ensuring adequacy of trial and blood level monitoring

3] The effect of antidepressants on the cardiac conduction system and electrocardiogram

4] Dietary and pharmacologic restrictions in prescribing a monoamine oxidase inhibitor and

5] Advantages of selective serotonin reuptake inhibitors.

Antipsychotics (neuroleptics)

The candidate will discuss:

1] The indications, mechanisms of action, pharmacokinetics, common or serious side effects, signs of toxicity, and drug interactions of antipsychotics
2] Differences between high-potency and low-potency antipsychotics, including the side effects common to each group
3] Diagnosis and management of extrapyramidal side effects including acute dystonia, Parkinsonism, akathisia, tardive dyskinesia, and neuroleptic malignant syndrome
4] The indications and special considerations in using clozapine and risperidone.

Mood Stabilizers

The candidate will discuss:

1] The indications, mechanism of action, pharmacokinetics side effects, signs of toxicity (neurological gastrointestinal, renal, endocrine, cardiac), and drug interactions of lithium
2] The pre-treatment assessment and strategies of use of lithium, including blood level monitoring
3] The indications, mechanisms of action, pharmacokinetics, common and serious side effects, toxicity, drug interactions, and plasma level monitoring for carbamazepine, valproic acid, and calcium channel blockers.

Anticholinergics

The candidate will discuss:

1] The indications, mechanisms of action, pharmacokinetics, common and serious side effects, signs of toxicity, and drug interactions of anti-parkinsonian agents
2] Which antidepressants and antipsychotics have a higher incidence of anticholinergic side effects
3] Special considerations in prescribing these medications in the elderly
4] The high prevalence of anticholinergics in over-the-counter medications.

Electroconvulsive Therapy (ECT)

The candidate will summarize:

1] Indications, physiologic effects, and side effects of ECT
2] Clinical situations in which ECT may be the treatment of choice
3] Pre-treatment assessment, including conditions requiring special precautions
4] The medical care of the patient before, during, and after ECT treatment.

Other Topics

The candidate will discuss:

1] The use of beta blockers in psychiatry and

2] The indications for and side effects of stimulants.

15. PSYCHOLOGICAL METHODS OF TREATMENT IN PSYCHIATRY/ PSYCHOTHERAPIES

Overall Goal

By the end of the training, the candidate will understand the principles and techniques of the psychosocial therapies sufficient to explain to a patient and make a referral when indicated.

The candidate will:

1] State the characteristics and techniques of, and common indications and contraindications for, psychodynamic psychotherapy, psychoanalysis, supportive psychotherapy, cognitive and behavioural therapies, group therapies, couples and family therapy, and psychoeducational interventions.

2] Describe the common variants of individual psychotherapy:

- •Supportive
- •Brief psychodynamic
- •Interpersonal
- •Cognitive behavioural

3] Define and begin to recognize transference, countertransference, and commonly used defense mechanisms; discuss the concepts of hierarchical levels of defense and regression under stress; and list some typical defense mechanisms used in various personality disorders.

4] Understand the basic elements of a psychotherapeutic interview (facilitation, empathy, reflection, interpretation, and non-directive counselling).

5] Describe the principles and mechanisms of change in group psychotherapy as they differ from individual approaches.

6] Describe the common variants of group psychotherapy:

- •Support groups.
- •Self-help groups
- •Dialectical

7] Describe behavioural medicine interventions (e.g., relaxation training, assertiveness training, contingency management, stimulus control, relapse prevention, biofeedback) and know for which medical problems they are effective (e.g., smoking cessation) and ineffective.

8] Illustrate and give examples of the application of behavioural methods in the management of phobias, obsessive compulsive disorders and substance dependence:

•systematic desensitization
•flooding (implosion)
•token economy projects
•aversive methods
•thought stopping

16. PSYCHIATRIC EMERGENCIES

Overall Goal

By the end of the training, the candidate will assess and begin emergency management and referral of a person with neuropsychiatric symptoms.

Specific Objectives

The candidate will:

1] Identify the clinical and demographic factors associated with a statistically increased risk of suicide in general and clinical populations.

2] Develop a differential diagnosis, conduct a clinical assessment, and recommend management for a patient exhibiting suicidal thoughts or behaviour.

3] Recognize the clinical findings that might suggest a general medical cause for neuropsychiatric symptoms, such as hallucinations, delusions, conclusion, altered consciousness, and violent behaviour.

