State of Libya

Libyan Medical Specialization Board

Curriculum for Post Graduate Psychiatric Training

Libyan Board of Psychiatry

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"Hope is both the earliest and the most indispensable virtue inherent in the state of being alive."

- **Erik Erikson**, 'Insight And Responsibility', **1964**.

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Dr Nessreen S Abusrewil

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POST-GRADUATE TRAINING PROGRAMME IN PSYCHIATRY

Definition of Psychiatry:

Psychiatry is a discipline of medicine that deals with the aetiology, prevention, diagnosis, management and rehabilitation of disorders affecting mental functioning. Psychiatry is also involved in promoting positive mental health.

Overall Goals of the Program

Our four year, full time, teaching program in post-graduate psychiatry is designed to assist trainees to:

- Become competent psychiatrists able to manage a variety of clinical situations and problems in different settings in an ethical manner.
- Have a good background knowledge of the basic sciences applicable to psychiatry.
- Become balanced clinicians with strengths in both psychotherapeutic and biologic aspects of psychiatry
- Learn critical thinking skills in the practice of evidence-based psychiatry and to thereby become physicians with life-long learning skills.
- Become leaders in psychiatry who will serve in research, teaching, administration and clinical service
- Be able to lead a multidisciplinary team.
- Be able develop skills and or knowledge in the expanded roles of Psychiatric Expert/Clinical Decision-Maker, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional.
- Above all, to become professional and compassionate psychiatrists.

The philosophy of our programme is grounded in the biopsychosocial model of mental illness. Mind and brain receive equal emphasis, and trainees are encouraged to pursue the integration of diverse theoretical and scientific domains of understanding. This model enables the trainee to interact with different disciplines and mental health professionals and become enriched from the diverse expertise of these colleagues.

The Teaching Programme:

The programme is divided into two parts, Part 1 and Part 2. (corresponding to Basic Specialist Training and Higher Specialist Training respectively). Each part includes the theoretical part and the competence training part. Throughout this programme, competence training means formal work experience, organized and regularly assessed as detailed hereunder. ***Every part of the programme is planned, organised and run by the Director of Training and his Specialist Committee.***

Theoretical Teaching:

Teaching modules, covering psychiatry and disciplines necessary for the understanding and the practice of psychiatry, psychotherapy, seminars, tutorials, case presentations and discussions, journal clubs, videos, research and research presentations (see table hereunder), and an enrichment program.

Basic Psychology ……
Social Psychology ……
Cognitive Psychology ……
Human Development ……
The Personality and its Problems ……
Research methods, Statistics, Epidemiology and Evidence-based practice ……
History taking and psychiatric examination, Mental Status, Formulation. Psychological tests & lab. investigations Diagnosis & classification ……
Basic Neurosciences (Neuroanatomy, Neurophysiology) ……
Basic Neurosciences (Neurochemistry, Genetics) ……
Psychiatry overview & Emergency Psychiatry ……
ECT ……
Philosophy, Ethics, Religion & Psychiatry ……
Case conferences, Seminars ……
Journal Club, Research Presentations ……
Psychotherapy ……
History of Psychiatry, Social Science & Socio-cultural Psychiatry ..
Neurobiology & Clinical Psychopharmacology ……
Child and Adolescent Psychiatry ……
Learning Disability ……
Mental Health Problems and Mental Illness ……
Addictions and Addictive Behaviour ……
Old Age Psychiatry ……
Consultation Liaison, Clinical Topics Interfacing Medicine & Psychiatry…..
Forensic Psychiatry ……
Sex, Marital and Couple problems ……
Clinical Neurology, Neuropsychiatry, EEG, Neuroimaging…
Perinatal Psychiatry ……
Eating Disorders ……
Leadership and Management ……
Chronic care & psychiatric rehabilitation …….

Theoretical Teaching:

Seminars, tutorials, case presentations and discussions, journal clubs, videos, research and research presentations and an enrichment program.

Teaching modules (In-depth mental health problems, Advanced psychopharmacology, Psychotherapy, Special topics including recent developments and telemedicine). (see table hereunder)

In-depth mental health problems ……

Advanced psychopharmacology ……

Special topics including recent developments and telemedicine

Case conferences, Seminars……

Journal Club, Research Presentations ……

Psychotherapy …….……

Methods of teaching:

The programme includes both practical (competences) and theoretical components. Each trainee is attached to a clinical supervisor who guides and helps the trainee to acquire skills in variety of clinical situations and problems. The practical programme is enriched by a didactic programme in the form of lectures (modules), seminars, tutorials, case presentations and discussions, journal clubs, videos, research presentations and an enrichment program which is held every at different intervals and includes presentations of topics not directly related to psychiatry. The didactic curriculum is designed to provide an interactive forum to augment the trainees' independent reading and clinical experience. Part of the didactic program is organized in modules covering the various aspects of psychiatry and its practice.

Methods of Trainee Evaluation:

Attendance:

Trainee has to attend regularly for the clinical and the educational supervision, and for at least 70% of the theoretical teaching. Attendance is monitored by way of sign-in logs, available at the lecture/teaching site.

Competence:

Regular assessment by the Clinical Supervisor (on standard mark sheets). This assessment is to be submitted to Director of Training on a monthly basis. The responsibility for timely submission rests on the Trainee.

Assessment of Trainee's competence in case presentation, lecturing and psychiatric paper/article presentations

An annual examination in which the trainee is presented with a psychiatric case (an informed volunteer patient or a case vignette). The trainee is asked to take a history (in the case of the volunteer patient), and to present a formulation of the case, the differential diagnoses and elaboration of appropriate management and treatment plan.

At the end of the rotation:

a. Trainee is to submit a written report to the Director of Training outlining the experienced gained during the rotation

b. Evaluation of the trainee and the trainee's evaluation of the rotation is discussed in a meeting with the Director of Training.

Trainee is to keep a log book to verify satisfactory fulfilment of the required training experience and the acquisition of competence in areas enumerated in the curriculum..

Trainee is to keep a work book, which contains detailed case histories of patients managed (under supervision) by trainee. The work book is to be handed to Director of training at the end of each rotation..

Theoretical:

Modules: (For validation of the module)

Attends at least 70% of the teaching activities

Trainee is to be successful in a written examination held at the end of the academic year.

Obtains a pass mark in assignment, set by the module lecturer/coordinator.

Research: (including research projects and presentations). Assessment of the trainee by the supervisor on initiative, originality, ingenuity, usefulness and methodology of research project as well as on presentation of project to colleagues.

CPD: (including case presentations, seminars and special topic lectures). Supervisor to assess trainee on method and content of presentation and on quality of participation in discussion.

Part 1: There shall be a written examination.

Trainees may sit for this examination, after:

a. Validation of CPD and theoretical modules
b. Satisfactory completion of competence training,
c. Fulfilled the requirements of the log book to the satisfaction of the Director of Training.

Part 2: At the end of the 4 year teaching programme, each trainee is to present the result of an original research work in the form of a thesis and set a written and practical examination.

Trainees may present and defend their thesis and sit for examination after:

a. Validation of all research, CPD and theoretical modules (including module examinations),
b. Satisfactory completion of competence training,
c. Fulfilled the requirements of the log book to the satisfaction of
    i. the Director of Training.
d. A certificate of completion of training is awarded after Trainee has satisfied all the requirements of part 1 and Part 2 of the programme.

The training program will include a complementary placement in an approved training centre/facility abroad for at least 6 months" , which can take place either before graduation or after graduation.

THEORETICAL TRAINING (summary)

Theoretical training is given on at least 4 hours per week.

The subjects to be covered are as follows:

I. Scientific basis of psychiatry: biological, social and psychological aspects.

II. Psychopathology. Exam of a psychiatric pt., Diagnosis & classification. Psychological tests & Lab. investigations.

III. Specific disorders and syndromes.

IV. Child and adolescent psychiatry. Mental handicap. Psychiatric aspects of substance misuse. Old age psychiatry. Sexuality.

V. Diversity in psychiatry: gender, cultural and ethnic aspects, disability, sexual orientation.

VI. Legal, ethical and human rights issues in psychiatry.

VII. Psychotherapies. Psychopharmacology and other biological treatments. Multidimensional clinical management. Community psychiatry. Social psychiatric interventions.

VIII. Research methodology. Epidemiology of mental disorders. Public Health and prevention aspects in psychiatry.

IX. Medical informatics and telemedicine.

X. Leadership. Administration. Management. Economics.

THEORETICAL TRAINING IN DETAIL

BASIC NEUROSCIENCES

The trainee shall demonstrate knowledge of basic neurosciences which underpin 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:

Neuroanatomy:

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

The anatomy of the basal ganglia.

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

The major white matter pathways, e.g. corpus callosum, fornix, Papez's circuit and other circuits relevant to integrated behaviour.

The types of cell found within the nervous system.

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.

Neurophysiology:

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.

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.

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.

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.

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

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.

Neurochemistry:

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

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

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

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

Genetics:

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

Traditional techniques: family, twin and adoption studies.

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

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

Conditions associated with chromosome abnormalities.

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

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

Molecular and genetic heterogeneity. Phenotype/genotype correspondence.

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:

The history and philosophy of science as it relates to concepts of mental disorder

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.

Concepts of scale of measurement, sampling methods, frequency and probability distributions. Summary statistics and graphs, outliers, stem-and-leaf plots, Bos plots, scattergrams. Types of data e.g. categorical, ordinal, continuous.

Descriptive and Inferential Statistics. Significance tests, estimation and confidence intervals. The advantage of confidence intervals over *p* values.

Specific tests, particularly t-test, chi-square test, Mann-Whitney U test, confidence intervals for difference between means, proportions and medians.

Clinical trials - the advantages of randomised trials and the problems with alternatives such as historical controls.

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

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

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

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

Met-analysis, survival analysis, logistic regression.

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

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

Epidemiology of specific psychiatric disorders.

BASIC PSYCHOLOGY

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.

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.

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

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.

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

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.

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.

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.

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.

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.

SOCIAL PSYCHOLOGY

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

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

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.

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.

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

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.

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

HUMAN DEVELOPMENT

At the completion of training, trainees should be knowledgeable about normal biological, psychological and social development from infancy to old age. This is in order to consider:

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.
How the stage of cognitive and emotional development may influence the aetiology, presentation and management of mental health problems.
Factors that may be associated with vulnerability to mental health problems and protective factors associated with resilience.
Developmental issues in relation to the varied cultural and economic backgrounds of patients.
In particular they should be able to demonstrate knowledge of:

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.

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

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'.

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.

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.

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

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

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

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

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

Sexual development including the development of sexual identity and preferences.

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.

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

Pregnancy and childbirth and their stresses both physiological and psychological.

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.

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

SOCIAL SCIENCE & SOCIO-CULTURAL PSYCHIATRY

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

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

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

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

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

The sociology of residential institutions.

Basic principles of criminology and penology.

Stigma and prejudice.

Ethnic minorities, acculturation and mental health.

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:

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.

Pharmacokinetics

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

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

Pharmacodynamics

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

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.

Neurochemical affects of ECT.

Adverse Drug Reactions (ADRs)

Understanding of dose-related as distinct from ‘idiosyncratic’ ADRs.

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

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. Where appropriate, knowledge of official guidance on the use of particular drugs (e.g. NICE guidance).

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

Prescribing of controlled drugs.

NEUROPSYCHIATRIC ASSESSMENT

Neurological Examination

1. Elemental neurological function (e.g., cranial nerves; motor; sensory; coordination; gait; reflexes, including primitive reflexes [frontal release signs].
2. Neurological soft-signs.
3. The use of neurological examination rating scales and the interpretation of such data.

Mental Status Examination

1. General assessment (e.g., appearance and behavior, speech, thought process, thought content, emotion, comportment, personality).
2. Cognitive examination (e.g., arousal, attention, language, memory, praxis, recognition, visuospatial function, executive function).
3. Adjusting mental status examination content and process in a manner sensitive to the patient’s abilities or impairments in order to facilitate useful description of findings in patients who are unable to cooperate with any or all parts of a formal cognitive examination.
4. Interpreting mental status examination findings with respect to their structural and functional neuroanatomical correlates.
5. Developing a differential diagnosis based on mental status examination findings and their integration with findings from the neurological examination.

6. Indications for, administration of, and interpretation of standardized neuropsychiatric rating scales that supplement the neuropsychiatric history and mental status examination.

Neuropsychological Assessment:

1. The content, sensitivity, and specificity of neuropsychological assessment methods (e.g., fixed assessment batteries, flexible batteries, projective testing, personality assessment tools).
2. The influence of age, education, cultural background, fatigue, drugs, sensory impairment, and primary psychiatric illnesses on test performance.
3. The role of and indications for neuropsychological testing in evaluation and treatment planning related to neurobehavioral and neuropsychiatric disorders.
4. The relationship between neuropsychological test results and bedside or office-based screening mental status examinations.
5. The anatomical and disease correlates of neuropsychological test abnormalities.

Neuroimaging

1. Principles and applications of structural and functional imaging of the brain, including the generally accepted clinical indications for such studies.
2. Correlation between neuroimaging findings and clinical examination (neurological and/or mental status) findings in persons with neurobehavioral or neuropsychiatric syndromes.

Electrophysiologic Testing

1. Principles and applications of electrophysiologic recordings of the CNS
2. Correlation between electrophysiologic findings and clinical examination (neurological and/or mental status) findings in persons with neurobehavioral or neuropsychiatric syndromes.

Laboratory Studies

1. Indications for serum and urine studies relevant to the evaluation of patients with neuropsychiatric and neurobehavioral conditions.
2. Indications for and interpretation of results from CSF examination relevant to the evaluation of patients with neuropsychiatric and neurobehavioral conditions.

Integration and Presentation of Findings

1. Integration of collateral historical information into the clinical assessment;
2. Development of a neurobehavioral and neuropsychiatric differential diagnosis;
3. Formulation of a neurobehavioral or neuropsychiatric diagnosis based on findings from the clinical assessment;
4. Development of a treatment plan for the neurobehavioral or neuropsychiatric condition; and
5. Presentation, both verbally and in writing, of clinical impressions and recommendations derived from the comprehensive clinical assessment to the patient and his or her family, other healthcare professionals, officers of the court, and other private or public agencies providing services to the patient.

