AN OUTLINE OF STRUCTURED TRAINING PROGRAMME(STP) FOR FCPS IN PSYCHIATRY
(INTERMEDIATE MODULE)

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ABSTRACT

There is an increasing emphasis on structural training programme based on identifying competency in the field of medical education. The College of Physicians and Surgeons Pakistan (CPSP) has started developing residency programmes in various disciplines to formalize and structure the training based on modern educational principles. Ther faculty of Psychiatry of CPSP took the lead in developing the first structured training programme. Structured training programme implies a training period with defined entry requirements and clear objectives that follow a curriculum with assessment and feedback as an integral part of the programme. We present the briad outline of a structured training programme for intermediate module which is being implemented by CPSP. The aim is to raise the awareness about CPSP programmes and invite feedback from the readers.

Key words: Structured training programme (STP), College of Physicians and Surgeons Pakistan (CPSP), Psychiatry, Intermediate module.

INTRODUCTION

The history of training in psychiatry, in Pakistan has not been much different from the development of the specialty over the last sixty one years. While the practice of psychiatry was heavily rooted in British tradition, most of its exponents were trained exclusively in United Kingdom. It took more than thirty years to produce the first locally trained Fellow of the College of Physicians and Surgeons Pakistan in the discipline in Psychiatry. By 1990 there were only five FCPS qualified psychiatrists in the country. While it reflected the reliance for training in psychiatry on West, another dimension of this state was the lack of any formal training programmes in this field. The only exception probably was the Grading diploma in psychiatry conducted by the Armed Forces Postgraduate Medical College in Rawalpindi. It was in late 1990's that the process of setting up of formal structured training programmes was propagated by the College of Physicians and Surgeons Pakistan.

The Department of Medical education of CPSP which is also the Regional WHO Collaborating Centre ran series of workshops for the trainers and Structured Training Programmes (STP) in various disciplines started to find place in the various postgraduate training institutions of the country. To take the concept a step further, CPSP has recently announced a residency programme to further formalize and structure the training for Fellowship in various disciplines.

The Faculty of Psychiatry at the CPSP took the lead in developing the first document that was accepted by the Department of Medical Education of CPSP as a model STP. The detailed STP has been published by CPSP as a booklet and is now available in print[1].

Structured training implies a training period with defined entry requirements, predetermined objectives that follow a curriculum defined by an authoritative body, with assessments and feedback to the trainee and an exit from training defined by a certificate of completion of training[2].The Structured Training Programme (STP) described in this paper follows the cognitive approach to learning and a constructivist model of curriculum[3]. These two approaches use principles of androgogy or adult learning that encourage a learner centered, active and experiential learning modes as compared to the traditional curricular philosophies[3]. Learning strategies are suggested that emphasise the significance of attitudes and reflect professionalism and ethical practices[4]. This emphasis is at par with domains of knowledge and psychomotor skills on account of the obvious significance of affective domain of learning in the field of mental health. The significance attached to skills in undertaking quality research amongst trainees in psychiatry is widely recognized[5], but it has been given special significance in this STP.

The broad parameters that inspired the document published by CPSP are presented in this paper for re-

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flection and critique. We have omitted certain components of the STP which are important but due to brief nature of this article can not be presented here. We aim to raise debate on this important issue and welcome any suggestions and comments.

Structured Training Programme (STP) Intermediate Module

Structured Training Programme (STP) includes objectives, syllabus, topics, training activities, preferred modes of information transfer and assessment techniques for examining at the College of Physicians and Surgeons, Pakistan. The constructivist curricular philosophy is employed in this structured training programme, that ensures a conceptual link between prior knowledge of the trainee in psychiatry acquired in MBBS and FCPS Part 1 and all subsequent sets of knowledge acquired during the intermediate module training years. A theme based approach aimed at a learner committed to active, experiential and problem solving learning is suggested. The learning objectives are separately outlined for knowledge, skills and attitudes which are linked to modes of information transfer and assessment methods. The curriculum also explains the learning objectives for different rotations which are mandatory for completing this training programme.