4] Discuss the clinical features, differential diagnosis, and evaluation of delirium, including emergent conditions.

5] Recognize the typical signs and symptoms of common psychopharmacologic emergencies (e.g., lithium toxicity, neuroleptic malignant syndrome, anticholinergic delirium, monoamine oxidase inhibitor-related hypertensive crisis) and discuss treatment strategies.

6] Recognize signs and symptoms of potential assaultiveness.

7] Develop a differential diagnosis, conduct a clinical assessment, and state the principles of management of a person with potential or active violent behaviour.

8] Discuss classes, indications, and associated risks of medications used for management of acutely psychotic, agitated, and combative patients.

9] Discuss the no pharmacologic components of management of acute psychosis, agitation, and combativeness.

10] Identify the indications, precautions, and proper use of restraints.

11] State the prevalence, morbidity, mortality, and risk factors associated with adult domestic violence in clinical and nonclinical populations.

12] Discuss the physician's role in screening, diagnosing, managing, documenting, reporting, and referring victims of child abuse, adult domestic violence, and elder abuse.

13] List the psychiatric problems that are frequently seen in battered women and child abuse victims

14] Outline the emergency management of a rape victim.

15] Discuss the indications for psychiatric hospitalization, including the presenting problem and its acuity, risk of danger to patient or others, community resources, and family support.

16] Identify the problems associated with the use of the terms "medical clearance" and "psychiatric clearance"

17] Discuss the clinical and administrative aspects of the transfer of a patient to another facility.

18] Summarize the process of admission to a psychiatric hospital, specifically a) the implications of voluntary vs. involuntary commitment status, b) the principles of civil commitment, and c) the process of obtaining a voluntary or involuntary commitment and the role of the physician in obtaining it.

17. EATING DISORDERS

Overall Goal

By the end of the training, the candidate will summarize the distinguishing clinical features, evaluation, and treatment of patients with eating disorders

Specific Objectives

The candidate will:

1] Summarize the etiologic hypotheses, clinical features, epidemiology, course, comorbid disorders, complications, and treatment for anorexia nervosa.

2] Summarize the etiologic hypotheses, clinical features, epidemiology, course, comorbid disorders, complications, and treatment for bulimia.

3] Discuss the role of the primary care physician in the prevention and early identification of eating disorders; and list the medical complications and indications for hospitalization in patients with eating disorders.

18. CONSULTATION LIAISON PSYCHIATRY

At the end of the training the candidate should be able to:

1] Demonstrate the needs for a provision of organized psychiatric service to other departments of the General Hospital.

2] Develop interview skills of medically ill patients and to learn how to handle patients reaction to their physical illness, hospitalization and somatisation etc.

3] Provide an opportunity to incorporate the skills of assessment, diagnosis and management of psychiatric disorders learnt during the psychiatric clerkship, this allows students to see the relevance of such skills in setting other than an acute psychiatric admission ward or an out-patient clinic.

4] Be given the opportunity to present patients with acute and chronic brain disorder, th cancer, atypical or unexplained somatic disorders, eating disorders and deliberate self harm.

5] Develop a truly integrated approach to the assessment, diagnosis and management of the patients illness, but the automate assumption that unexplained physical symptoms have a psychosocial origin is to be discouraged.

6] Participate as a member of a multidisciplinary patient care team.

7] Summarize the special skills of a psychiatric nurse, psychologist, psychiatric social worker.

8] Demonstrate respect for, and appreciation of, the contributions of others participating in patient care.

9] Participate in discharge planning and referral of a patient to an ambulatory setting or to another inpatient facility.

10] Work collaboratively in the care of a patient with nonpsychiatric physicians and health care teams from other specialties.

19. ADJUSTMENT AND STRESS RELATED DISORDERS

At the end of this training, the candidate should be able to:

1] Demonstrate knowledge about the concept of stress related disorders.

2] Describe the clinical signs and symptoms in adjustment disorder.

3] Describe the criteria for making a diagnosis of post traumatic stress disorder.

4] Discuss the general principles of management.

5] Evaluate the factors influencing the predisposition, course and prognosis.

20. COMMUNITY AND FORENSIC PSYCHIATRY

Overall Goal

By the end of the training, the candidate will discuss the structure of the mental health system and legal issues important in the care of psychiatric patients.

Specific Objectives

The candidate will:

1] Know the principles that govern the forensic psychiatric report.