MENTAL HEALTH PROBLEMS AND MENTAL ILLNESS

At the completion of training the trainee shall demonstrate knowledge of the epidemiology, aetiology, psychopathology, clinical features and natural history of the major psychiatric disorders in ICD-11 and DSM V, including age, gender, and sociocultural considerations. This knowledge shall include:

- The aetiology, presentation, phenomenology, clinical course, outcome and prognosis of psychiatric disorder;
- genetics and psychobiology , psychiatric epidemiology.
- A working knowledge of ICD-11 and DSM V classification and diagnostic systems, the various biological, psychological and social factors involved in the predisposition to and onset, and maintenance of psychiatric disorder;
- the nature and process of psychiatric treatment, including the application of multidisciplinary approaches, the special role of the psychiatrist in treatment and the co-ordination of the various treatment processes involved. Physical, psychological and social treatments and their relevance to the management and treatment of psychiatric disorders.
- Preventative strategies in psychiatric disorder, where these exist, the presentation of psychiatric disorder in a range of cultural settings, espeacially those likely to be encountered in Libya.
- The assessment of need for psychiatric services within a community and how to set up and administer such services, including some idea of the costs of major elements of such service provision;
- rehabilitation.
- Psychiatric assessment of patients with physical illness.
- assessment and management of patients who have harmed or threatened to harm themselves.
- Advice to special medical services, such as endocrinology, neurology and neurosurgery, cardiothoracic surgery, nephrology, intensive care wards, special care baby wards, accident and emergency departments, HIV infection, haematology, oncology.
- The psychiatric consequences and associations of brain disease, damage and dysfunction.
- a working knowledge of neurology including physical examination, diagnosis, investigation and treatment of common conditions.
- Knowledge of psychiatric aspects of head injury and stroke, and of rehabilitative strategies.
- imaging of the nervous system.
- Clinical and theoretical aspects of pain and its management.
- Clinical and theoretical aspects of disorders presenting with symptoms of physical disease.
- Care of the dying and the bereaved.
- Knowledge of staff interaction in general hospital services and of advising on this matter.

For each disorder, the trainee is capable to:

- Carry out an assessment (including physical and psychiatric examination, Investigations eg laboratory, neuroradiology and psychological tests
- Detect and describe the signs and symptoms
- Work out a differential diagnosis
- Order appropriate investigations
- Set up a management plan (including biological, psychological and social interventions)
- Understand complications and manage complications, including refractoriness to treatment.

Psychiatric Disorders to be considered in detail:

Schizophrenia Spectrum & other Psychotic Disorders: eg:

Schizophrenia
Schizophreniform Disorder
Brief Psychotic Episode
Schizoaffective Disorder
Shared Psychotic Disorder
Delusional disorders: Persecutory, Grandiose, Jealous, Somatic and Mixed. (to include knowledge of Syndromes of Capgras, Cotard, Fregoli, de Clerambault)

Mood Disorders As in DSM 5:eg:

Depressions
Disruptive mood Dysregulation .
Persistent Depressive Disorder previously Dysthymia.

Bipolar and Related Disorders :eg:

Mania and Hypomania
Cyclothymic Disorder

Anxiety Disorders as in DSM 5: eg:

Generalised Anxiety Disorder
Panic attack/Disorder
Anxiety Disorder due to General Medical Condition
Separation Anxiety Disorder
Selective Mutism.

Obsessive Compulsive and related Disorders as in DS|M 5 :eg:

Hoarding Disorder
Body Dysmorphic Disorder
Trichotillomania.
Unspecified Obsessive-Compulsive and Related Disorder.

Trauma and Stress Disorders as in DSM 5 :eg:

Reactive Attachment Disorder.
Posttraumatic Stress Disorder.
Acute Stress Disorder.

Somatic Symptom Disorders as in DSM 5: eg:

Somatic Symptom Disorder
Conversion Disorder (Functional Neurological Symptom Disorder)
Illness Anxiety Disorder

Dissociative Disorders as in DSM 5 :eg:

Dissociative Identity Disorder.

Depersonalisation disorder.

Sleep-wake Disorders:

Stages of sleep

Insomnia Disorder.

Breathing-Related Sleep Disorders

Narcolepsy

Feeding and Eating Disorders as in DSM 5 : eg:

Bulimia Nervosa

Anorexia Nervosa

Binge Eating Disorder

Pica

Neurocognitive Disorders as in DSM 5 : eg:

Major and Mild Neurocognitive Disorders

Dementias:

- Alzheimer's disease
- Vascular dementia
- Dementia with Lewy bodies
- Frontotemporal dementia
- Huntington's disease

Delirium:

- Substance intoxication delirium
- Substance withdrawal delirium
- Delirium due to multiple etiologies

Medical disorders with psychiatric manifestations:

- Cerebral tumour
- Head Injuries, Brain damage
- Multiple sclerosis
- Parkinson's disease
- Epilepsies
- HIV Dementia
- Hyperthyroidism or Hypothyroidism .

Personality disorders

Generalities , Aetiology , Genetic, Psychological Development, Cerebral Pathology

Prognosis , Management (including personality restructuring, support and problem solving, and pharmacotherapy)

Types:

Paranoid/Narcissistic Personality disorder

Schizoid/Schizotypal Personality disorder

Dissocial Personality disorder

Avoidant/Dependant Personality disorder

Obsessive Compulsive Personality disorder

Borderline Personality Disorder.

Histrionic Personality Disorder.

EMERGENCY PSYCHIATRY

At the completion of training, the trainee will be able to demonstrate competence in the assessment and management of emergencies in psychiatry. This will include;

1) Suicidal and parasuicidal behaviour
2) Character pathology;
3) Violent or agitated patient
4) Homicidal intent
5) Psychosis and Agitation
6) Alcohol and drug overdose (including recognition and management of drug intoxication and withdrawal states)
7) Acute psychosis and delirium (including knowledge of medical causes)
8) The anxious patient in the ER setting
9) The depressed patient in the ER setting;
10) The geriatric or paediatric patient in crisis
11) Domestic violence (including recognition of and assistance to victims of domestic violence)
12) Sexual assault

Trainee is also expected to have a knowledge of:

1. The theory and practice of crisis intervention/home treatment
2. Differential diagnosis in emergency situations
3. Treatment methods in emergency situations including the use of appropriate legislation
4. Medicolegal issues in the ER (commitment, competency, reporting abuse, and threats of violence);
5. Psychotherapeutic and psychopharmacological management of crisis situations;
6. Crisis-oriented psychotherapy,

CLINICAL SPECIALTIES

At the completion of training all psychiatrists are expected to be knowledgeable and competent to a basic degree in sub-specialties of psychiatry. The level attained is that of a general psychiatrist.

CHILD AND ADOLESCENT PSYCHIATRY

At the completion of training the psychiatrist shall demonstrate a general knowledge of Child and Adolescent Psychiatry. This includes knowledge of the assessment and treatment of children and adolescents, knowledge of disorders that are usually first diagnosed in infancy, childhood or adolescence and developmental disabilities. In particular:

The effects of adult mental illness on children. The effect of depression and other psychiatric symptomatology on parental functioning, and the impact of this on child development and functioning. An understanding of cultural variations in aetiology and management.

The effects of early and continuing experience on later child, adolescent, and adult development and functioning. Long-term implications of early insecure attachment. Short and long-term effects of other negative life events on development and functioning e.g. maternal loss, child abuse, chronic or life-threatening illness.

Classification and epidemiology of child and adolescent psychiatric disorder.

Aetiology of child psychiatric disorder

Child protection. The needs of developing children and how these change with time. Types of child abuse and their aetiology, recognition and outcome.

Interaction between psychiatric disorder and physical illness. Physical presentation of psychiatric disorder.

Knowledge of the prevalence, aetiology, presentation, treatments and outcome of the following conditions:

common pre-school problems – separation anxiety, oppositional behaviour, temper tantrums, sleeping difficulties, feeding difficulties;

conduct disorder;

hyperactivity disorders;

school attendance problems, school phobia;

emotional disorders specific to childhood;

adjustment disorders of children and adolescents

depression, OCD and schizophrenia in adolescence;

eating disorders;

deliberate self-harm in adolescence;

substance misuse;

generalised mental handicap, specific delays in speech, language, reading, pervasive developmental disorders e.g. autism and Asperger's Syndrome;

enuresis and encopresis;

tic disorder.

Continuities of childhood psychiatric disorder into adult life.

Treatment. The basic range of treatment methods: description, indications and contra-indications for different treatment interventions, outcomes. Indications for in-patient and day patient care.

Description of a typical child psychiatric service. Basic information on different agencies involved in the care of children and their function.

OLD AGE PSYCHIATRY

At the completion of training the psychiatrist will demonstrate knowledge of the particular aspects of psychiatric disorders, their presentation and treatment in late life. This will include:

Neurobiology of ageing. Psychology of ageing; cognition and age, importance of loss, personality changes with ageing.

Social and economic factors in old age; attitude, status of the elderly, retirement, income, accommodation, socio-cultural differences.

Psychopharmacology of old age; pharmacokinetics, pharmacodynamics, drug interactions, practical considerations. Drugs affecting mental functioning.

Demographic changes. Epidemiology.

District service provision; need for specialisation, principles of service provision, multidisciplinary working with reference to needs of an older population, relationships with and provision by social services and voluntary bodies. Liaison with geriatricians. Attention to the needs of carers. Appropriate legislation.

Assessment of a referral; psychiatric, physical, psychological and social. O.T. investigation including use of EEG and brain imaging. Use of home visits.

Psychological aspects of physical disease; particular emphasis on possible psychiatric sequelae of Parkinson's disease, cerebrovascular disease, sensory impairment. Emotional reaction to illness and to chronic ill health. Reversible dementias. Delirium.

Epidemiology, clinical features, differential diagnosis, aetiology, management and prognosis of the following:

- Neurocognitive disorders;
- Affective disorders in old age;
- Late paraphrenia and paranoid states;
- Anxiety disorders.

Suicide and attempted suicide in old age.

Psychiatric aspects of personality in old age.

Psychotherapy with older adults: adaptations and difference in therapy. Transference - counter-transference issues. Common themes.

Bereavement and adjustment disorders.

Sleep disorder in later life.

Alcohol and drug problems in the elderly.

Psychosexual disorders in old age; including sexuality in physically ill/disabled people, sexuality in institutionalised elderly.

Medico legal issues in old age psychiatry; abuse of the elderly. Management of property. Testamentary capacity. Driving.

SEX, MARITAL AND COUPLE PROBLEMS

Love and Sex
Paraphilias.
Gender Identity Disorder
Sexual Orientation
The Sexual Response Cycle (biology and physiological aspects)
Sexual attraction
Sex and Disability
Sex and Illness (psychiatric, personality and physical illness)
Sexuality in children and adolescents
Sexuality in the elderly
Sexual desire:
- Biology and psychology of sexual desire
- Problems of sexual desire, mismatched desire, sexual aversion disorder

Sexual arousal:
- Mental and physical arousal
- Penile erection and erectile dysfunction
- Female sexual arousal disorder

Orgasm:
- Biology and psychology of orgasm.
- Premature ejaculation
- Inhibited/delayed orgasm and anorgasmia

Sexual pain disorders:
- Genito-Pelvic Pain/Penetration Disorder

Management of sex problems and Sex Therapy
Marriage, Marriage problems, Monogamy, Infidelity, Communication.
Psychiatric aspects of infertility

PERINATAL PSYCHIATRY

Depression, anxiety and psychoses in the perinatal period
Risk and protective factors for perinatal mood disorders
Screening for perinatal mental health problems
Clinical assessment during the perinatal period
Prevention
Early intervention

<u>Clinical Management</u>
The evidence base for management strategies for postnatal depression
Intensive community care and hospitalisation
Maintenance and prophylactic treatment
Guidelines for prescribing psychotropic drugs (During pregnancy, Postpartum)

<u>Infant Mental Health</u>
Effects of parental mental disorder
Clinical aspects of infant mental health.

Substance-Related and Addictive Disorders

Classification of disorders associated with the use and abuse of alcohol and other psychoactive substances.

Basic pharmacology and epidemiology of: alcohol; cannabis: the stimulants (amphetamine, cocaine, phentermine, diethylpropion, pemoline etc.); hallucinogens; solvents and nitrites; Ecstasy and related substances, benzodiazepines and barbiturates; opiates.

The restrictions imposed on doctors by the Misuse of Drugs Act and Regulations. Awareness of the arguments for and against the various types of prescribing and treatment modalities.

Cause, consequences and recognition of heavy drinking: the concept of 'problem drinking'; the components of the alcohol dependence syndrome; the nature of alcohol-related disabilities; detoxification procedures for in-patients and out-patients.

Who uses which drugs and why; reasons for initiating and continuing drug use; how to recognise drug use; the concept of problem drug use; patterns of dependence on different drugs; detoxification procedures for inpatients and outpatients. An understanding of cultural factors in the use and abuse of drugs

The interaction of drug and alcohol use with psychiatric illness.

Basics of the biological, psychological and socio-cultural explanations of drug and alcohol dependence.

The assessment and management of drug and alcohol misusers.

Culturally appropriate strategies for the prevention of drug and alcohol abuse.

The assessment and management of non-substance addictive behaviours and related syndromes.

Dual diagnosis and co-morbidity (classificatory systems).

Recognition of substance misuse related medical, psychiatric and social complications and their impact on Public Health.

FORENSIC PSYCHIATRY

Basic law for psychiatrists:

The nature of law, foundations of law and case law, common law, statutes and administrative regulations
Theory and practice of punishment
Basic civil procedure
Basic criminal procedure
Jurisdiction
Mens Rea and Criminal responsibility
Legislative Process
Eyewitness Testimony
The Mental Health Act of Libya.

The Forensic Psychiatrist:

The Roles, Responsibilities, and Ethics of the Forensic Psychiatrist. Confidentiality and Privilege. Psychiatric Negligence and Malpractice, Professional Liability.

Relationship between crime and mental disorder:

Knowledge of the range of offences committed by mentally disordered offenders; specific crimes and their psychiatric relevance particularly homicide, other crimes of violence, sex offences, arson, shoplifting and criminal damage. The relationship between specific illnesses and crime. Psychosis such as paranoia, morbid jealousy, erotomania, Munchausen and Munchausen by proxy. Organic brain syndromes. Mental disorders and offending in special groups: young offenders, females,

ethnic minorities; substance misuse and crime; offenders with brain damage, epilepsy, deafness and other physical disabilities.

Psychiatry and the criminal justice system:

An outline of the procedures of arrest, prosecution and sentencing. Role of police in arrest of mentally disordered offenders, the assessment of defendants at police stations, false confessions. Malingering.

Psychiatric defences:

Competence to stand trial. Competence to enter a plea and testify. Voluntariness of confessions. Mutism and deafness. Criminal responsibility and diminished responsibility. infanticide, amnesia and automatism. The insanity defence and its history. Psychiatric disposals after conviction.

Writing reports for the court and giving evidence:

Psychiatric Evaluations, Report Writing and Taking Depositions

Facilities and treatment:

Elements of a Forensic Psychiatry Service, their relationship to each other and other specialties. Voluntary and Involuntary Hospitalization. The use of security in the treatment of psychiatric patients and the arguments for and against seclusion and restraints The long-term management of patients on restriction orders. Care in the community for previously violent patients. Right to treatment, right to refuse treatment, and informed consent.