The training programme strongly advocates various forms of formal and informal models of collecting and sharing information. The trainees are advised to explore opportunities to discover data base through sources that go beyond textbooks and journals including internet, videos, conferences, workshops and symposia etc. They must develop the capacity to create learning environment in a multi disciplinary approach.

AIMS

The aims of Structured Training Programme for Intermediate Module of Psychiatry are:

1. To provide a standardized model for structuring training at different centres.
2. To outline the learning objectives of training in aspects of knowledge, skills and attitude.
3. To provide a detailed syllabus of psychiatry incorporating behavioural sciences (psychology, sociology, anthropology); neurobiological sciences; and clinical aspects.
4. To provide a competency based core curriculum and suggest preferred learning modalities.
5. To describe the minimum requirements for eligibility to appear in the CPSP examination for intermediate module.
6. To describe the processes of training and monitor the performance of trainees and thus regulate training opportunities at approved centres.
7. To describe tools of assessment (both internal and external) so that candidates could work and prepare for the final assessment by the College.

LEARNING OBJECTIVES

The learning objectives of the Intermediate Module in the three domains of learning are as follows:

A. KNOWLEDGE:

a. Distinguish Normality from Abnormality in the light of the concept of mental health.
b. Discuss anthropological, social and psychological determinants of normal development.
c. Relate the interplay of biological factors with psychosocial factors in the genesis of mental illness and disability.
d. Discuss the clinical features in phenomenological terms.
e. Use standard systems of classification including ICD and DSM for clinical diagnosis.
f. Request and justify laboratory, radiological, electrophysiological, psychometric and social investigations.
g. Use neurobiological, psychological and social theories in clinical assessment and management.
h. Identify common neurological and medical disorders relevant to psychiatric practice and refer appropriately.
i. Plan and implement treatment of common psychiatric disorders based on evidence.
j. Update knowledge with recent literature.
k. Employ basic principles of research methodology.

B. SKILLS

I. Communication Skills

a. Able to communicate effectively with patients and their families; colleagues and other health professionals.
b. Collect reliable and accurate information in form of a comprehensive history.
c. Able to maintain and update medical records including management plans clearly & precisely.
d. Able to compile and present accurate discharge summaries and appropriate referral notes.
e. Demonstrate competence in medical writing.
f. Demonstrate competence in presentation skills.
g. Provide informational care and counsel patients.
h. Able to teach medical students in undergraduate clinical training programmes.

II. Examination Skills

a. Perform accurate mental state examination in common and complex clinical conditions.
b. Conduct appropriate physical examination to assess medical conditions commonly presenting in psychiatric practice.

c. Perform a detailed neurological examination to assess neuro-psychiatric disorders.

III. Patient Management Skills

a. Interpret and integrate the history and examination findings to arrive at an appropriate diagnosis and consider relevant differential diagnosis.

b. Demonstrate competence in identification, analysis and management of clinical problems by using appropriate resources.

c. Prioritize management strategies.

d. Use evidence-based & cost effective pharmacologic, psychological and social interventions.

e. Independently undertake counselling & informational care session.

f. Independently & safely administer electroconvulsive therapy.

g. Effectively administer respiratory and cardiac resuscitation.

IV. Skills in Research

a. Undertake literature search and collect evidence to adopt guidelines for clinical practice.

b. Develop a synopsis or a research proposal using CPSP guidelines.

c. Interpret, summarise and use published research.

V. Administrative and Managerial Skills

a. Undertake responsibilities to perform common administrative duties at place of work.

b. Organize basic educational and training activities.

c. Assist in organizing medical conferences, research activities and other multidimensional professional events.

d. Effectively contribute towards organizational affairs as member of team.