2] Appreciate the interface between psychiatry and the law.

3] Define deinstitutionalization and discuss its effects on patients and on the community.

4] Discuss the process of admission to a psychiatric hospital, specifically a) the implications of voluntary vs. involuntary commitment status; b) the principles of civil commitment; and c) the process for obtaining a voluntary or involuntary commitment and a physician's role in obtaining it.

5] Summarize the elements of informed consent, determination of capacities (e.g., to consent to treatment, to manage funds), and the role of judicial or administrative orders for treatment.

6] Know the criteria for fitness to plead and testamentary capacity

7] Be able to assess dangerousness.

8] Discuss when and how a physician must protect the safety of a child or an elderly person who may be the victim of physical or sexual abuse or neglect.

9] Discuss the economic impact of chronic mental illness on patients and their families, including the effect of discriminatory insurance coverage.

10] Discuss the financial and psychosocial burden of chronic mental illness to family members.

21. SEXUAL DYSFUNCTIONS AND PARAPHILIAS

Overall Goal

By the end of the training, the candidate will summarize the process of evaluation and treatment of persons with sexual dysfunctions or paraphilias**.**

Specific Objectives

The candidate will:

1] Discuss the anatomy and physiology of the male and female sexual response cycles.

2] Obtain a patient's sexual history, including an assessment of risk for sexually transmitted diseases, especially HIV.

3] State the implications of the high prevalence of sexual dysfunctions in the general population, particularly in the medically ill.

4] List the common causes of sexual dysfunctions, including general medical and substance-related etiologies.

5] Summarize the manifestations, differential diagnosis, and treatment of hypoactive sexual desire disorder and sexual aversion disorder; male erectile disorder and female sexual arousal disorder; female and male orgasmic disorders and premature ejaculation; and dyspareunia and vaginismus.

6] Define the term paraphilia.

7] List and define each of the common paraphilias.

8] Review the management of the paraphilias.

9] Discuss the prevalence, manifestations, diagnosis, and treatment of gender identity disorder.

22. CHILD AND ADOLESCENT PSYCHIATRY

Overall Goal

By the end of the training, the candidate will summarize the unique factors essential to the evaluation of children and adolescents, and will diagnose the common child psychiatric disorders.

Specific Objectives

The candidate will:

1] Compare and contrast the process of psychiatric evaluation of children and adolescents at different developmental stages with that of adults.

2] State the value of obtaining data from families, teachers, and other no physicians in the evaluation and treatment of children and adolescents.

3] State the indications for psychological assessment in children and list some of the common tests in a psychometric evaluation

4] List a differential diagnosis and outline the evaluation of academic performance and behavioural problems in children.

5] Summarize the etiologic hypotheses, clinical features, epidemiology, pathophysiology, course, comorbid disorders, complications, and treatment for attention-deficit hyperactivity disorder and conduct disorder.

6] Discuss the etiologies, epidemiology, clinical features, and psychiatric comorbidity of mental retardation.

7] Name the major clinical features of autism.

8] Differentiate developmentally based anxiety (e.g., stranger, separation anxiety) from pathological anxiety disorders in childhood.

9] Describe typical clinical features of anxiety disorders at different developmental stages.

10] Compare and contrast the clinical features of mood disorders in children with that of adults.

11] Discuss the epidemiology and clinical features of suicide risk in adolescents.

12] State when and how a physician must protect the safety of a child who may be the victim of physical or sexual abuse or neglect.

13] Identify signs and symptoms of child sexual and physical abuse, and discuss its short- and long-term psychiatric sequelae.

23. PSYCHIATRIC ILLNESS IN THE ELDERLY (GERIATRIC PSYCHIATRY)

Overall Goal

By the end of the training, the candidate will evaluate and begin neuropsychiatric management of elderly patients.

Specific Objectives

The candidate will

1] Employ a cognitive screening evaluation to assess and follow patients with cognitive impairment, and state the limitations of these instruments.

2] Compare and contrast the clinical presentation of depression in elderly patients with that of younger adults.

3] Summarize the special considerations in prescribing psychotropic medications for the elderly.

4] Appreciate that multiple medications can cause cognitive, behavioural, and affective problems in the elderly.

5] Compare, contrast, and give examples of the following: delirium, dementia (including treatable dementia), dementia syndrome of depression (pseudodementia) subcortical and cortical dementia.

6] State the prevalence of delirium in hospitalized elderly patients.