Dangerousness and violence:

Domestic violence. Murders. Sexual violence. Stalking. Sexual Harassment. Violence and epilepsy. The concept, definitions and situations where assessment is required. Problems in prediction. Psychopharmacology of aggressive behaviour

Psychiatry in prisons:

Knowledge of the prevalence of psychiatric disorder in prison populations, suicide in prisoners, psychiatric treatment and treatment refusal in prison settings. Riots, Ethics.

Victims:

Child Abuse and Neglect. Physically and Sexually Abused Children. The psychological sequelae of victimisation, especially anxiety states, anger and aggressive behaviour. Compensation and other medico-legal issues.

Civil matters:

Marriage law, separations, annulments. Psychiatric disorder and civil rights including marriage, separations, custody of children, parental competence and management of property and affairs. Ethical issues including confidentiality and the implications of 'duty to warn'. Claims of psychiatric damage, for example post traumatic stress disorder, head trauma. Testamentary Capacity. Psychiatric Disability Determinations and Personal Injury Litigation.

Minors:

The Child as Witness. PTSD in Children; Suicide and Homicide in Children. Juvenile Evaluations. Juvenile delinquency. Violent adolescent offenders. Adolescent sexual offenders. Civil Commitment of Juveniles/

Assessment::

Crime Classification, Profiling, Psychological Autopsy. Forensic Neuropsychology. Psychological and Psychiatric Measures in Forensic Practice. Forensic Hypnosis. Amnesia. Amytal Interview, and Polygraphy. EEG, CT, PET and SPECT. Neuropsychiatric Assessment in Toxic Exposure Cases. Assessment and Management of Sex Offenders.

LEARNING DISABILITY

These topics complement those covered in other areas of psychiatry, particularly neuropsychiatry and child psychiatry.

Developmental:

The neurobiology of brain development and the effects of genetic and environmental factors.

More common learning disability disorders. For example, Down's Syndrome, fragile-X syndrome, foetal alcohol syndrome and the developmental problems of very low birth weight babies.

Specific disorders of development including autism and Asperger's syndrome.

The influence of social factors on intellectual and emotional development.

Classification and Epidemiology:

Systems of classification including ICD-11 and the WHO classification of impairments, disabilities and handicaps. A working knowledge of 'statementing' for special needs education.

The prevalence of intellectual impairment in the general population.

The prevalence of superadded behavioural, psychiatric and other impairments within this group.

The factors which might account to the observed high rates of psychiatric behavioural disorders in this group.

Clinical:

The characteristics of learning disability and mental handicap.

The presentation, diagnosis and treatment of psychiatric illness and behavioural disorder in people with a learning disability.

Psychological methods of assessment and an understanding of psychological theories as to the cause of problem behaviours. An understanding of relevant behavioural modification techniques.

The application of psychiatric methods of treatment in learning disability including psychotherapy, drug treatments, behaviour therapy and cognitive therapy.

Specific syndromes and their association with particular psychiatric or behavioural disorders (behavioural phenotypes).

The impact of disability on the family and the psychological consequences of having a child with a disability.

The assessment, management and treatment of offenders with a learning disability.

Other:

A broad understanding of legislation which may be of importance, for example relating to common law, mental health, sexual offenders, community care etc. General principles rather than details would be required.

Normalisation and service development for people with a learning disability. The change from an institutional to an individualised, needs led approach.

The provision of specialist psychiatric services for people with a learning disability.

EEG AND BRAIN IMAGING IN PSYCHIATRY

Electroencephalography
- Electrode placement
- Wave characteristics
- Frequency ranges
- The Normal EEG
- Changes in EEG patterns
- Diffuse lesions
- Focal lesions
- Epilepsy

Neuroimaging techniques

Exposure to radioactive substances

Exposure to ionizing radiation

Computerized Tomography

Magnetic resonance imaging (MRI)
- Principle
- Applications

Functional MRI
Single photon emission (computerized) tomography (SPECT)
Principle
Applications
Positron emission tomography (PET)
Applications

POST-GRADUATE PSYCHIATRY
COMPETENCIES PROGRAMME

To help trainees develop skills and or knowledge in the expanded roles of Psychiatric Expert/Clinical Decision-Maker, Communicator, Collaborator, Manager, Health Advocate, Scholar and Professional in all aspects of Psychiatric Practice.

1: PSYCHIATRIC EXPERT/CLINICAL DECISION-MAKER

Definition*: Psychiatrists deal with the prevention, diagnosis, treatment and rehabilitation of patients with mental disorders. To manage this, psychiatrists possess a defined body of medical, and in particular psychopathological, knowledge and a defined set of procedural skills that are used to collect and interpret data, make appropriate clinical decisions and carry out diagnostic and therapeutic procedures using an appropriate combination of biological, psychological and sociological methods. Their care is characterised by up-to-date, ethical and cost-effective clinical practice and effective communication with patients, other health care providers and the community. The role of psychiatric expert/clinical decision-maker is central to the function of specialist psychiatrists, and draws on the competencies included in the roles of communicator, psychotherapist, collaborator, health advocate, manager, scholar and professional.*

Competencies:

The psychiatrist is able to:

1.1 Demonstrate conceptual understanding and the diagnostic skills to elicit, describe and define psychopathological and other clinical findings.

1.1.1 Demonstrate understanding of the history of psychiatry and how this has impacted upon contemporary psychiatry

1.1.2 Conceptualise mental health and disorder using different models such as biological, psychological, behavioural, sociological and systemic

1.1.3 Demonstrate understanding of the factors contributing to predisposition, precipitation and perpetuation of mental disorder as well as that of protective factors

1.1.4 Demonstrate understanding of the full range of psychopathology and international diagnostic systems

1.1.5 Obtain a comprehensive psychiatric history including psychosocial information from other sources

1.1.6 Demonstrate ability to carry out a mental state examination

1.1.7 Assess patient's capacity for decision making

1.1.8 Perform a relevant physical examination

1.1.9 Elicit and recognise signs and symptoms, and apply them to a multi-axial differential diagnosis

1.1.10 Demonstrate knowledge of factors affecting the course and prognosis of mental disorders

1.1.11 Take into account, the interaction between the disorder and personal life

1.1.12 Determine and apply the necessary range of investigations to complete the diagnostic process

1.1.13 Draw up a diagnostic formulation including risk assessment

1.1.14 Review and revise a diagnosis over time

1.2 Demonstrate therapeutic skills to effectively and ethically manage the spectrum of patient care problems diagnosed.

1.2.0 General Competencies

1.2.0.1 Establish and maintain a treatment alliance

1.2.0.2 Determine which available biological, psychotherapeutic and social psychiatric interventions are appropriate to the patient's treatment expectations and circumstances

1.2.0.3 Draw up, document and implement a management plan, including risk management, in consultation with the patient and carers

1.2.0.4 Use involuntary admission and treatment measures appropriately in compliance with legal standards and ethical principles

1.2.0.5 Integrate biological, psychotherapeutic and social psychiatric interventions into an individualised and coordinated management plan

1.2.0.6 Prevent, recognise and address adverse effects associated with therapeutic interventions

1.2.0.7 Optimise concordance with agreed therapies

1.2.0.8 Systematically evaluate outcomes

1.2.0.9 Review, revise and document changes to a management plan over time

The therapeutic skills include especially:

1.2.1 Biological Treatments:

1.2.1.1 Demonstrate an understanding of the scientific basis of biological treatments of mental disorders

1.2.1.2 Use biological treatment methods on the basis of the best evidence available

1.2.1.3 Demonstrate the safe and effective use of pharmacological and physical treatments in psychiatry

1.2.1.4 Show awareness of the psychological aspects of using biological treatments, such as medicalisation, labelling, placebo effects and the meaning that prescribed medication carries for the patient

1.2.2 Psychotherapies:

1.2.2.1 Demonstrate an understanding of the theories that underpin the various techniques of psychotherapy

1.2.2.2 Demonstrate an understanding of the range of psychotherapies available for treatment of mental disorders

1.2.2.3 Use psychotherapies on the basis of the best evidence available

1.2.2.4 Demonstrate the safe and effective use of psychotherapy

1.2.3 Social psychiatric intervention:

1.2.3.1 Demonstrate an understanding of the range of social psychiatric interventions available for treatment of mental disorders

1.2.3.2 Utilise local social and cultural networks as well as voluntary organizations

1.2.3.3 Use social psychiatric interventions on the basis of the best evidence available

1.2.3.4 Demonstrate the safe and effective use of social psychiatric interventions

1.3 Demonstrate skills for rehabilitation and recovery

1.3.1 Demonstrate an understanding of the concepts of rehabilitation and recovery in facilitating return to a life that is meaningful to the individual

1.3.2 Demonstrate an understanding of the range of rehabilitation techniques

1.3.3 Use rehabilitation techniques on the basis of the best evidence available

1.3.4 Demonstrate the safe and effective use of rehabilitation techniques

1.4 Demonstrate psychiatric expertise in situations other than in direct patient care

1.4.1 Act as a medico-legal expert

1.4.2 Liaise effectively with the media

1.4.3 Contribute to public policy development

1.4.4 Assist in the development of health systems

1.5 Recognise personal limits of expertise

1.5.1 Demonstrate insight into own limitations of expertise via self assessment

1.5.2 Demonstrate effective, appropriate, and timely consultation with other professionals when needed for optimal patient care

1.6 Demonstrate effective consultation skills

1.6.1 Demonstrate the ability to consult and liaise with medical and non medical professionals

1.6.2 Demonstrate the ability to offer professional advice on a described clinical situation

1.6.3 Demonstrate the ability to offer verbal or written advice to a professional on a patient examined for second or specialist opinion.

2: COMMUNICATOR

Definition: *To provide humane, high-quality care, psychiatrists establish effective relationships with patients, other physicians, and other health professionals. Communication skills are essential for the functioning of a psychiatrist and are necessary for obtaining information from, and conveying information, to patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses and for assessing key factors impacting on patients' health.*

Competencies

The psychiatrist is able to:

2.1 Establish a therapeutic relationship with patients

2.1.1 Recognise that good verbal and non-verbal communication is at the core of good psychiatric practice

2.1.2 Establish positive therapeutic relationships with patients and their families that are characterized by effective listening, understanding, trust, respect, honesty and empathy

2.1.3 Effectively facilitate a structured clinical encounter

2.2 Elicit and synthesise relevant information from the patient, his/her family and/or community about his/her problems

2.2.1 Obtain comprehensive and relevant information systematically and understand the meaning of this information in the context of the patient's culture, diversity and expectations

2.3 Discuss appropriate information with the patient, his/her family, and other healthcare providers that facilitate optimal healthcare of the patient. This implies the ability to inform and counsel a patient in a sensitive and respectful manner while fostering understanding, discussion and the patient's active participation in decisions about their care.

2.3.1 Recognize the patient's right to be fully informed about their illness and treatment options

2.3.2 Inform the patient, family and carers through use of a wide range of information resources including written material and on line sources

2.3.3 Foster a shared understanding on issues, problems and plans with patients, families and other professionals through discussion, questions and interaction in the encounter

2.3.4 Effectively handle challenging communication issues such as obtaining informed consent, delivering bad news, addressing emotional reactions and other factors that may lead to misunderstanding or conflict

2.3.5 Efficient use of available means to handle language, communication and cultural barriers when appropriate

2.3.6 Liaise effectively with healthcare providers and other stakeholders through exchange of information and discussion

2.3.7 Effectively document and verbally present reports of clinical encounters and care plans

2.3.8 When appropriate, effectively present information on mental health issues to the public or media

3: COLLABORATOR

Definition: *Psychiatrists work in partnership with others who are appropriately involved in the care of individuals or specific groups of patients. It is therefore essential for psychiatrists to be able to collaborate effectively with patients, their families or carers and a multidisciplinary team of expert health professionals for provision of optimal patient care, education and research.*

Competencies

The psychiatrist is able to:

3.1 Effectively consult with other physicians and healthcare professionals

3.1.1 Clearly define own role and responsibilities to other professionals

3.1.2 Recognize and respect the diversity of roles, responsibilities and competences of other professionals

3.1.3 Maintain professional relationships with other health care providers for the provision of quality care

3.1.4 Effectively work with other health professionals to prevent, negotiate, and resolve conflict

3.1.5 Obtain, interpret and evaluate consultations from other professionals

3.1.6 Serve as an effective consultant to other medical specialists, mental health professionals and community agencies

3.2 Contribute effectively to other interdisciplinary team activities

3.2.1 Participate effectively in a multidisciplinary team and where appropriate, demonstrate leadership

3.2.2 Work effectively to prevent, negotiate, and resolve conflict within the multidisciplinary team

3.3 Deliberately participate in shared decision making with patients and carers as appropriate

3.3.1 Work jointly with patients and carers in the formulation and revision of care plans

3.3.2 Be receptive to clinical management possibilities which are raised by the patient or carer

3.4 Effectively collaborate with patient and carer organizations

3.4.1 Proactively involve patient and carer organizations in the planning, provision and evaluation of mental health services

4: MANAGER

Definition: *Psychiatrists function as managers when they make everyday practice decisions involving resources, co-workers, tasks, policies and their personal lives. They do this in the settings of individual patient care, practice organisations and in the broader context of the healthcare system. Thus, psychiatrists require the abilities to prioritise and effectively execute tasks through team work with colleagues and make systematic decisions when allocating finite healthcare resources. As managers, psychiatrists take on positions of leadership within the context of professional organisations and the healthcare system.*

Competencies

The psychiatrist is able to:

4.1 Utilise time and resources effectively in order to balance patient care, earning needs, outside activities and personal life

4.1.1 Prioritise patient case loads on the basis of severity, impairment and urgency

4.1.2 Appropriately delegate tasks and responsibility

4.2 Allocate finite healthcare and health education resources effectively

4.2.1 Understand the essential principles of resource and finance management

4.2.2 Understand the organisational features of the national, regional and local (mental) health care structure

4.2.3 Recognize the importance of fair allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care

4.2.4 Should base resource allocation and practice guidelines on a good evidence

4.3 Work effectively and efficiently in a healthcare organization

4.3.1 Lead or implement change in health care

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

4.3.3 Negotiate effectively between competing interests for mental health care resource allocation

4.3.4 Implement evidence based guidelines in clinical practice

4.3.5 Participate in clinical audit to continually improve the quality of services

4.3.6 Understand the principles of risk management and clinical governance

4.3.7 Effectively deal with patient, carer and staff complaints

4.3.8 Understand the prevailing mental health and other relevant legislation

4.3.9 Appraise the professional development of peers and other related professionals through effective feedback and support

4.4 Effectively utilise information technology to optimise patient care, continued self-learning and other activities

4.4.1 Ability to use patient related databases

4.4.2 Use information technology to promote patient safety and welfare, e.g. records of accidents, near miss incidents and the use of coercive treatments