C. ATTITUDES

a. Establish professional doctor-patient relationships in practice.

b. Plan and deliver evidence based, cost effective and quality healthcare.

c. Demonstrate sensitivity and empathy in patient care.

d. Adhere to highest ethical standards in clinical work.

e. Exhibit high standards of professionalism in practice.

f. Respect legal framework of healthcare delivery.

g. Demonstrate consistent respect for patients irrespective of ethnic background, culture, socioeconomic status and religion so as to practice without prejudice or discrimination.

h. Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.

i. Promote continuing professional development in order to constantly update clinical care.

j. Identify limitations of self and seek advice whenever required.

k. Recognize hazards of mental health profession; identify mental health issues in self & colleagues; and assist where possible.

l. Understand need for clinical audit and respond constructively to professional inquiries.

m. Develop the ability to work as an effective member of the team and lead when required.

(Note: In view of formal assessment based on attitudes, the detailed expectation for professional character development has been included in appendix II)

ESSENTIAL LEARNING EXPERIENCES

The minimum training period required to appear in the CPSP examination for Intermediate module is 2 years. This includes three mandatory rotations described below.

Medicine:	3 months
Neurology:	3 months
Clinical Psychology:	6 months

COMPETENCE LEVEL EXPECTED OF A TRAINEE IN PSYCHIATRY FOR INTERMEDIATE MODULE

A candidate is expected to attain the laid down level of competence by the end of each specified period as defined in table 1.

THE SYLLABUS

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

- Separating normalcy of behaviour, normal reactions to stresses and life events from mental illness and morbidity.
- Compiling clinical data on biological, psychological, social and anthropological determinants of mental health and its aberrations.
- Assessment of personality, physical and mental state, and ability to translate them into clinical signs and phenomenological terms.
- Assessment and management of patients with a risk of violence and suicide.

Table 1

A.

S. No.	PATIENT MANAGEMENT	LEVEL OF COMPETENCE		
		1st year 1-6month)	1st year (7-12month)	2nd year
1.	Taking pertinent history and mental state examination	1,2	3,4	4
2.	Performing physical and detailed neurological examination	1,2	3,4	4
3.	Requesting appropriate investigations and interpreting their results	1,2	3,4	4
4.	Deciding and implementing treatment	1,2	3	3,4
5.	Maintaining follow up	1	2	3,4

B.

S. No.	PROCEDURES AND SKILLS	LEVEL OF COMPETENCE	
		1st Year (7-12 month)	2nd year
1.	ECT	1,2	3,4
2.	Psychotherapy		
	a. Supportive, Behavioural	1,2	3,4
	b. Cognitive	1	2
3.	Basic psychometry (tests of cognitive functions, intelligence, personality, organicity, and rating scales of depression, anxiety, schizophrenia, mania)	1,2	3,4
4.	Interpretation of EEG, Radiological and Imaging Tests	1	2,3,4

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

Key to competency levels in clinical skills:

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

- Patients with morbid sadness.
- Patients in morbid fear and panic.
- Persistent complainers and patients with unexplained medical symptoms
- Patients with altered states of consciousness
- Mute patients
- Deliberate self harm and drug overdose / Unprescribed use, abuse and misuse of drugs.

The suggested list of areas to be covered to achieve the learning objectives outlined before are:

First Year

1. History taking, General Physical examination, Systemic Examination, Detailed Neurological Examination, Mental State Assessment
2. Phenomenology: Disorders of Consciousness, Thinking and Speech, Emotions, Perception, Memory
3. Classification of Psychiatric Disorders: ICD current version (comparison of categories and diagnostic criteria with current version of DSM)
4. Mental Health: Normality vs abnormality
5. Bio-Psycho-Social Model of Health Care
6. Ethics: The Hippocratic Oath, The issues of transference and counter-transference, Doctor-Patient relationship, Patient's and Doctor's rights, Peculiar ethical issues in psychiatry, Relationship with pharmaceutical industry, media and other social institutions
7. Professionalism
8. Biological Basis of Human Behaviour:

   Neuroanatomical structures and associated syndromes, Neurochemical and Neurophysiological concepts, Psychoneuroendocrinology, Psychoneuroim-munology, Chronobiology,
9. Statistics, epidemiology and research:

Incidence, Prevalence, Normative, Frequency, Types of Studies (Study designs), Reliability, Validity, Type 1 and Type 2 Errors, Bias, Confounders, Randomisation, Sample Size Calculation etc.