7] Discuss the differential diagnosis, etiological hypotheses, epidemiology, clinical features, and course of Alzheimer's disease, vascular dementia, and Parkinson's disease.

8] Summarize the assessment and treatment of a patient with dementia.

9] Discuss the physician's role in diagnosing, managing, and reporting elderly victims of physical or sexual abuse.

10] Discuss the role of losses in the etiology of psychiatric disorders in the elderly.

24. APPLIED ETHICS IN PSYCHIATRY

At the end of this training, the candidate should be able to understand:

1] Common ethical and medicolegal issues the psychiatrists encounter.

2] Competency assessment and keeping confidentiality of psychiatric patient.

3] How to practice safely, ethically and without potential legal complication.

4] Discuss the duty to warn.

5] Discuss the right to treatment and the right to refuse treatment.

25. DELUSIONAL DISORDER AND OTHER PSYCHOTIC DISORDER

At the end of the training the candidate should be able to:

1] Describe the concept of delusional disorder.

2] Describe clinical features of delusional disorder.

3] Describe the diagnostic criteria of delusional disorder.
4] Distinguish between delusional disorder and schizophrenia.
5] Outline management plan of patient with delusional disorder.
6] Describe the concept of brief, and, acute and transient psychoses.
7] Describe the clinical features and diagnostic criteria of brief, and, acute and transient psychoses.
8] Understand the role of stress and cultural factors in brief psychotic disorder.
9] Discuss differential diagnosis of brief psychotic disorder.
10] Outline the plan of management of patients with brief psychotic disorder.

26. SLEEP PHYSIOLOGY AND SLEEP DISORDERS

Overall Goal

By the end of the training, the candidate will evaluate, and refer or treat, persons with sleep problems.

Specific Objectives

The candidate will:

1] Describe normal sleep physiology, including sleep architecture, throughout the life cycle.
2] Obtain a complete sleep history.
3] Discuss the manifestations, differential diagnosis, evaluation, and treatment of primary sleep disorders, including dyssomnias and parasomnias.
4] Describe typical sleep disturbances that accompany psychiatric and substance use disorders.
5] Summarize the effect(s) of psychotropic medications on sleep.
6] Describe sleep hygiene treatment.

27. ATTITUDES, PERSPECTIVES AND PERSONAL DEVELOPMENT

Overall Goal

By the end of the training, the candidate will demonstrate maturation in clinical and personal development.

Specific Objectives

The candidate will:

1] Summarise his or her strengths and weaknesses in interviewing skills, assessment, and management of persons with psychiatric disorders.
2] Solicit, utilize, and provide constructive criticism.
3] Demonstrate respect and empathy for patients, colleagues, and supervisors.
4] Request consultation and supervision when knowledge, attitudes, or skills are insufficient for a given patient's care.
5] Accept that some patients and colleagues are not cooperative and likable and that some patients and colleagues will not like the student.
6] Perform clinical tasks (including soliciting assistance) under the pressure of difficult situations.
7] Demonstrate comfort, concern, and responsibility in the care of psychiatrically ill persons.
8] Obtain information from the psychiatric and general medical literature.
9] Refute myths about psychiatric illness, psychiatric response to request for consultation.
10] discuss a patient incorporating multiple perspectives (i.e. biological, psychological, developmental and social).

28. PSYCHIATRIC DISORDERS DUE TO GENERAL MEDICAL CONDITION

At the end of the training candidates should be able to:

1] Identify the different medical conditions presenting with similar picture of psychiatry disorders.

2] The difference between similar mental health symptoms in both medical and psychiatric disorders.

3] Recognise the importance of medical disorders as a differential diagnosis in the different psychiatric syndromes**.**

29. PROFESSIONAL ETHICS

Professionalism and clinical ethics improve the process and outcome of patient care and all trainees in the Arab Board programs need to demonstrate the following basic general competencies:

1) Essential and practical knowledge of key ethical issues e.g. informed consent

2) Lifelong learning; and
3) The importance of the physician–patient relationship and the process in which decisions are determined within this relationship

Ethics

Ethics is a scholarly discipline that examines, evaluates, and to understand moral aspects (the right and wrong) of human nature and action. Ethics provides a structure for appreciating, analyzing, and interpreting experiences of the health care professions. Abstract ideas related to the distinct moral aspects of human experience—such as kindness, trust, respect for autonomy, compassion, sacrifice, dignity, humility, fairness, generosity, goodness, and wisdom when caring for people who are ill and suffering. Within the profession of psychiatry, ethics has become an applied discipline that has endured and evolved over many centuries. The fields of clinical and research ethics encompass the principles, virtues, values, decision-making approaches, accepted and expected behaviors, and rules of conduct that are fundamental to modern psychiatric profession. Psychiatrists are expected to possess distinct expertise in this area in order to be entrusted to serve their special role, with specific obligations, rights, and privilege. A central commitment of the psychiatric profession is to ensure that its members do in fact possess specialized knowledge and skills. About ethics and professionalism and that these are used to fulfill the positive role of the profession in their society.