4.4.3 Ability to access computer based information and to understand the fundamentals of medical informatics

5: HEALTH ADVOCATE

Definition: *Psychiatrists recognise the importance of advocacy activities in responding to the challenges represented by those social, environmental and biological factors that determine the mental health and well-being of patients and society. They recognise advocacy as an essential and fundamental component of mental health promotion that occurs at the level of the individual patient, the practice population and the broader community. Health advocacy is appropriately expressed both by the individual and collective responses of psychiatrists in influencing public health and policy.*

Competencies

The psychiatrist is able to:

5.1 Identify the determinants of mental disorder as well as the factors that may contribute to positive mental health so as to be able to effectively prevent disorder and promote mental health

5.1.1 Be aware of how public policy including legislation impacts on mental health

5.1.2 Describe an approach to implementing change in a determinant of mental health of a population

5.1.3 Promote positive mental and physical health in patients particularly in those with severe metal disorder

5.1.4 Consider the impact of mental disorder on families and carers, and take any appropriate measures

5.1.5 Collaborate with other community sectors to promote mental health and prevent mental disorder at all levels focusing particularly on family, school and workplace

5.1.6 Be acquainted with evidence-based programs to promote positive mental health and prevent mental disorder

5.1.7 Identify barriers in access to care, particularly for vulnerable or marginalized populations, and respond appropriately

5.1.8 Identify and address inequity in mental health service provision

5.2 Identify and respond to those issues, settings, circumstances, or situations in which advocacy on behalf of patients, professions, or society are appropriate

5.2.1 Respect the dignity, protect the rights, and promote the autonomy and freedom of people with mental disorders

5.2.2 Actively oppose the use of psychiatry for political repression

5.2.3 Ensure that, wherever possible, informed consent of people with mental disorders, or their representative, is the basis for all treatment provided

5.2.4 Empower people with mental disorders and their families in the development of their treatment plan

5.2.5 Be aware of the impact of stigma and discrimination associated with severe mental disorder and strive to counter it

5.2.6 Collaborate with user and family associations in the promotion of human rights particularly in relation to severe mental disorder

6: SCHOLAR

Definition: *Psychiatrists engage in a lifelong pursuit of mastery of their domain of professional expertise. They recognise the need to be continually learning and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of healthcare knowledge and facilitate the education of their students, junior colleagues, patients and others.*

Competencies

The psychiatrist is able to:

6.1 Develop, implement and document a personal continuing education strategy

6.1.1 Recognise the principles for maintaining competence

6.1.2 Recognize and reflect learning issues in practice through methods such as self audit and continuing professional development (CPD)

6.1.3 Access and interpret the relevant evidence and integrate this new learning into practice

6.1.4 Evaluate the impact of any change in practice

6.1.5 Document the learning process

6.2 Apply the principles of critical appraisal to sources of medical information

6.2.1 Understand the principles of critical appraisal and their application in clinical contexts

6.2.2 Integrate critical appraisal conclusions into clinical care

6.3 Facilitate learning in patients, students, trainees and health professionals

6.3.1 Understand the principles of learning and the ethics underpinning medical education

6.3.2 Collaboratively identify the learning needs of others and the desired learning outcomes

6.3.3 Select effective teaching strategies and content to facilitate others' learning

6.3.4 Demonstrate an effective lecture or presentation

6.3.5 Assess and reflect on a teaching encounter

6.3.6 Recognise that ones own clinical behaviour can be a model for the learning of others

6.3.7 Appreciate the role of mentoring

6.4 Contribute to research and to the development of new knowledge

6.4.1 Describe the principles and ethics of research and scholarly inquiry

6.4.3 Pose a research question

6.4.4 Conduct a systematic search for evidence

6.4.5 Select and apply appropriate methods to address the question

6.4.6 Appropriately disseminate the findings of a study

7: PROFESSIONAL

Definition: *Psychiatrists have a unique societal role as professionals with a distinct body of knowledge, skills and attitudes dedicated to improving the health and well being of others. Psychiatrists are committed to the highest standards of excellence in clinical care and ethical conduct, and to continually perfecting mastery of their discipline.*

Competencies

The psychiatrist is able to:

7.1 Deliver the highest quality care with integrity, honesty and compassion

7.1.1 Exhibit professional behaviour including honesty, integrity, altruism and ethical practise

7.1.2 Demonstrate commitment to delivering the highest quality of care and to maintaining clinical competence

7.1.3 Respond to communication from patients and health professionals in a timely manner

7.1.4 Demonstrate understanding of, and sensitivity to, end-of-life care

7.2 Exhibit appropriate personal and interpersonal professional behaviours

7.2.1 Conduct oneself in a way that commands the respect and confidence of patients and colleagues

7.2.2 Observe appropriate relationship boundaries with patients and others

7.2.3 Balance personal and professional priorities to ensure personal health and sustainable practice

7.2.4 Recognize other professionals in need and respond appropriately

7.3 Practise medicine in an ethically responsible manner that respects the medical, legal and professional obligations

7.3.1 Observe the professional, regulatory and legal, obligations at a local, regional, national and European level

7.3.2 Maintain clear, accurate, and appropriate records (e.g., written or electronic) of clinical encounters and plans

7.3.3 Observe the ethical codes of practice

7.3.4 Appropriately manage conflicts of interest

7.3.5 Recognize the principles and limits of patient confidentiality as defined by professional practice standards and the law

7.3.6 Identify and address appropriately the unprofessional conduct of other health care professionals

7.3.7 Acknowledge and remediate medical errors should they occur

PSYCHIATRIST'S COMPETENCES IN DETAIL

TRAINEE TRAINING OBJECTIVES IN ADULT INPATIENT PSYCHIATRY

TERMINAL OBJECTIVES:

1. Ability to demonstrate the attitude, knowledge and skills necessary to appreciate the biological, psychological and social factors as they apply to the assessment of mental status behaviors and personal development of the adult patient.
2. Ability to apply current diagnostic systems of psychiatric disorders (including ICD-11 and DSM-V) for the proper psychiatric assessment of adult patients admitted to inpatient facilities.
3. Demonstrate the required attitude and knowledge and skills to properly utilize the hospital and its inpatient facilities to manage and treat the variety of psychiatric disturbances in adults.
4. Demonstrate required attitude, knowledge, skills and experience to function as consultant in the multidisciplinary environment of the general hospital.
5. Demonstrate necessary attitude, knowledge and skill in the administrative duties of an inpatient unit.

SPECIFIC OBJECTIVES

MEDICAL EXPERT: Knowledge

1. To know essential aspects of history taking. To describe etiology, clinical features, differential diagnosis and treatment of major psychiatric disorders such as schizophrenia, organic brain syndrome and other organic disorders, mood disorders, anxiety and phobic disorders, delusional disorders, personality disorders, alcohol and other substance use disorders, somatoform disorders, mental retardations and sexual disorders.

2. To be able to conduct a competent interview of the patients' family where applicable and apply appropriate techniques of intervention.

3. To know and recognize risk factors in assessing the patient's dangerousness, to have knowledge of interventions for suicidal, assaultive, psychotic, intoxicated, dangerously paranoid and disoriented patients. This also involves knowledge of mechanisms procedures and responsibilities for patient admission, maintenance and management on the ward and subsequent discharge; good understanding of the Mental Health Act and familiarity of the various legal documents and procedures that pertain to patient rights and their management.

4. To identify potential for absconding and need for restriction of ambulatory freedom and management of patients who resist or refuse treatment, and the requirement of obtaining general and specific consents for evaluation and treatment from the patient, guardian and next of kin.

5. Ability to estimate approximate length of stay and anticipate disposition difficulties and awareness of the nature of institutions and community resources providing care for the mentally ill and management of patients who request or require long stays in general hospitals.

6. Knowledge of indications, side effects, toxicity and drug interactions of psychotropic drugs, and familiarity with the broad range of pharmacological agents, techniques of ECT, its comparative risks and benefits, knowledge of detoxification methods for Ethanol, hypnotic and opiate dependence and management of adverse reactions to psychoactive substances.

7. Familiarity with broad range of sociocultural and psychological interventions, their indications, risks and benefits in the inpatient setting.

8. To assess and understand financial competence, legal and ethical responsibilities of the psychiatrist to respect patient's confidentiality but also to report dangerousness towards self and/or others as required by laws.

9. To understand the necessary skills and knowledge in delegating responsibilities to staff in an appropriate manner.

MEDICAL EXPERT: Skills

1. Demonstrate effective communication skills with emotionally and cognitively impaired adults, their families and caregivers.
2. To communicate and collaborate well with members of multidisciplinary treatment teams.
3. Demonstrate competence in history taking, mental status examination and physical and neurological examinations.
4. To construct a formulation, tentative diagnosis, differential diagnosis, treatment plan and prognostic considerations.
5. To be able to assume primary responsibility in evaluation and treatment of patients which involves admission, management, treatment and discharge.
6. Ability to demonstrate awareness of one's own reactions for purpose of identifying suicidal or depressed patient, psychotic patient, demanding patient, violent patient, hostile patient, silent and withdrawn patient.
7. To educate the patient and the family regarding nature of illness; goals of hospitalization, treatment and their roles in the therapeutic process.
8. To demonstrate capacity to utilize and promote contributions of the multidisciplinary team for assessment and where appropriate to use their expertise in management.
9. Ability to determine need to apply mental health legislation and to complete the appropriate legal documents, to interact with judicial and other agencies as required in procedures for involuntary hospitalization, declaration of incompetence and consent for treatment.
10. Competence in approaches to individual, family and group therapies, particularly reconstructive supportive and directive techniques.
11. To be able to direct staff and delegate responsibility in a way that enhances the therapeutic milieu and staff morale, to show leadership and ability to manage complex issues among staff, families and patients.
12. To be able to keep appropriate medical records, records of correspondence and other communications that are pertinent to psychiatric practice.
13. Awareness of multiple factors that lead to the admission.

COMMUNICATOR

1. Listen effectively.
2. Ability to communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.
3. Discuss appropriate information with the health care team, effectively providing and receiving information.
4. Effectively convey to medical colleagues pertinent information and opinions.
5. Prepare documentation that is accurate and timely
6. Appreciate the essential requirement of empathy and rapport and the symbolic importance of the hospital as a protective environment.

COLLABORATOR

1. Recognize the need to share responsibility and accept input from other caregivers participating in team work.
2. Consult effectively with other health care professionals and physicians.
3. Ability and willingness to teach and learn from colleagues.

4. Ability to work collaboratively with other members of the health care team, recognizing their role and responsibilities.

5. Contribute to interdisciplinary team activities.

6. Ability to facilitate the learning of patients, students and other health professionals and contribute to new knowledge.

7. Appreciate the need for direction of care services with delegation of responsibilities and division of labour, and to attempt to staff concerns, requirement and attitudes to enhance staff morale and effectiveness of the therapeutic milieu.

MANAGER

1. Makes cost effective use of resources based on sound judgment.

2. Sets realistic priorities and uses time effectively in order to optimize professional performance.

3. Evaluate the effective use of resources.

4. Understands and makes use of information technology to optimize patient care and life long learning.

5. Ability and willingness to direct patients to relevant community resources.

6. Coordinates the efforts of the treatment team. Effective delegation.

7. Appreciate the value of involvement of referral sources in disposition of patient.

HEALTH ADVOCATE

1. Identify and understand determinates of health affecting patients and communities, and responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate.

2. Awareness of the major regional, national, and international advocacy groups in mental health care.

3. Awareness of governance structures in mental health care.

SCHOLAR

1. Demonstrates an understanding of and a commitment to the need for continuous learning. Develops and implements an ongoing personal learning strategy.

2. Is able to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.

4. Helps others learn through guidance and constructive feedback.

5. Appreciate importance of continuing self education and education of the multidisciplinary team for diagnosis, assessment and management.

PROFESSIONAL

1. Appreciate the importance of respect for patient rights both emotionally and legal.

2. Appreciate importance of accepting responsibility.

3. Demonstrates integrity, honesty, compassion and respect for diversity.

4. Fulfils medical, legal, and professional obligations of a specialist.

5. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.

6. Responsibility, dependability, self-direction, punctuality.

7. Patience and flexibility in the face of complex clinical/administrative situations.

8. Acceptance and constructive use of supervision and feedback.

9. Awareness and application of ethical principles.

10. Awareness of own limitations seeking advice when necessary.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work in Adult Psychiatry for a period as outlined in the Libyan Board Guidelines.

2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum

3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the log book

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilities according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN ADULT OUTPATIENT PSYCHIATRY

TERMINAL OBJECTIVES:

1. To be able to assess a wide variety of adult outpatients.

2. To acquire ability to formulate a diagnosis and treatment plan using a biopsychosocial model.

3. To be able to deliver appropriate treatment, to be aware of the resources where appropriate treatment is available and how to access them.

4. To acquire ability to communicate verbally and in written form the findings and recommendations of the assessment interview.

5. To be aware of and able to critically evaluate the literature on outpatient assessment.

6. To demonstrate necessary attitude, knowledge and skill in the administrative duties of an outpatient unit.

SPECIFIC OBJECIVES

MEDICAL EXPERT: KNOWLEDGE

1. To know the data obtained by interview, needed to arrive at a diagnosis and to develop a treatment plan.

2. To know the basics of the various theories underlying the presentation of various patients – biological, social and psychodynamic.

3. To know when to investigate, when to refer, when to treat and when not to treat.

4. To be aware of how to access the systems of referral, investigation and alternate treatment and how to convey this information to the patient.

5. To know how to access information on research and education.

6. To be familiar with the use of computerized knowledge retrieval systems.

7. To acquire necessary understanding of financial competence, legal and ethical responsibilities, within the context of an outpatient settings.

8. To acquire familiarity with broad range of sociocultural, psychological and psychopharmacological interventions, their indications, risks and benefits in the outpatient setting.

MEDICAL EXPERT: SKILLS

1. To demonstrate competence in the comprehensive evaluations of a wide variety of adult outpatients eg. establishing rapport with patient; conducting a psychiatric interview including a mental status exam, where applicable; interviewing appropriate family or ancillary persons, and doing appropriate investigations.

2. To demonstrate competence in formulating a diagnosis, including biological, social and psychodynamic factors which may be contributing to the presentation.

3. To demonstrate competence in formulating an appropriate treatment plan which considers available resources, risk/benefit ratios of treatments offered, and likely outcomes of treatments delivered.

4. To demonstrate competence in the delivery of outpatient psychopharmacology, supportive psychotherapy, as well as a working knowledge of other treatment modalities, e.g. group psychotherapy, marital/sexual therapy, cognitive therapy, behaviour therapy, interpersonal psychotherapy, brief psychotherapy, etc.

5. To demonstrate competence in the recording of outpatient assessments; to demonstrate competence in written and verbal communication with referral sources and community agencies.

6. To demonstrate awareness of referral patterns, community agencies, and local mental health delivery systems which might contribute to the ability of the outpatient programme to be successful in the delivery of mental health services.

7. To demonstrate competence in successful working relationships with other professions and/or the outpatient multidisciplinary team.