10. Behavioural Sciences: Psychology, Sociology, Anthropology

a. Psychology

- Perspectives in Psychology
- History of Psychology
- Learning, Memory, Perception, Intelligence, Consciousness and unconsciousness
- Thinking and language, Motivation, Emotions
- Personality development
- Childhood, Adolescence, Adulthood, Old age
- Cognitive, Social, Moral, Emotional, Sexual, Temperament
- Trait Theorists
- Developmental Theorists
- Schools of Psychopathology

  Psychoanalytic, Psychodynamic, Cognitive, Interpersonal, Behavioural
- Psychological Assessment
- Psychometrics
- Assessment of personality (ability to choose, administer and interpret at least one projective and two non-projective personality assessment tools)
- Measurement and Rating of Anxiety, Depression, Schizophrenia and Mania Scales
- Use of psychometric tools in assessing organicity

b. Sociology

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

c. Anthropology

- The influence on mental health, and illness, of culture, society and environment.
- The evolutionary processes of civilisation, society, ethnicity, culture, language, ways of living and their influence on causing differences in thinking, conduct, perception of reality, and behaviour, across the world, in general and across Pakistan's provinces in particular.
- Study of people in their natural habitats e.g. subcultures of deserts, river beds, mountainous terrains, coastal areas and plains of Pakistan
- Influence of the cultures and subcultures of Pakistan on presentation and treatment of psychiatric disorders
- Significance and influence of shrines, faith healers, charlatans, quacks and alternative medicine on mental health issues and their management
- Influence of culture on personality development, social roles, gender issues
- Culture bound syndromes: Dhaat Syndrome, Gas and Gola Syndrome, Possession state, Jin, Bhoot, Amok, Latah, Voodoo
- Cultural methods of psychotherapy and treatment of mental illness

11. Common Psychiatric Disorders: Anxiety, Depression, Psychosis, Somatisation Disorder

12. Anxiety disorders
    - Generalized anxiety disorders
    - Phobic anxiety disorders
    - Panic disorders
    - Mixed anxiety and depressive disorders
    - Obsessive compulsive disorders

13. Management of Common Psychiatric Emergencies

Second Year

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

2. Mood disorders (Bipolar Affective disorders, Depression, Persistent mood disorder).

3. Schizophrenias and Schizoaffective Disorders

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

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

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

7. Electroplexy

8. Psycho-Pharmacology (Anxiolytics, Hypnotics, Anti-psychotics, Anti-parkinsonians, Anti-depressants, Mood stabilizers, Psycho-stimulants, Drug Interactions, Non-psychotropics with neuro-psychiatric effects)

ASSESSMENT

Typically this STP recommends a system of internal assessment by the training institution using a formative approach and a summative assessment organised by the College at the end of the training period.

1. INTERNAL ASSESSMENT BY THE TRAINING INSTITUTION

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

a. Portfolio-Based Assessment

Supervisor will maintain a portfolio on each trainee, containing the training programs, weekly work schedule and the following documents:

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

b. Written and Clinicals

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

A suggested format is as follows:

- Written (33%) Paper 1: One best type MCQs, Paper 2: 10 SEQs
- Clinicals (34%) One Long Case, Three Short Cases (Psychiatry, Medicine, Neurology), Structured Viva / TOACS OR OSCE
- Attitude: Professionalism: (33%)

c. Feedback Sessions

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

2. ASSESSMENT BY CPSP:

Written: Paper 1 and 2 comprising of ten SEQs each

Clinicals: Twelve TOACS Stations

Table of Specification

Psychiatry: Intermediate Module: Written

Short Essay Questions (SEQs) Paper 1: Ethics, Psychology, Sociology, Anthropology, Psychometry, Nonpharmacological Methods of Treatment and Psychotherapies