Professionalism

There are several definitions to the concept of professionalism denoting the ability to meet the relationship-centered expectations required to practice medicine competently.

1- Trainees should understand the following **models** defines professionalism:
   (A) Specific components of professionalism: Honesty/Integrity, Reliability/ Responsibility, Respect for others, Compassion/Empathy, Self-improvement, Self-awareness/ Knowledge of limits, Communication/ Collaboration, Altruism/ Advocacy.
   (B) Principle-based approach: Autonomy, Beneficence, Nonmaleficence, Justice, Veracity, Fidelity.
   (C) Thematic approach: Compliance to values, Patient access, Doctor–patient relationship, Demeanor Management, Personal awareness, and Motivation.

Trainees are expected to be familiar with the following concepts of professionalism

(A) Interpersonal professionalism: Relationships and interactions with patients and colleagues shared decision making, Compassion, Honesty, Appropriate use of power, Sensitivity to diverse populations.

(B) Public professionalism fulfilling the expectations society has for medical professionals, Adherence to ethical codes, Technical competency, enhancing the welfare of the community.

(C) Intrapersonal professionalism Maintenance of the ability to function as a medical professional Self-awareness, Knowledge of one's limits, Lifelong learning, Self-care.

There are of the many ethical questions that the profession and the society have offered guidance on through professional standards, codes of conduct or through the governmental laws and regulations. Trainees in Arab Board programs need to demonstrate knowledge and competence in understanding and applying these concepts in their everyday psychiatric practice.

C. OBJECTIVES FOR PSYCHOTHERAPY

F. BRIEF THERAPY COMPETENCIES

G. COGNITIVE BEHAVIOURAL THERAPY

H. PSYCHODYNAMIC PSYCHOTHERAPY COMPETENCIES

I. PSYCHOTHERAPY COMBINED WITH PSYCHOPHARMACOLOGY COMPETENCIES

J. SUPPORTIVE THERAPY COMPETENCIES

A. Brief Therapy Competencies

Knowledge

1. The trainee will demonstrate understanding of the spectrum of theoretical models and clinical concepts of brief therapy and will demonstrate understanding of the use of a focus and time limit as therapeutic tools.
2. The trainee will demonstrate understanding of the course of brief therapy (including phases of the treatment) and indications and contraindications for brief therapy.
3. The trainee will demonstrate understanding of the use of brief therapy in the overall treatment needs of the patient and will demonstrate understanding that continued education in brief therapy is necessary for further skill development.

Skills

1. The trainee will be able to select suitable patients for the particular model chosen for brief therapy.
2. The trainee will be able to establish and maintain a therapeutic alliance.
3. The trainee will be able to establish and adhere to a time limit and establish and adhere to a focus.
4. The trainee will be able to educate the patient about the goals, objectives, and time frame of brief therapy, develop a formulation, appropriate consultation and/or referral for specialized treatment.
5. The resident will be able to recognize and identify affects in the patient and himself or herself.

Attitudes

1. The trainee will be empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity and display confidence in the efficacy of brief therapy.
2. The resident will be sensitive to the sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.