8. To demonstrate awareness of research questions that might be answered in an outpatient setting.

COMMUNICATOR

1. Listen effectively.

2. Ability to communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.

3. Discuss appropriate information with the health care team, effectively providing and receiving information.

4. Effectively convey to medical colleagues pertinent information and opinions.

5. Prepare documentation that is accurate and timely

6. To convey an attitude of openness and/or inquiry.

COLLABORATOR

1. Ability to facilitate the learning of patients, students and other health professionals and contribute to new knowledge.

2. Consult effectively with other health care professionals and physicians.

3. Ability and willingness to teach and learn from colleagues.

4. Ability to work collaboratively with other members of the health care team, recognizing their role and responsibilities.

5. Contribute to interdisciplinary team activities.

6. To convey an attitude of respect and cooperation with other members of the mental health care delivery team.

MANAGER

1. Makes cost effective use of resources based on sound judgment.
2. Sets realistic priorities and uses time effectively in order to optimize professional performance.
3. Evaluate the effective use of resources.
4. Understands and makes use of information technology to optimize patient care and life long learning.
5. Ability and willingness to direct patients to relevant community resources.
6. Coordinates the efforts of the treatment team. Effective delegation.
7. To convey an attitude of flexibility and practicality in establishing a treatment plan including; balancing optimum treatment with available resources.

HEALTH ADVOCATE

1. Identify and understand determinates of health affecting patients and communities, and responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate.
2. Awareness of the major regional, national, and international advocacy groups in mental health care.
3. Awareness of governance structures in mental health care.

SCHOLAR

1. Demonstrates an understanding of and a commitment to the need for continuous learning. Develops and implements an ongoing personal learning strategy.
2. Is able to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.
3. Helps others learn through guidance and constructive feedback.
4. To convey an attitude which recognizes the limits of knowledge, both individually and collectively and which recognizes how the gaps may be filled by education or research.

PROFESSIONAL

1. To convey an attitude of respect, interest and hope in all patient contacts.
2. To convey an attitude which respects the complexity of any patient's presentation; that is, an understanding of the interacting factors influencing the presentation, treatment and response to therapy.
3. Demonstrates integrity, honesty, compassion and respect for diversity.
4. Fulfils medical, legal, and professional obligations of a specialist.
5. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.
6. Responsibility, dependability, self-direction, punctuality.
7. Patience and flexibility in the face of complex clinical/administrative situations.
8. Acceptance and constructive use of supervision and feedback.
9. Awareness and application of ethical principles.
10. Awareness of own limitations seeking advice when necessary.
11. To convey an attitude which appreciates the ramifications of proper records and proper communication in patient care, team functioning and medical-legal issues.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Attend adult psychiatric out-patients department.
2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum
3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the work book

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilites according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN CONSULTATION-LIAISON PSYCHIATRY

By the end of their training in C-L Psychiatry, the trainee should have developed the following skills and attitudes and assimilated the following cognitive data.

SPECIFIC OBJECTIVES

MEDICAL EXPERT: Knowledge

1. Be aware of the diagnostic criteria for ICD-11 & DSM V conditions which are found in Consultation-Liaison Practice including delirium, dementia, somatoform disorders, depression associated with medical conditions, alcohol related disorders, malingering and factitious disorders.

2. Be familiar with the way psychosocial factors can influence the onset and etiology of physical disease.

3. Be able to recognize illness behaviour and somatization and understand the principles and concepts important in these processes.

4. Know how patients cope with physical disease, and the effects this has on themselves and their families.

5. Know the potential psychiatric reactions to medical disorders and treatments.

6. Be familiar with and be able to recognize the medical syndromes which may present to a psychiatrist.

7. Be familiar with the principles of palliative care.

8. Know the medical complications of psychotropics and the interactions between them and other drugs. They should be aware also of the use and complications of non-prescribed (including illegal) drugs.

9. Be familiar with the legal aspects of C-L practice, in particular how to assess whether a patient is competent to consent to treatment and competent to sign a will.

10. Be aware of problems in biomedical ethics related to patients with medical – psychiatric disorders.

MEDICAL EXPERT: Skills

1. Interview patients with medical psychiatric disorders including the use of a supportive and non-threatening approach in those who are defensive and have little or no insight.

2. Carry out a mental status examination and interpret the findings.

3. Carry out conjoint and family interviews designed to evaluate the interactions between psychosocial factors and medical health problems.
4. Be able to use psychotropic medications appropriately in medical-psychiatric disorders.

5. Be able to present medical-psychiatric findings in a clear and succinct manner, and know how to record these findings in writing in clear and understandable language.

6. Be able to assess the relevance of biological, psychological and social factors in the predisposition precipitation, perpetuation and prevention of illness.

7. Be able to collaborate with the non-psychiatric health care team.

8. Be familiar with the principles of grief, death and dying.

9. Be able to write a consultation report which clearly answers questions related to the consultation request, and which provides recommendations to support appropriate interventions.

10. Be able to recognize and handle feelings in dealing with medically ill and defensive or difficult patients.

COMMUNICATOR

1. Ability to listen effectively

2. Ability to communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.

3. Discuss appropriate information with the health care team, effectively providing and receiving information.

4. Effectively convey to medical colleagues pertinent information and opinions.

5. Prepare documentation that is accurate and timely

6. Be able to deal with patients and their families in an empathic, supportive and constructive manner.

COLLABORATOR

1. Consult effectively with other health care professionals and physicians.

2. Ability and willingness to teach and learn from colleagues.

3. Ability to work collaboratively with other members of the health care team, and ability to distinguish and utilize the distinctive contribution of each member of the team.

4. Contribute to interdisciplinary team activities.

5. Ability to facilitate the learning of patients, students and other health professionals and contribute to new knowledge.

MANAGER

1. Makes cost effective use of resources based on sound judgment.

2. Sets realistic priorities and uses time effectively in order to optimize professional performance.

3. Evaluate the effective use of resources.

4. Understands and makes use of information technology to optimize patient care and life long learning.

5. Ability and willingness to direct patients to relevant community resources.

6. Coordinates the efforts of the treatment team. Effective delegation.

HEALTH ADVOCATE

1. Identify and understand determinates of health affecting patients and communities, and responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate.

2. Awareness of the major regional, national, and international advocacy groups in mental health care.

3. Awareness of governance structures in mental health care.

SCHOLAR

1. Demonstrates an understanding of and a commitment to the need for continuous learning. Develops and implements an ongoing personal learning strategy.

2. Is able to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.

3. Helps others learn through guidance and constructive feedback.

PROFESSIONAL

1. Demonstrates integrity, honesty, compassion and respect for diversity.

2. Fulfils medical, legal, and professional obligations of a specialist.

3. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.

4. Responsibility, dependability, self-direction, punctuality.

5. Patience and flexibility in the face of complex clinical/administrative situations.

6. Acceptance and constructive use of supervision and feedback.

7. Awareness and application of ethical principles.

8. Awareness of own limitations seeking advice when necessary.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work part time in Consultation-Liaison Psychiatry as required for Libyan Board.

2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum

3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the work book

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilites according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

14. Do an optional placement of one month (minimum) in a neurology department. During this time, there is to be adequate exposure to EEG techniques and interpretation, and to Radiology (brain imaging).

15. Gain experience in psychiatric and psychiatry related emergencies. He/she is also to gain an understanding of Sexually Transmitted Disease, and psychiatric aspects of: Malignant Disease, Gynaecological Problems, Loss of Vision, Loss of Hearing, Surgical Problems/procedures (eg. Mastectomies, Amputations, Colostomies, Burns, Cardiac operations), the dying person and bereavement.

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN CHRONIC CARE REHABILITATION

TERMINAL GOALS AND OBJECTIVES

1. To gain an understanding of individuals suffering from long term severe psychiatric illnesses and to be able to identify the degree of disability and the subsequent needs of these individuals.
2. To develop a comprehensive approach to the evaluation and management of chronic psychotic patients in both hospital and community settings.
3. To be able to liaise productively with community agencies and to understand the role of physicians in developing necessary services and programs.
4. To understand the role of the family in the management of chronic patients and to work with families in a collaborative way.
5. To acquire knowledge of the literature and to develop research ideas and skills in order to add to the knowledge about this patient population.
6. To understand the socio-economic and political factors affecting this disadvantaged group.

SPECIFIC OBJECTIVES

MEDICAL EXPERT: Knowledge

1. Epidemiology and natural history of chronic conditions that lead to long-term functional impairment.
2. Use of somatic therapies for these conditions, particularly the techniques and problems associated with maintenance medication.
3. Diagnosis and treatment of tardive dyskinesia and knowledge of the medico-legal issues involved.
4. Knowledge of treatment models, including individual, group and family interventions.
5. Principles of psychiatric rehabilitation.
6. Basic administration knowledge concerning goal setting and principles of leadership.
7. Knowledge of the Mental Health Act and the financial issues relating to the long-term patient.
8. Stages of adaptation to a chronic illness, particularly when insight is impaired.
9. Knowledge of community alternatives to hospitalization, including residences, day programs and workshops.
10. Knowledge of the principles of case management.

MEDICAL EXPERT: Skills

1. Development of specific interview skills with this group of patients in order to establish rapport and a long-term working relationship.
2. Skills for differential diagnosis.
3. Skills to assess and manage crises including suicidal and aggressive behaviour in this group of patients.
4. Competence in the utilization of: a) pharmacotherapy b) psychotherapy c) psychosocial therapies d) crisis intervention and other biological therapies in the management of this group of patients
5. Skills in assessment and management of both acute and chronic phases of the illness in outpatient and inpatient settings.
6. Skills to utilize laboratory and non-laboratory tests in the evaluation and management of this group of patients.
7. Skills to identify and assess the long-term deficits of the disorder and complications of treatment including tardive dyskinesia, chronic extrapyramidal symptoms, akathesia and neuroleptic malignant symptoms.
8. Skilled utilization of appropriate medico-legal procedures in the management of the patient.

9. Skilled application of the Medical Health Act as it relates to the care of the chronic psychiatric patient.
10. Skills to integrate different modalities of treatment and supportive services within a multidisciplinary setting.
11. An awareness of the countertransference issues related to working with passive and dependent patients.

COMMUNICATOR

1. Listen effectively.

2. Ability to communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.

3. Discuss appropriate information with the health care team, effectively providing and receiving information.

4. Effectively convey to medical colleagues pertinent information and opinions.

5. Prepare documentation that is accurate and timely

6. A sense of optimism while maintaining a realistic view of the clinical course of the illness.

COLLABORATOR

1. An attitude of cooperation and flexibility so as to function effectively as a member of the multidisciplinary team.

2. Consult effectively with other health care professionals and physicians.

3. Ability and willingness to teach and learn from colleagues.

4. Ability to work collaboratively with other members of the health care team, recognizing their role and responsibilities.

5. Contribute to interdisciplinary team activities.

6. Ability to facilitate the learning of patients, students and other health professionals and contribute to new knowledge.

MANAGER

1. Makes cost effective use of resources based on sound judgment.

2. Sets realistic priorities and uses time effectively in order to optimize professional performance.

3. Evaluate the effective use of resources.

4. Understands and makes use of information technology to optimize patient care and life long learning.

5. Ability and willingness to direct patients to relevant community resources.

6. Coordinates the efforts of the treatment team. Effective delegation.

HEALTH ADVOCATE

1. Identify and understand determinates of health affecting patients and communities, and responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate.

2. Awareness of the major regional, national, and international advocacy groups in mental health care.

3. Awareness of governance structures in mental health care.

SCHOLAR

1. Demonstrates an understanding of and a commitment to the need for continuous learning. Develops and implements an ongoing personal learning strategy.

2. Is able to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.

3. Helps others learn through guidance and constructive feedback.

4. An openness to explore other models than the medical model for explaining psychopathology i.e. systems theory, structural theory, feminist theories, etc.)

5. An attitude of critical appraisal of the current knowledge of management strategies and ongoing developments in this area

PROFESSIONAL

1. A sense of responsibility towards and interest in this major subgroup of psychiatric patients.
2. A respect for these patients and a sensitivity to their needs
3. Demonstrates integrity, honesty, compassion and respect for diversity.
4. Fulfils medical, legal, and professional obligations of a specialist.
5. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.
6. Responsibility, dependability, self-direction, punctuality.
7. Patience and flexibility in the face of complex clinical/administrative situations.
8. Acceptance and constructive use of supervision and feedback.
9. Awareness and application of ethical principles.
10. Awareness of own limitations seeking advice when necessary.
11. A sensitivity to social class and ethnicity as these issues relate to the care and management of these patients.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work part time in a chronic care/psychiatric rehabilitation department.
2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum
3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).
4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the work book

6. Write referral letters, discharge notes, etc. under supervision
7. Be encouraged to do research and to write papers.
8. Have increasing responsibilities according to his/her seniority and competence
9. Have opportunity to function as a leader of a multidisciplinary team.
10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions
11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)
12. Do relevant literature searches
13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN EMERGENCY PSYCHIATRY

Trainees must acquire expertise in the diagnoses and initial management of all types of emergencies involving psychiatry. Experience in providing a consultative service is and important feature of such training. A comprehensive balanced training across the age and diagnostic spectrum is essential for the general psychiatrist. The emergency room is unique in its capacity to afford the trainee exposure to large

numbers of diverse patients in a consultative outpatient environment with opportunity for assessment, case formulation, initial treatment planning and implementation, consultative communication and review.

GENERAL OBJECTIVES

At the end of the trainees training in psychiatry, it is expected that they will have acquired an adequate theoretical base as well as the appropriate skills and attitudes enabling her or him to be competent in:

1. The evaluation, triage, treatment and disposition of the full range of psychiatric disorders presenting in the emergency room where immediate intervention is required.

2. Communicating her/his clinical expertise to all appropriate parties.

3. Implementing the initiation of treatment, including developing an awareness and ability to refer to all appropriate regional hospitals and community resources.

SPECIFIC OBJECTIVES

I. KNOWLEDGE

The trainee, at the end of their training, should have adequate information and understanding concerning:

1. Methods of consultation and role of the psychiatric consultant in emergency or acute situations;
2. The phenomenology, epidemiology, etiology, natural history, course and comorbidity of psychopathological conditions acutely presenting in the emergency room;
3. The interaction of biological, psychological and social and cultural factors involved in the etiology, prognosis, and course of acute disorders, especially noting those factors which determine presentation to the emergency room;
4. The bio-psycho-social factors involved in the presentation of and/or the request for consultation in violent patient, suicidal patients, substance or alcohol abuse, behavioural crisis, and family crisis;
5. Risk assessments in each of suicide, violence and abuse for self and others;
6. The Mental Health Act;
7. Relevant sections of the National Criminal Code.
8. Psychological interview and intervention strategies (indications / contraindications) in acute situations – including the mini-mental status examination;
9. Biological/psychopharmacological intervention strategies (indications / contraindications) in acute situations;
10. Social and community resources available in acute situations;
11. Ethical considerations relevant to specific patients (e.g. Duty to warn, confidentiality etc).