Short Essay Questions: 10

Biopsychosocial Model, Normality, Abnormality, Anthropological Determinants of Health & Disease	1
Social Influences on Health and Disease	1
Basic psychology (Learning, Motivation, Memory, Perception, Intelligence, Emotions, Thinking)	2
Personality Development and Types of Personality	1
Psychodynamic, Behavioural, Cognitive, Interpersonal Schools	2
Medical Ethics	1
Psychosocial Assessment, Psychometry, Lab/Radiological / electrophysiological Investigations and Tests	1
NPIs and Psychotherapy	1

Short Essay Questions (SEQs) Paper 2: Phenomenology, Neurobiological Basis of Behaviour, Clinical Psychiatry, Neurology and Medicine related to Psychiatry, Therapeutics including Physical Methods of Treatment (ECT etc).

Short Essay Questions: 10	
Phenomenology, Psychopathology	1
Neurobiological Basis of Behaviour, Genetics	1
Emergency Psychiatry	1
Clinical Psychiatry	3
Neurology and Medicine	2
Therapeutics (Pharmacological, Physical and Psychological Methods of Treatment)	2

CLINICALS:

Twelve TOACS stations:

Interactive stations (Observed)	Six
Non-interactive Stations (Unobserved)	Six

Table of Specification for TOACS:

Observed Stations:

Station 1: Medicine: General Physical Examination / Systemic Examination and interpretation of findings

Station 2: Neurology: Neurological Examination, findings, placement of site and type of lesion

Station 3: Emergency Psychiatry: Assessment, Management Plan

Station 4: Outdoor Assessment of a Clinical Problem

Station 5: Use of a Physical Method of Management

Station 6: Use of a Non Pharmacological Intervention

Unobserved Stations:

Station 7: Phenomenology and Psychopathology

Station 8: Use / Interpretation of a Psychometric Test

Station 9: Interpretation of Lab/Radiological/Imaging/ Neurophysiological Test

Station 10: Interpretation / Critique of a Published Research Article

Station 11: Evidence – based Management Plan of a Common Psychiatric Problem

Station 12: Therapeutics

CONCLUSION

This structured training programme describes the essential components of trainming programme for intermediate module at the end of which, the trainee would be expected to master the skills and knowledge of basic sciences relevant to psychiatry and develop core clinical skills to progress to the final module of training. Similar structured training programmes have been developed by other faculties in the college. The faculty of psychiatry has tried to incorporate the input from various individuals and institutions in devising these structured training programmes. We want to involve the trainees and trainers in further inprovement of these structured training programmes. Journal of Pakistan Psychiatric Society provides us a valuable forum for raising the debate about these important issues. Through a process of continuous evaluation, improvement and creative thinking, we aim to develop FCPS as a qualification of highest caliber. We are sure that the input provided by the readers in these structured training programmes will help us achieve these aims.

REFERENCES

1. College of Physicians and Surgeons. Structured Training programme for FCPS Psychiatry: Intermediate Module. College of Physicians and Surgeons Karachi, Pakistan; April 2008.
2. Trainee Forum. What is structured training? [Online] 1997 [Cited on 2008 October 01] Available from: URL: http://cancerweb.ncl.ac.uk/cancerweb/ trainees/ doc/ structur.html.
3. Bruning RH, Schrow G, Ronning R. Cognitive psychology and instruction. 2nd ed. New York: Prentice-Hall, 1995.
4. Elton L. Strategies to enhance student motivation: a conceptual analysis. Studies in Higher Educ 1996; 21: 57-68.
5. Bassaw B, Roff S, McAleer S, Roopnarinesingh S, DeLisle J, Teelucksingh S, et al. Student's perspective on the educational environment, Faculty of Medical Sciences, Trinidad. Medical Teacher 2003; 25: 522-6.
6. Owen D, House A, Worrall A. Research by trainees. A strategy to Improve standards of education and supervision. Psychiatric Bull 1995; 19: 337-40.