B. Cognitive Behavioral Therapy Competencies

Knowledge

1. The trainee will demonstrate understanding of the basic principles of the cognitive model, including the relationship of thoughts to emotion, behavior, and physiology; the concept of automatic thoughts and cognitive distortions; the common cognitive errors; and the significance and origin of core beliefs and relationship of schemas to dysfunctional thoughts and assumptions, behavioral strategies, and psychopathology.
2. The trainee will demonstrate understanding of the cognitive formulations for the psychiatric conditions for which cognitive therapy is indicated.
3. The trainee will demonstrate understanding of the indications and contraindications for cognitive therapy.
4. The trainee will demonstrate understanding of the basic rationale for structuring a cognitive therapy session, and the focus on active, collaborative problem solving.
5. The trainee will demonstrate understanding of the basic principles of psychoeducation and skills training during therapy and, when termination approaches, for relapse prevention.
6. The trainee will demonstrate understanding of the basic principles underlying the use of behavioral techniques, including activity scheduling, exposure and response prevention, relaxation training, graded task assignment, and exposure hierarchies/systematic desensitization.
7. The trainee will demonstrate understanding of the basic principles underlying the use of cognitive techniques, including identifying automatic thoughts, cognitive restructuring, problem solving, advantage/disadvantage analyses, examining the evidence, thought recording, and modification of core beliefs.
8. The trainee will demonstrate understanding of the ways in which rating scales are an integral part of cognitive behavioral therapy.

9. The trainee will demonstrate understanding that continued education in cognitive behavioral therapy is necessary for further skill development.

Skills

1. The trainee will be able to elicit data and conceptualize patients using the cognitive conceptualization framework.
2. The trainee will be able to establish and maintain a therapeutic alliance, be able to educate the patient about the cognitive model, including the centrality of core beliefs/schemas, and the responsibilities of the patient in actively engaging in treatment.
3. The trainee will be able to educate the patient about the core beliefs/schemas most relevant to the presenting problem, help him or her understand the basic origin of these beliefs, and be able to structure and focus the therapy sessions, including collaboratively setting the agenda, bridging from the previous session, reviewing homework and assigning appropriate new homework, working on key problems, summarizing and closing the session, and eliciting and responding to feedback.
4. The trainee will be able to utilize activity scheduling and graded task assignment to teach the patient to monitor behavior and to increase patient engagement in desirable mastery and pleasure behaviors.
5. The trainee will be able to utilize relaxation techniques, exposure and response prevention, and graded exposure to feared situations and be to employ the dysfunctional thought record and measure the impact this has on mood and behavior.
6. The trainee will be able to recognize and identify affects in the patient and himself or herself.
7. The trainee will be able to effectively plan termination with patients, employing booster sessions as indicated and teaching relapse prevention techniques.
8. The trainee will be able to write a cognitive behavioral formulation, seek appropriate consultation and/or referral for specialized treatment.

Attitudes

1. The trainee will be empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity and display confidence in the efficacy of cognitive behavioral therapy.
2. The trainee will be sensitive to the sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.

C. Psychodynamic Psychotherapy Competencies

Knowledge

The trainee will:

1. Demonstrate understanding of the spectrum of theoretical models of psychodynamic psychotherapy.
2. Demonstrate understanding of the clinical psychodynamic psychotherapy concepts of the unconscious, defense and resistance, and transference and countertransference.
3. Demonstrate understanding that symptoms, behaviors, and motivations often have multiple and complex meanings that may not be readily apparent.
4. Demonstrate understanding of the influence of development through the life cycle on thoughts, feelings, and behavior.
5. Demonstrate understanding of the indications and contraindications for the psychiatric disorders and problems treated by psychodynamic psychotherapy.
6. Demonstrate understanding that continued education in psychodynamic psychotherapy is necessary for further skill development.

Skills

The trainee will be able to:

1. Evaluate the capacity of the patient to engage in and utilize psychodynamic psychotherapy.
2. Display effective interpersonal skills in building and maintaining a collaborative therapeutic alliance that promotes self-reflection and inquiry into the patient's inner life.
3. Establish treatment goals and frame with the patient.
4. Engage the patient in exploring his or her history of experiences, sociocultural influences, relationship patterns, coping mechanisms, fears, traumas and losses, and hopes and wishes in order to understand the presenting problems.
5. Effectively listen to the patient to understand nuance, meanings, and indirect communications and recognize and identify affects in the patient and himself or herself.
6. Recognize, utilize, and manage aspects of transference and countertransference, defense, and resistance in the course of treatment.

7. Utilize self-reflection to learn about his or her own responses to patients to further the goals of treatment.
8. The resident will be able to utilize clarification and Confrontation, and interpretation to manage transference/countertransference that impedes or disrupts the therapeutic process.
9. Understand the meanings of termination.
10. Write a psychodynamic formulation and seek appropriate consultation and/or referral for specialized treatment.

Attitudes

The trainee will be:

1. Empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity and display confidence in the efficacy of psychodynamic psychotherapy.
2. Sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship and are open to observations of treatment sessions.