II. SKILLS

At the end of their training the trainee should be able to:

1. Establish optimal communication and therapeutic alliance with the range of patients presenting to the emergency room;
2. Conduct an interview using a variety of strategies and sources of information sufficient to develop a complete and pertinent understanding of the emergency patient from a bio-psycho-social perspective;
3. Conduct a formal mental status examination including risk assessment;
4. Develop and implement an initial treatment plan from a bio-psycho-social perspective;
5. Recognize clinical situations requiring consultation or expertise of other physicians;
6. Appropriately use laboratory exams and other investigative techniques;
7. Integrate with the emergency staff;
8. Respond rapidly and efficiently;
9. Be able to implement techniques of non violent crisis intervention if necessary;
10. Be able to set appropriate limits;

11. Apply or recommend application of the appropriate legislation if required;
12. Write a mental health certificate.
13. Be aware of community and hospital resources and be able to access or refer patients to the range of available hospital and/or community resources in and appropriate manner;
14. Identify acute organic situations requiring medical or psychiatric intervention including drug and alcohol intoxication/overdose/withdrawal and delirium in the emergency room;
15. Communicate verbally and in writing (where appropriate) with patients, families, referring physicians, staff and supervisors.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Be exposed to emergency psychiatric problems (includes night duties and C-L Psychiatry) for the whole duration course.

2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum

3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and as needed by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed in the log book.

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilities according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN OLD AGE PSYCHIATRY

The role of Medical Expert / Clinical Decision-Maker

MEDICAL EXPERT: Knowledge

<u>The trainee will be able to:</u>

1. Differentiate normal psychological changes occurring with age from psychopathology.

2. Describe the natural course of psychiatric illness in late life.

3. Describe the common psycho-social stressors of aging (social, economic and cultural changes) for the patient and their family, including caregiver stress.

4. Identify the common types of defense mechanisms and their use in facing the stresses of late life for the patient and their family.

5. Using the best available evidence describe the etiology, clinical presentation, differential diagnosis and treatment of the diverse range of psychiatric disorders in the elderly including:

- mood disorders including suicide,
- delirium,
- the dementias: Alzheimer Disease, Vascular Dementia, Frontotemporal Dementia and Lewy Body Dementia and other less common types
- psychiatric disorders secondary to medical conditions
- psychotic disorders,
- anxiety-related disorders,
- adjustment disorders,
- sexual dysfunctions,
- personality disorders,
- substance misuse disorders
- developmentally delayed with severe mental illness, and co-morbid and concurrent disorders.

6. Determine which patients should be referred for detailed neuropsychological testing and understand the implications of reports generated by this testing. Similarly, determine which patients should be referred to other specialists such as geriatric psychiatrists, geriatricians, neurologists, etc. and understand the findings and recommendations of these consultations.

7. Describe the indications, side effects and drug interactions of psychotropic drugs in this patient population.

8. Understand and appreciate issues related to End of Life care (including end of life decisions, cultural differences, grief, and bereavement)

9. Understand and appreciate the applications of the current Provincial Mental Health Legislation as it applies to aging patients.

10. Understand and appreciate all aspects of elder abuse (including physical, psychological, financial and social), how to manage these issues including involving other professionals appropriately.

11. Understand and appreciate indications for ECT treatment and issues concerning its use.

12. Describe the principles of risk assessment (e.g. assessment of risk factors for driving) and competency determination, focusing on competency to manage one's affairs, grant a Power of Attorney (or the equivalent in provincial legislation), designation of primary living arrangements, and consent to treatment and making a will.

13. Describe the ethical principles governing care for the elders and describe circumstances in which ethical consults may be helpful.

14. Describe the nature of institutions and community resources providing care for the mentally-ill elderly, including the role of Day Hospital, outpatient and community clinics, home support services, outreach teams and the levels of care provided in long term care settings (nursing homes, seniors housing, retirement residences etc).

15. Understand the role of interdisciplinary team members in the care of the aging patient.

16. Understand and appreciate racial, cultural, ethnic and other diversity issues affecting elderly mental health care.

17. Describe mental health promotion approaches to seniors.

MEDICAL EXPERT: Skills

<u>The trainee will be able to:</u>

1. Demonstrate effective history taking and communication skills with the patient, their families and care givers taking into account emotional aspects, sensory deficits, and functional and cognitive impairment when present.

2. Communicate and collaborate effectively with members of an interdisciplinary treatment team, taking a leadership role as appropriate.

3. Demonstrate a neurological examination for seniors.

4. Demonstrate an understanding of and familiarity with mental status examination of elderly patients, including the appropriate use of standardized assessment instruments, (for example, the Geriatric Depression Scale, the Cornell Scale for depression and dementia, the Folstein Mini Mental Status Examination, Clock-Draw, Trails B, the 3MS and the Lawton- Brodie ADL).

5. Develop a full differential diagnosis and comprehensive biopsychosocial functional formulation.

6. Develop comprehensive, problem-oriented investigation and treatment plans for aging psychiatric patients, with special emphasis on the co-existence of multiple problems

7. Utilize appropriate treatment modalities, including pharmacotherapy, psychotherapy, ECT and family counselling for the whole range of psychiatric disorders.

8. Make appropriate referrals to professionals and community resources to assist patients to live in their in their place of choice.

9. Use different teaching techniques to participate in the education of family physicians, medical students, members of the multidisciplinary teams, agencies, patient education, families and non family caregivers and other colleagues.

10. Demonstrate the ability to integrate information from the literature and research projects to make decisions that are based on evidence.

11. Demonstrate the integration of results of neuropsychological testing into assessment and treatment plans, where appropriate.

MEDICAL EXPERT: Attitudes

1. Demonstrate an awareness of the interplay of generational and intergenerational relationships as they affect the mental health of the aging patient and family members and influence attitudes towards psychiatric care.

2. Recognize transference and counter-transference towards the aged and the aging process.

3. Demonstrates a heightened awareness of elder abuse.

4. Demonstrates an appreciation of the role of other professionals, family members and volunteers.

5. Demonstrate an awareness of the major barriers that stigma and ageism have on the patient, family, health profession and community at large towards early detection, diagnosis and treatment.

COMMUNICATOR

1. Communicates in plain language with patients, families and non family caregivers, an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis both verbally and in writing.

2. Ensures that pertinent information is conveyed in a timely and accurate manner to referring professionals and community agencies.

COLLABORATOR

1. Demonstrates ability to network and collaborate with health care professionals, community agencies and other members of the health care system.

2. Demonstrates ability to develop effective relationships and collaborate with patients, families and non family caregivers.

3. Demonstrates respect for the interdisciplinary team professionals' roles and functioning.

MANAGER

1. Understands the resource limitations and issues as it relates specifically to ageing services.

2. Understands principles of program evaluation and outcome measures as would be necessary to review and evaluate one's own practice(s).

3. Coordinates as appropriate the efforts of the treatment team.

4. Can delegate effectively.

HEALTH ADVOCATE

1. Awareness of the major regional, national, and international advocacy groups in mental health care for the elderly.

2. Is able to advocate for patients when needed and involve other health professionals appropriately e.g. elder abuse.

SCHOLAR

1. Demonstrates an understanding of and a commitment to the need for continuous learning related to mental health issues for the aging population.

2. Demonstrates the ability to critically evaluate medical literature on mental health problems and disorders in older people (incidence, prevalence, and risk factors).

3. Is aware of and attempts to utilize evidence based information and best practices guidelines.

PROFESSIONAL

1. Approach aging patients in an empathetic and positive manner and provides a climate favourable to the development of a therapeutic relationship.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work part time in old age psychiatry as required for Libyan Board.

2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum

3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the work book

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilities according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN SUBSTANCE MISUSE AND RELATED DISORDERS

The Addiction Psychiatry training program aims to assist trainees in achieving core competencies in a variety of roles:

The role of Medical Expert / Clinical Decision-Maker

MEDICAL EXPERT:

1. **Knowledge**
    - Basic pharmacology, genetics, neurophysiology, chemistry, and toxicology of substances of abuse, including tobacco;
    - The possible relationship(s) between substance use, abuse, or addiction and mental illness;
    - Epidemiology of addictive disorders and its overlap with psychiatric illness;
    - The nosology and contextual issues and concepts of alcohol, tobacco, and other drug abuse / dependence;
    - Assessment of substance-related disorders, and the assessment of risk of harm as well as the impact of substances on the risk of harm;
    - Diagnostic formulation and differential diagnosis;
    - Withdrawal states and their management;
    - Criteria for outpatient, and for hospital detoxification, and different levels of care;
    - The available treatment models, including psychotherapy & psycho-social modalities [mainly motivational enhancement therapy, cognitive behavioural therapy, relapse prevention, and other applicable modalities] and psychopharmacological (somatic) treatment modalities;
    - The Twelve Step Facilitation;
    - Principles of harm reduction versus abstinence models;
    - Treatment matching;
    - Legal aspects of substance-related disorders;
    - Addiction in special populations.

2. Skills

- Establishment of a therapeutic relationship;
- Non-judgmental and non-moralistic therapeutic communication styles with addicted individuals;
- Screening for substance(s) of abuse, including tobacco
- Assessment protocols for acohol, tobacco or other drugs
- Screening for complications of substance-related disorders in psychiatric patients;
- Family history and collateral information;
- Special investigations and toxicology testing;
- Acute care management, sub-acute issues in management, and long-term care of patients with substance-related disorders;
- Integrated care for individuals with concurrent disorders (versus sequential and parallel);
- Psychopharmacology: treatment protocols for substance misuse in patients with mental illness;
- Psychotherapeutic management:

i. Motivational enhancement therapy,
ii. Relapse prevention,
iii. Cognitive behavioral therapy,
iv. Network therapy.
v. Twelve Step Facilitation;

- Alternative treatment agencies and referral procedures.

3. Attitudes

The trainee is expected to demonstrate a consistently non-judgmental attitude to those suffering from addiction. During the course of the rotation the trainee is further expected to develop the necessary understanding of addiction as a chronic medical disorder, requiring the necessary level of intervention. The trainee is encouraged to adopt a predominantly self-directed, yet interdependent approach to working with peers, and endorsement of evidence-based practice in addiction medicine is required.

The role of Communicator.

As a part of the rotation the trainee is expected to develop skills of communication to adequately obtain medical histories from patients, and to be able to obtain collateral information from family members, significant others, and other health care providers. A non-judgmental approach to ATOD addicted mentally ill individuals is fostered, and trainees are strongly encouraged to examine their own attitudes towards addiction. Principles of enabling contacts (e.g. family members and significant others) are examined, and healthy boundary setting is modelled and taught to trainees when working with addicted patients.

The role of Collaborator.

Trainees are encouraged to attend the local detoxification services, outpatient addiction treatment services, and the long term treatment services (both government and NGO) to obtain increased exposure and improved understanding of these components of care. When in contact and in discussion with peripheral referral sources (e.g. family practitioners, other specialists), trainees are further trained to provide addiction medicine assessment and treatment suggestions based on information provided from remote / under-serviced areas.

The role of Manager.

Several demands are placed on the trainee's time while rotating in the Addiction Psychiatry Service. Although no additional on-call demands are placed on the trainee at the Addiction Psychiatry Service rotation, the trainee's abilities to manage several demands and expectations are assessed by the director. The trainee is furnished with the details and scope of services of the local addiction agencies, and is expected to facilitate and manage a standard protocol of exposure to the service components which are not offered at the Department of Psychiatry. Varying levels of assistance is provided as necessary to achieve this.

The role of Health Advocate.

The trainee in Addiction Psychiatry is expected to be knowledgeable regarding the significant impact tobacco, alcohol, and other drugs have on the lives of patients, families, and society at large. The importance of recognizing tobacco dependence as the number one cause of death, disease, and disability is emphasized, and denormalization of tobacco use among physicians, health care providers, and patients is encouraged. The attitude of recognizing substance-related disorders as an important cause of morbidity and mortality among the mentally ill is encouraged. This forms the basis for developing the essential knowledge foundation, and the acquisition of necessary attitudes and skills for managing these disorders. Tobacco dependence overlaps greatly with other psychiatric illness as well as with alcohol and other addictions, and rigorous management protocols are endorsed.

The role of Scholar.

Strong emphasis is placed on the trainee's strategy for and exposure to continued medical education in the field of Addiction Psychiatry, and this is achieved through several avenues. Trainees are frequently offered the opportunity to participate in the critical appraisal of manuscripts published in scientific journals, and the opportunity is offered for trainees to participate in the process of planning and of writing a scientific manuscript. They are further encouraged to participate in formal education of other health care providers by conducting parts of educational sessions with other members of the Addiction Psychiatry Service.

The role of a Professional.

The expectation is for the trainee to deliver the highest quality care with integrity, honesty, and compassion. This is made applicable to service to a population of patients who have traditionally been under-serviced, and who have been stigmatized and in certain cases severely marginalized from mainstream service delivery. The trainee is expected to model certain aspects of attitudes towards the addicted population, remain professional, non-judgmental, and offer appropriate and accessible services to addicted individuals.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work in substance misuse psychiatry for the required period by Libyan Board .
2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum
3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).
4. Do regular new assessments and discuss formulation, diagnosis and plan of management
5 Write detailed notes on the different conditions managed as detailed in the Log book
6. Write referral letters, discharge notes, etc. under supervision
7. Be encouraged to do research and to write papers.
8. Have increasing responsibilities according to his/her seniority and competence
9. Have opportunity to function as a leader of a multidisciplinary team.
10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions
11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)
12. Do relevant literature searches
13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN PSYCHOTHERAPY

Psychotherapy is an integral part of training in psychiatry. Psychotherapy is the psychological understanding and a method of treatment of mental disorders. It is essential for assessment and treatment of all patients with mental disorders. Psychotherapy is based on a systematic theory, and good clinical practice. It must be based on established theory and empirically supported.

TERMINAL OBJECTIVES

After a concurrent period of training in psychotherapy, trainee should develop competence, skill and knowledge re:

1. The therapeutic relationship.

2. Assessing patients for suitability for psychotherapy or psychosocial intervention.

3. Indications, contraindications, benefits and limitations of the psychotherapies for all DSM V diagnostic categories.

4. The understanding of health and pathogenesis as it involves patients in the context of their bio-psycho-social milieu.

5. The promotion of health, wellness and normal development through techniques of psychotherapy.

6. How to conduct individual psychodynamic psychotherapy.

SPECIFIC OBJECTIVES

MEDICAL EXPERT: KNOWLEDGE

After a concurrent period of training in psychotherapy, trainee should have acquired adequate knowledge regarding:

1. The various schools of psychotherapy including psychoanalysis, insight-oriented psychotherapy, brief psychotherapy, interpersonal psychotherapy, CBT, crisis intervention and supportive psychotherapy.

2. The psychodynamic concepts of transference, countertransference, working/therapeutic alliance, working through, interpretation, clarification, limit setting, resistance, defense and insight.

3. Indication for the various types of psychotherapy.

4. The historical and current literature in one or more psychotherapies.

5. The wider concepts of systems theory as it relates to family and group therapy.

6. Conceptual issues in research methodology in psychotherapy research.

MEDICAL EXPERT: SKILLS

The trainee, after a concurrent period of training in psychotherapy, will:

1. Be able to conduct an open-ended diagnostic interview that generates adequate information for initial psychiatric assessment and enlist the cooperation pf patient’s in a collaborative manner to participate in treatment.

2. Be able to facilitate increasingly more personal revelations by patients about interpersonal, intrapersonal and subjective experiences.

3. Be able to recognize the patient’s emotional experiences and states.

4. Be able to recognize the importance of empathy in helping patients feel understood.

5. Be able to recognize their own relations to the patient that may interfere with or facilitate the doctor/patient relationship and the process of therapy.

6. Be able to convey empathic understanding.

7. Be aware of the multiple meanings as well as determinants of symptoms, thoughts and feelings.

8. Be able to establish a therapeutic contract.

9. Be able to integrate psychotherapy with other interventions, including treatment with psychotropic agents and other medical interventions.

10. Be aware of the patient’s readiness for psychotherapeutic interventions by accurately detecting conflict and/or anxiety in the patient’s thoughts, behaviours and/or affects.

11. Be able to formulate and deliver interpretations appropriately.

12. Be able to identify and deal with the doctor-patient relationship as well as real life events including emergencies.

13. Be able to utilize supervisory feedback constructively in order to facilitate ongoing psychotherapeutic work.

14. Be able to manage aggression, anxiety, acting out, resistance, silence and seductive or erotic behaviour by patients.

15. Be able to organize themes and reformulate hypotheses within a session and over the course of therapy.

16. Be able to evaluate the patient's progress in therapy.

17. Be aware of the indications for and the implementation of termination in addition to anticipating the various reactions to termination.

18. Be able to progressively function as an autonomous psychotherapist.

19. Be able to keep adequate records.

COLLABORATOR

1. Know how and when to seek a second opinion or referral.

2. Seek consultation early rather than later.

3. Be able to engage in peer supervision or the supervision of other professionals.

4. Be able to seek supervision or consultation appropriately.

SCHOLAR

1. Be able to teach psychotherapy to trainees and other professionals.

2. Be able to recognize the importance and demonstrate an interest in ongoing education and development.

PROFESSIONAL

The trainee, after a concurrent period of training in psychotherapy, will:

1. Be aware of the importance of personal history as it relates to symptom development and interpersonal relationships, including the doctor-patient relationship.

2. Be able to recognize and discuss ethical and moral issues as they arise in therapy.

3. Develop a sense of respect, empathy and understanding for their patients in the context of the legitimate expectations and limitations of therapy.

4. Attune themselves to the wider impact of their therapy with respect to patients' family and community.

5. Appreciate the importance of therapist-patient fit.

6. Appreciate one's limitations, and critically appraise one's work.

7. Develop a non-judgemental attitude to alternate lifestyles.

8. To reduce polarization and prejudice in ourselves concerning "other schools of psychiatry" i.e. open theoretical orientation.

ENABLING OBJECTIVES

The attainment of the educational objectives in psychotherapy is facilitated by the provision of the following learning experiences:

. Comprehensive didactic seminars including structures introduction to psychotherapy skills.

ATTITUDINAL OBJECTIVES

1. To create a positive orientation to the understanding of all factors which influence patients' quality of life: biological, psychological and social.

2. To reduce polarization and prejudice in ourselves concerning other "schools or psychiatry" i.e. open theoretical orientation.

3. To maintain an open mind re prognosis of many patients.

4. To develop an appreciation of the healthy ego function of patients.
5. To be aware of the interaction of the identified patient on the family and vice versa.
6. To be aware of the different meaning of medical illness for different patients.
7. To develop a non-judgemental attitude toward alternate lifestyles.
8. To develop clinical distance as a method of avoiding blurring of boundaries with patients.
9. To understand countertransference.
10. To appreciate importance of therapist-patient fit.
11. To appreciate limitations of oneself.
12. To be aware of omnipotence & pathological altruism where they exist in self.

CHILD AND ADOLESCENT PSYCHIATRY

OVERALL GOALS

1. To make the general psychiatric trainee competent in doing an adequate assessment, acquire an understanding and provide a management plan for the common psychiatric problems presenting in childhood and adolescence.
2. To make the general psychiatry trainee competent in appreciating the background and childhood factors that may form an important part of the adult psychopathology for a more effective assessment formulation and management of the adult psychopathology.

TERMINAL OBJECTIVES

1. To become competent and comfortable in the interviewing and assessment of children, adolescents, parents and families.
2. To acquire a sound understanding of childhood psychopathology, including the contribution of genetic and hereditary factors, family conflicts and psychopathology, parenting issues as well as other relevant environmental factors that in combination may be responsible for initiating and maintaining the psychopathology.
3. To acquire the ability to do a realistic formulation of cases assessed using the bio-psycho-social model.
4. To develop a systematic and rational treatment plan based on the formulation.
5. To acquire basic skills in delivering certain appropriate treatment modalities in child and family management such as family therapy, individual psychotherapy, group therapy, emergency and crisis intervention, and psychopharmacology.
6. To acquire competency in effective communicating verbally or in writing assessment findings and recommendations to other professionals.
7. To acquire the understanding of multidisciplinary team approach to management and develop skills to work with multidisciplinary teams in a clinical setting including liaison with other professionals, paraprofessionals, community agencies and schools.

SPECIFIC OBJECTIVES

MEDICAL EXPERT: Knowledge

1. To be familiar with the ICD-11 disorders of infancy, childhood and adolescence.
2. To be familiar with the basics of normal growth and development and learn to recognize deviance and psychopathology.
3. To be familiar with the common psychopharmacological agents used in children and adolescents.
4. To be familiar with some of the recent pertinent literature in child psychiatry and learn to appraise these critically.

5. To acquire basic understanding through formal teaching, reading and clinical exposure of the major and common disorders affecting children and adolescents.

6. To develop some familiarity with the current legislation pertaining to children and adolescents, including legislation, pertinent guidelines and literature in the physical and sexual abuse of children.

7. To be aware of community resources available to children, adolescents and families and how to access these.

8. To acquire an understanding of similarities, differences and relationship between child and adult psychopathology.

MEDICAL EXPERT: Skills

1. To demonstrate competence in the assessment and diagnosis of a wide variety of problems in children and adolescents. This will include the ability to establish rapport and conduct an adequate psychiatric interview with children and families with a proper mental status examination where applicable.

2. To be competent in using the information obtained during the assessment to formulate a diagnosis taking into consideration the contributions from biological, social, environmental and psychodynamic factors.

3. To acquire competence in ordering the necessary additional investigations and consultations in allied health professionals as required.

4. To acquire competence in developing an appropriate treatment plan based on a rational selection of treatment modalities with a realistic appreciation of available resources and limitations.

5. To acquire competence in the use of psychotropic drugs in children and knowledge of other treatment modalities such as individual/play therapy, family therapy, group therapy, behaviour therapy, etc.

6. To acquire competence in the recording and reporting of assessments including written and verbal communication to referral sources and community agencies.

7. To acquire competence in working with a multi-disciplinary team as well as other professionals.

8. Whenever feasible to develop some basic concepts of the conduct of research in child psychiatry.

COMMUNICATOR

1. To be sensitive and skillful in communicating diagnosis, treatment plan or referral plan to patients and families.

2. Listen effectively.

3. Ability to communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.

4. Discuss appropriate information with the health care team, effectively providing and receiving information.

5. Effectively convey to medical colleagues pertinent information and opinions.

6. Prepare documentation that is accurate and timely

COLLABORATOR

1. Consult effectively with other health care professionals and physicians.

2. Ability and willingness to teach and learn from colleagues.

3. To convey an attitude of mutual respect and cooperation when dealing with other members of the mental health care delivery team and willing to share with and acquire knowledge from them.

4. Ability to work collaboratively with other members of the health care team, recognizing their role and responsibilities.

5. Contribute to interdisciplinary team activities.

6. Ability to facilitate the learning of patients, students and other health professionals and contribute to new knowledge.

MANAGER

1. Makes cost effective use of resources based on sound judgment.
2. Sets realistic priorities and uses time effectively in order to optimize professional performance.
3. Evaluate the effective use of resources.
4. Understands and makes use of information technology to optimize patient care and life long learning.
5. Ability and willingness to direct patients to relevant community resources.
6. Coordinates the efforts of the treatment team. Effective delegation.

HEALTH ADVOCATE

1. Identify and understand determinates of health affecting patients and communities, and responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate.
2. Awareness of the major regional, national, and international advocacy groups in mental health care.
3. Awareness of governance structures in mental health care.

SCHOLAR

1. To convey an attitude that recognizes the limits of one's own knowledge and the need for further education and/or research.
2. Demonstrates an understanding of and a commitment to the need for continuous learning. Develops and implements an ongoing personal learning strategy.
3. Is able to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.
4. Helps others learn through guidance and constructive feedback.

PROFESSIONAL

1. To convey an attitude of respect, interest, understanding and empathy in all assessments and patient contacts.
2. To convey an attitude which shows understanding of the complexity of any presenting problems, that is to be able to show an appreciation of various interacting factors influencing the precipitation, presentation and perpetration of the problem.
3. To convey an attitude of appreciation between normal growth and development versus deviance and psychopathology.
4. To convey an appreciative attitude with respect to proper record keeping, confidentiality and medical/legal issues.
5. Demonstrates integrity, honesty, compassion and respect for diversity.
6. Fulfils medical, legal, and professional obligations of a specialist.
8. Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.
9. Responsibility, dependability, self-direction, punctuality.
10. To convey an attitude of flexibility and practicality in establishing a treatment plan given the continuous changing input of information from various sources and show flexibility in balancing optimum treatment with available resources.
11. Acceptance and constructive use of supervision and feedback.
12. Awareness and application of ethical principles.
13. Awareness of own limitations seeking advice when necessary.

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work part time in child and adolescent psychiatry for the period required by Libyan Board.
2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum
3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).
4. Do regular new assessments and discuss formulation, diagnosis and plan of management
5 Write detailed notes on the different conditions managed as detailed in the log book
6. Write referral letters, discharge notes, etc. under supervision
7. Be encouraged to do research and to write papers.
8. Have increasing responsibilities according to his/her seniority and competence
9. Have opportunity to function as a leader of a multidisciplinary team.
10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions
11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)
12. Do relevant literature searches
13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

TRAINEE TRAINING OBJECTIVES IN FORENSIC PSYCHIATRY

Trainees will be exposed to all aspects of forensic practice including assessments of fitness to stand trial, fitness to plea competency to decide treatment, and criminal responsibility. This occurs in the context of a comprehensive bio-psycho-social psychiatric assessment and treatment planning process. The trainee will see both acute and chronic (life long) disorders in a number of environments including inpatient and outpatient clinics. Probation and community supervision, rehabilitation practice, custodial sentencing, court testimony, report writing and interaction with the legal system are skills to be developed.

Goals and Objectives:

To become familiar with the process that mentally ill patients negotiate in the justice system,

to develop expertise in legal constructs as applied to mental health patients,

to develop expertise in forensic assessment and report writing,

to develop capacity to give court testimony

At the completion of training, the trainee will have acquired the following competencies.

1. Ability to contribute to the assessment, treatment and management of forensic psychiatry patients including taking a history, mental state examination and undertaking relevant investigations across a variety of settings
2. Ability to contribute to the development and delivery of effective and comprehensive forensic psychiatry services.

3. Demonstrate knowledge and application of law and relevant aspects of criminology to forensic psychiatry practice.

4. Demonstrate expertise, knowledge and application of diversity issues in relation to Forensic Psychiatry including gender, ethnicity, cultural issues and the needs of special groups.

5. Demonstrate knowledge and application of organisation management to forensic psychiatry services.

6. Demonstrate knowledge and application of clinical governance to forensic psychiatry practice.

7. Demonstrate working knowledge of the interaction of psychopathology and offending behaviour

8. Explain the links between crime and mental disorder, including substance misuse

9. Summarise the biological, social and psychological predisposing factors to offending

10. Demonstrate a detailed criminological knowledge about offences relevant to forensic psychiatry, including homicide, violence, sexual, arson and drugs related offences

11. Ability to describe and justify the balance between the primary duty of care to patients and protecting public safety, and take proper account of this in professional decision-making

12. Ability to act as an expert witness and provide medico-legal opinions

13. Ability to prepare reports for the criminal and civil courts, Mental Health Review Tribunal

14. Demonstrate a knowledge of the diversity seen among special groups of offenders including:

- o women
- o ethnic minorities
- o people with special cultural needs
- o the young and learning disabled

15. Demonstrate knowledge and experience of services for special groups of forensic patients including:

- o women
- o ethnic minorities
- o the young and the elderly
- o those with sensory impairment
- o sex offenders
- o patients with personality disorder

16. Demonstrate knowledge of the link between offending and assessment and treatment of special groups including:

- ethnic minorities
- women
- the elderly
- the young
- patients with learning disability
- patients with neurological impairment
- patients with sensory impairment

Trainees will have an effective level of knowledge and understanding of the following topics.

(a) Ethical and legal aspects of confidentiality and privilege
(b) Malpractice and other forms of liability
    (i) informed consent
    (ii) other forms of liability (abandonment etc.)
    (iii) prevention and risk management
(c) Human rights
(d) Forensic evaluations
    (i) fitness to stand trial
    (ii) criminal responsibility
    (iii) dangerous offender assessments
    (iv) testamentary capacity

(v) testimonial capacity
(vi) capacity to contract
(vii) fitness to work
(viii) competency to manage funds
(ix) child custody assessments
(x) psychiatric evaluations of adolescent offenders for the courts
(xi) pre-sentence reports
(xii) treatment of patients who are serving prisoners in correctional institutions

(e) Clinicians and Lawyers
(i) role of lawyers in the mental health system
(ii) dealing with patients' lawyers
(iii) dealing with third party lawyers
(iv) lawyers' perception of psychiatry

(f) The Clinician in Court
(i) role of the expert witness
(ii) ethical issues for expert witnesses

HOW TO ACHIEVE OBJECTIVES

The trainee shall:

1. Work part time in forensic psychiatry for a period required by Libyan Board.

2. Have adequate exposure to illnesses and conditions as indicated in the relevant section of the curriculum. This is to include relevant sections of Mount Carmel Hospital, the prison and police lock-ups.

3. Have appropriate supervision and ongoing evaluation. (Daily by clinical supervisor and one hour weekly by educational supervisor).