D. Psychotherapy Combined With Psychopharmacology Competencies

Knowledge

The trainee will demonstrate:

1. Knowledge of the diagnoses and clinical conditions that warrant consideration of Psychopharmacologic treatment in addition to psychotherapy, and psychotherapy in addition to psychopharmacology.
2. Knowledge of different methods of combining psychotherapy and psychopharmacology and the specific indications for a recommendation of psychotherapy and psychopharmacology and the rationale for the type of psychotherapy and medication recommended.
3. Knowledge of potential synergies and/or antagonisms in combining psychotherapy and psychopharmacology and that taking medication may have multiple psychological and sociocultural meanings to a patient.
4. Understanding that continued education in combined psychotherapy and psychopharmacology is necessary for further skill development.

Skills

The trainee will be able to:

1. Gather sufficient clinical information to assess the need for, recommend, and implement combined (sequential or simultaneous) psychotherapy and psychopharmacology.
2. Form an active alliance with the patient that facilitates adherence to combined psychotherapy and psychopharmacology.
3. Monitor the patient's condition and modify the psychotherapeutic or psychopharmacologic approach when necessary.
4. Appreciate and assess the importance of timing of psychotherapeutic and psychopharmacologic interventions.
5. Understand the influences of other factors on combined psychotherapy and psychopharmacology, such as conscious and unconscious aspects of the doctor-patient relationship, placebo effects, and concurrent medical conditions.
6. Recognize and identify affects in the patient and himself or herself, use psychotherapeutic techniques to diminish resistance to and facilitate use of medication when appropriate.
7. Recognize the potential beneficial and/or detrimental effects of medication use in a psychotherapeutic treatment and understand and explore the psychological and sociocultural meaning to a patient of taking medication.
8. Collaborate effectively with nonpsychiatric psychotherapists and respond to conflicts and problems in the three-person treatment.

Attitudes

The trainee will be:

1. Empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity and display confidence in the efficacy of combined psychotherapy and psychopharmacology.
2. Sensitive to the sociocultural, socioeconomic, and educational issues and belief systems that arise in the therapeutic setting.
3. Understand that treatment is integrated such that the individual components of combined psychotherapy and psychopharmacology constitute the whole treatment and are not divisible into independent parts.
4. Open to audio- or videotapes or direct observations of treatment sessions.

E. Supportive Therapy Competencies

Knowledge

The trainee will demonstrate:

1. Knowledge that the principal objectives of supportive therapy are to maintain or improve the patient's self-esteem, minimize or prevent recurrence of symptoms, and maximize the patient's adaptive capacities.
2. Understanding that the practice of supportive therapy is commonly utilized in many therapeutic encounters.
3. Knowledge that the patient-therapist relationship is of paramount importance.
4. Knowledge of indications and contraindications for supportive therapy.
5. Understanding that continued education in supportive therapy is necessary for further skill development.

Skills

The trainee will be able to:

1. Establish and maintain a therapeutic alliance, and establish treatment goals.
2. Interact in a direct and non-threatening manner and be responsive to the patient and give feedback and advice when appropriate.
3. Demonstrate the ability to understand the patient as a unique individual within his or her family, sociocultural, and community structure.
4. Determine which interventions are in the best interest of the patient and exercise caution about basing interventions on his or her own beliefs and values.
5. Recognize and identify affects in the patient and himself or herself.
6. Confront in a collaborative manner behaviors that are dangerous or damaging to the patient.
7. Provide reassurance to reduce symptoms, improve morale and adaptation, and prevent relapse.
8. Support, promote, and recognize the patient's ability to achieve goals that will promote his or her well-being.
9. Provide strategies to manage problems with affect regulation, thought disorders, and impaired reality testing.
10. Provide education and advice about the patient's psychiatric condition, treatment, and adaptation while being sensitive to specific community systems of care and sociocultural issues.

11. Demonstrate that, in the care of patients with chronic disorders, attention should be directed to adaptive skills, relationships, morale, and potential sources of anxiety or worry.
12. Assist the patient in developing skills for self-assessment.
13. Seek appropriate consultation and/or referral for specialized treatment.

Attitudes

1. Be empathic, respectful, curious, open, nonjudgmental, collaborative, and able to tolerate ambiguity and display confidence in the efficacy of supportive therapy.
2. Be sensitive to sociocultural, socioeconomic, and educational issues that arise in the therapeutic relationship.

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