4. Do regular new assessments and discuss formulation, diagnosis and plan of management

5 Write detailed notes on the different conditions managed as detailed in the log book

6. Write referral letters, discharge notes, etc. under supervision

7. Be encouraged to do research and to write papers.

8. Have increasing responsibilities according to his/her seniority and competence

9. Have opportunity to function as a leader of a multidisciplinary team.

10. Be encouraged to present at conferences or at rounds within the hospital on pertinent topics or cases to members of the multidisciplinary team or other colleagues and be responsible for preparation and answering questions

11. Attend and participate in relevant theoretical teaching (lectures, seminars, tutorials, etc)

12. Do relevant literature searches

13. Follow a prescribed reading list, (suggested by his/her supervisors).

The Director of Training will meet with each trainee once at the start and once at the termination of the rotation to ensure that the trainee has obtained a good enough training as well as receive feedback for further improvement of the program.

THE LOGBOOK

Introduction

Each trainee is to keep a log book. It is to be countersigned monthly by the clinical supervisor. It is to be monitored regularly by the educational supervisor, who is to identify any deficiencies in the trainee's progress, and help him/her take remedial action. The educational supervisor is also to countersign the log book on a monthly basis and include any comments or advice. The log book is to be presented to the Director of training every six months for verifying that programme is being adhered to. No marks are added or subtracted on the basis of the log book.

The logbook is a personal training file to help the trainee to direct and obtain the maximum benefit from his or her training. It is a means to develop commitment between trainer and trainee to improve the quality of training.

The main purpose of the logbook is to provide documented support of the satisfactory fulfilment of the required training experience and the acquisition of competence in areas enumerated in the Curriculum. Secondarily, the logbook will verify the fulfilment of the training programme by the trainee and on the part of the training centre.

The logbook should include:

1. A description of training activities reflecting the basic compulsory training requirements. Every standardised learning task mentioned in the national training programme (both theoretical and practical) should be reflected, specifying the elements involved. At the completion of each training stage, the corresponding part of the logbook should be filled in, stating the dates, the name of the department, the name of the trainer and the tasks carried out, and should be signed by both the supervisor and the trainee. This description of training activities will help to establish throughout the course of training whether the trainee is fulfilling the requirements of the training programme.

2. Specific "educational objectives". These are non compulsory training activities, that reflect the trainee's needs and preferences. These preferences (interests in particular areas of psychiatry) should be agreed between the trainee and the Training Director at the beginning of each stage of training and recorded in the logbook to determine training activities during that stage. .Progress in achieving the agreed educational objectives and the final level of attainment should also be agreed on and noted down in the logbook at regular intervals

Contents of the Logbook

For each area and/or training post, as well as for psychotherapy training, the following should be noted:
□□□□Department, duration, number of cases, tasks and the name of supervisor.
□□□Educational objectives as agreed between Director of Training/his representative and trainee at the beginning of the stage, and the corresponding evaluation at the end of it.

I. Compulsory Elements of Training
   1. Areas (Adult, Old Age, Psychiatry of Substance misuse, Developmental Psychiatry, Forensic, Administrative):
      a) In-patient facilities: acute, medium and long stay
      b) Outpatient and Community Psychiatry, Day-hospital
      c) Liaison and consultation psychiatry
      d) Emergency psychiatry
   2. Supervision
      a) Clinical Management (Patient-oriented)
      b) Educational (Trainee-oriented)
   3. Psychotherapy training
      a) Theoretical training
      b) Supervision
   4. General theoretical training

II. All Other Clinical Training
    1. Laboratory, Psychological testing
    2. Other
III. External Courses and Workshops
IV. Research Practice
V. Posters, Oral Presentations and Publications
VI. International Exchange
VII. Other Training Experiences

PLACEMENTS
For each placement, trainee is to record:

Name of Speciality
Date of starting and ending placement
Name of Clinical Supervisor
Name of Educational Supervisor
Duties, roles and responsibilities assigned to him/her

A Reflective Note:

Describe a notable clinical or non-clinical experience
What did you learn from the experience?
What feedback did you receive from colleagues?
As a result of the experience, what do you need to learn more about or what skills do you need to develop?

CONFERENCES & COURSES ATTENDED

For each conference or course attended, trainee is to record the name, place, date and organiser of conference. He/she is also to write briefly on what was learnt from the conference or course.

AUDITS: Trainee is to record dates and details of audits he/she was involved in. Provide copy of report.

RESEARCH: Trainee is to provide dates and details of any involvement in research, including details of supervisors, ethical approval, and any resulting presentations or publications. Provide copy of report.

PUBLICATIONS. Trainee is to list publications giving details (dates, topic, where published). Provide copy of publication.

POSTERS & PRESENTATIONS. To provide date and title of meeting, and summary of poster/ presentation.

LEADERSHIP & MANAGEMENT EXPERIENCE. Trainee is to record details of any leadership and management experience (e.g., multidisciplinary team, representation of committees etc.

TEACHING. Trainee is to record teaching sessions given, including dates, subjects and audience and also keep records of any feedback.

OTHER RELEVANT EXPERIENCE. Trainee may keep record of any other experience which he/she deems relevant to his/her status of a doctor/psychiatrist.

THE EDUCATIONAL SUPERVISOR.

The Director of Training shall assign a consultant psychiatrist to act as an educational supervisor for each trainee. In this assignment, the Director of Training takes into consideration the wishes and needs of the trainee.
The Director of Training may consider changing the educational supervisor for any trainee, if it appears to him that such change would benefit the trainee and his training, or if the trainee or the supervisor present valid reasons for such a change.

Educational Supervision:
Each trainee is to have at least one hour of educational supervision per month, but preferably one hour per week..
Supervision is preferably 'one-to-one' but joint discussion with more trainees may be necessary
During the supervision, both supervisor and trainee should be protected from clinical, managerial or any other task.
The focus of the supervision is the trainee and his/her training needs, rather than the needs of the department. Supervision sessions should have clear learning objectives set in advance which are realistic and achievable. These learning objectives should be linked to the trainee's current needs in clinical and associated work as well as examination preparation.
The supervisor is to monitor the trainees logbook and workbooks, verify that the educational needs are being met, and suggest timely corrective measures if indicated.

The aim of educational supervision is:
1. To encourage trainee's interest in psychiatry.
2. To provide training in specific clinical skills.
3. To set and monitor standards and progress.
4. Following evaluation, to give constructive (both positive and negative) feedback.
5. To suggest corrective measures if needed.
6. To provide professional mentoring.
7. To offer personal support and guidance (where appropriate)
8. To act as an advocate for the trainee in terms of professional development

The supervision session should include:
1. Discussion of clinical cases
2. Exploration of the implications of the doctor/patient relationship
3. Teaching intervention techniques in psychotherapy
4. Review of trainee's written case-notes and correspondence
5. Critical review of scientific literature
6. Supplementing teaching on a particular topic
7. Planning and monitoring the trainee's research or audit projects
8. Practising examination technique
9. Career guidance
10. Feedback, both formal and informal
11. Management/administrative/organizational issues

Context of supervision:
1. The supervisor observing the trainee at clinical work (e.g. interviewing patients or during team discussions) and providing immediate feedback (including suggested remedial action if necessary)
2. The trainee observing the supervisor at work
3. Discussion in an office or other appropriate place

A written record of supervision sessions, including their timing and content, the concerns felt by trainee or supervisor, and a summary of the clinical cases discussed, should be kept by the trainee.

The Educational Supervisors Report (ESR) is to be discussed by the Supervisor and the Trainee before being submitted

The Trainee is to ask the Educational supervisor to complete the Educational Supervisor's Report (ESR) and submit it to the Director of Training at the end of every month. The content of the ESR is to be based on the supervisory sessions, the Log Book and the Work Book.

The Educational Supervisor, also acts as a 'thesis tutor', and guides the trainee from the choice of the subject, through the research and writing, to the final presentation of the thesis at the end of the training programme.

The Clinical Supervisor

Throughout their training and for each clinical placement , trainees are attached to a Consultant Psychiatrist. This Consultant acts as the trainee's Clinical Supervisor for the period that the trainee is in that particular placement. The clinical supervisor shall offer a level of supervision of clinical activity appropriate to the competence and experience of the trainee. No trainee should be required to assume responsibility for, or perform clinical techniques in which they have insufficient experience and expertise. Trainees should only perform tasks without direct supervision when the supervisor is satisfied regarding their competence to do so.

The Supervision.

The overall aim of clinical supervision is to ensure that the trainee is safe to carry out the clinical work he/she is expected to do, and that he/she progresses within this particular training post. This will include direct input to competency assessment. Clinical supervision involves being available, looking over the shoulder of the trainee, teaching on the job with developmental conversations, regular feedback and the provision of a rapid response to issues as they arise. Clinical supervision on a daily basis and takes place, for example, in ward-rounds or team discussions. The Consultant offers guidance, teaches skills, and is responsible for maintaining clinical standards and carries specific medico-legal responsibilities. He/she also assesses the trainee's progress, and forwards the completed relevant assessment form to the Director of Training by the end of each month.

Levels of Supervision:

1. Direct supervision in the ward or the consulting room. Also includes one to one tutorials. There should be at least three hours of this Level 1 supervision per week.
2. Close but not direct supervision e.g. in next door room, reviewing cases and process during and/or after a session
3. Availability on site within minutes, and regular review of cases.
4. Off site, but accessible promptly by telephone, and reasonably rapidly in person along with regular review of cases.

Note: There is to be some form of supervision (level 1, 2, 3 or 4) on a daily basis.

Duties of the Clinical Supervisor.

He/she is to supervise the trainee on a daily basis.

He/she is to help trainee obtain clinical and theoretical knowledge. This is to include tutorials.

He/she is to point out shortcomings as they are noted and suggest corrective measures.

He/she is to guide trainee in the research he/she is undertaking

He/she is to encourage trainee to carry out independent study using available literature and other media.

He/she is to assess the trainee's competencies on a regular basis and formally every month. He is therefore to fill the relevant trainee assessment sheet and submit the completed assessment sheet to the Director of Training by the last day of each month.

Clinical Supervisor's Report (C.S.R.)

The report should be discussed with the trainee before being submitted to Director of Training. It is the responsibility of the Trainee to have the CSR duly filled by their Supervisor and to submit it on time.

Name of Trainee.....

Clinical Supervision month of ..... Date of Submission.....

Formal Monthly Assessment. Please indicate which topic has been assessed. (Name of the Standardised Assessment Form...eg. Adult in-patient Psychiatry Assessment Form). What items in this form have been assessed during this month?
Note: The whole assessment form has to be completed by the end of the period of competence training for that particular topic.

Psychotherapy.

Psychotherapy is understood as a specific and systematic way of psychological treatment, scientifically based. As such, it includes at least psychodynamic, cognitive and behavioural psychotherapies. There should be a contract between the patient and the therapist. The aim is to treat psychiatric symptoms, to gain better emotional and social functioning and to facilitate personal growth. (UEMS- Psychotherapy Report, April 2004)

Chapter 6 of the UEMS Charter on Training of Medical Specialists in the EU (*"Requirements for the Speciality of Psychiatry"*) clearly states that psychotherapy is an integral part of postgraduate training in psychiatry.

The following content is considered essential for training in psychotherapy as part of training for psychiatry:

* A mandatory part of the training curriculum that takes place within working hours.
* Practical application of psychotherapy should be conducted in a defined number of cases.
* Experience should be gained with a broad range of diagnostic categories including psychosis.
* Assessment and evaluation of outcome are integral part of training.
* Experience in psychotherapy should be gained with individuals as well as family and groups.
* As a minimum, psychodynamic, CBT and systemic theory and methods should be applied, (UEMS: Requirements for the Speciality of Psychiatry October 2003)

Our Postgraduate Psychiatry Programme gives due importance to psychotherapy training. The aim being that each new psychiatrist would have a wide understanding of several psychotherapeutic approaches, including their theoretical bases, clinical indications and scientific evidence supporting its efficacy.

Cognitive Behavioural Therapy (CBT)

CBT is the most substantially researched form of psychotherapy, with demonstrated effectiveness in a variety of conditions.
It has the relief of symptoms at its focus, the raising of awareness of alternatives to symptoms and the structured collaboration between the patient and the therapist with homework assignments and stressing the recovery potentials and self assertiveness of the patient. CBT has proved the effectiveness of structured, focused and time-limited interventions.
This 4 year course in CBT is designed to help our trainees to achieve the level of knowledge and clinical skills to operate effectively as psychotherapists, using evidence based CBT methods routinely in their work.

CBT Curriculum

General Objective
By the end of training, the trainee should be able to competently and independently conduct cognitive behavioural therapy for a range of mental disorders.

Specific Objectives

1. **Knowledge:**
    - Know the basic theoretical cognitive behavioural framework including: the Rationalists (Ellis, Beck), the Schema-focused and Developmental Schools (Young, Segal, Guidano Liotti, Mahoney), the Constructivists (Kelly, Leahy, Mahoney, Neimeyer), and the Interpersonal School (Safran).
    - Know the indications for CBT in the treatment of mental disorders, and predictors of outcome.

- Know the techniques of treatment for various Axis I disorders, including anxiety, mood and psychotic disorders, as well as Axis II disorders (Dialectic Behavior Therapy, Schema-focused CBT).
- Know applications of CBT for special populations (eating disorders, addictions, adolescents, children etc.).
- Know the CBT approaches in special circumstances – resistance, therapeutic ruptures, suicidality.

2. **Skills**

- Be able to do a cognitive behavioural assessment, and assess suitability for CBT.
- Be able to set goals and plan treatment based on individualized CBT formulations.
- Be able to educate the patient about the CBT model and therapy interventions.

• Be able to use Socratic dialogue, thought records and other structured cognitive strategies in guided discovery of dysfunctional beliefs.
• Be able to use behavioural techniques such as activity scheduling, exposure and response prevention, and graded task assignment appropriately.
• Be able to utilise relaxation techniques, skills training and motivational interviewing when indicated.
• Can utilize relapse prevention methods.

3. Attitudes:
• Be empathic, open-minded and non-judgemental for the suffering and dilemmas brought by patients.
• Be aware of one's own contribution to the therapeutic process, and develop the ability to recognise and deal with strains in the therapeutic alliance.
• Develop scientific curiosity about the process of psychotherapy.

Competence Assessment

The assessments used include:

- Clinical case studies that assess trainees' ability to (1) make theory-practice links; (2) devise and implement appropriate intervention plans and (3) critically evaluate and reflect upon their work
- Written assignments in the form of short and extended essays to examine knowledge of theory and research
- Audiotapes of clinical sessions, regularly in supervision as well submitted for formal annual examination
- Use of the Cognitive Therapy Scale for self-assessment and formal examination of clinical competence
- Written examination at the end of the scholastic year
- A log book detailing casework carried out during the training
- Regular attendance at, and participation in, both the formal teaching and supervision components of the Programme

Each Trainee is to attend at least 70% of all theoretical and practical teachings, including tutorials. Trainees not achieving this attendance rate are not admitted to the annual examination and are deemed to have failed.