

AN OUTLINE OF STRUCTURED TRAINING PROGRAMME (STP) FOR FCPS IN PSYCHIATRY (3RD AND 4TH YEAR OF TRAINING)

Movadat H Rana, Saeed Farooq, Muhammad Iqbal Afridi

ABSTRACT

This is the second part of a series of documents outlining structured training programme (STP) for Fellowship in Psychiatry of College of Physicians and Surgeons, Pakistan. This outline focuses on 3rd and 4th year of residency. It has been prepared to facilitate the FCPS postgraduate trainees as well as their trainers in making the training and the process of assessment standardised, consistent, and transparent. The unique emphasis in this STP on internal assessment, through the use of innovative and high fidelity, valid, and reliable tools such as portfolios, extended matching and one best type MCQs, and OSCEs is highlighted. A renewed emphasis on ethics and inculcation of professionalism through a process of active feedback and reflection during training is the key feature of the document. A proposed list of important topics based on current trends in psychiatry that need to be covered in the knowledge domain, with a list of competencies and skills that are to be acquired during training is included. The STP is being presented with an aim to receive feedback from trainees, trainers and mental health professionals on the document.

Key words: Structured Training Programme (STP), College of Physicians and Surgeons Pakistan (CPSP), Psychiatry.

INTRODUCTION

The College of Physicians and Surgeons Pakistan (CPSP) for the first time started propagating the process of setting up of formal structured training programmes in the late 1990's. This was supported by workshops on Structured Training Programmes (STP) for the trainers organized by the Department of Medical education of CPSP in various disciplines. The most recent step in this regard was the CPSP's announcement of a residency programme to further formalize and structure the training for Fellowship in various disciplines¹.

The Faculty of Psychiatry of CPSP produced the first document in this regard in 2007, which was accepted by the Department of Medical Education of CPSP as a model STP. The detailed booklet presenting the STP for FCPS Intermediate Module, published by CPSP, is now available in print². The broad parameters that inspired the document published by CPSP, similar to that for Intermediate Module, are presented in this pa-

per for reflection, critique and raising debate on this important issue and welcome any suggestions and comments.

A typical structured training programme encompasses a preparation period with defined entry requirements, predetermined objectives based on 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^{1,3}. All STPs are inspired by a one or another learning philosophy, that range from the traditional model to behavioural and modern approaches based on the cognitive approach.

The STP developed by the Faculty of Psychiatry of CPSP seeks its inspiration from the cognitive and constructivist approaches to learning. An experiential learning strategy is emphasized by this STP⁴. A heavy emphasis is laid on the significance of attitudes and ethical practices and inculcation of professionalism⁵. This is in addition to the already existing importance attached to the domains of knowledge and psychomotor skills in account of the unique demands of the field of mental health. Although the importance of skills in undertaking quality research amongst trainees in all disciplines is established^{6,7} but it has been given special significance in this STP.

This is the second part of the structured training programme (STP) based on the 3rd and 4th years training leading to FCPS psychiatry (Part 1, published in J Pak Psych Soc 2008;5:58-64). The document encourages the residents to undertake learning and teaching oppor-

Movadat H Rana, Head of Psychiatry Department, Military Hospital, Rawalpindi. Advisor in Psychiatry, Armed Forces of Pakistan. E-mail: mhrana786@gmail.com

Saeed Farooq, Professor and Head Department of Psychiatry, PGMI, Lady Reading Hospital, Peshawar, Pakistan.

Muhammad Iqbal Afridi, Professor and Head Department of Psychiatry, Co ordinator, Medical faculty, Jinnah Postgraduate Medical Center, Karachi.

Correspondence:

Brig. Prof. Movadat H Rana

tunities amongst each other and also to learn by facilitating other members of the mental health team i.e. nursing staff, social workers and psychologists. For the first time, portfolios on each resident's representative work are recommended as an important formative assessment tool to help trainees to record their achievements. These portfolios are expected to be maintained mutually by the residents as well as the supervisors. A special effort has been made to introduce assessment tools (formative and summative), to assess all the three learning domains i.e. knowledge, skills and attitudes, that fulfil all the criteria of a good examination. In view of the unique demands of the profession, an extra competency level 'ability to teach and critically evaluate' has been added. The last two levels of competency will be emphasised in particular in this phase of the training.

Structured Training Programme (STP): FCPS in Psychiatry

Structured Training Programme (STP) includes learning objectives (knowledge, skills and attitudes), essential learning experience, competence levels expected, syllabus and assessment techniques for examining at the CPSP. The aims of STP for FCPS in Psychiatry are as following:^{1, 2}

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 competency based core curriculum and suggest preferred learning modalities.
4. To describe the minimum requirements for eligibility to appear in the CPSP examination for FCPS in Psychiatry.
5. To describe the processes of training and monitor the performance of trainees and thus regulate training opportunities at approved centres.
6. To describe tools of assessment (both internal and external) so that candidates could work and prepare for the final assessment by the College.

SPECIFIC LEARNING OBJECTIVES

At the end of the FCPS Psychiatry, the candidates should be able to acquire the following attributes in the three domains of learning:

1. KNOWLEDGE

- a. Formulate a diagnostic and management plan using medical, neurological, anthropological, psychological and social aspects of psychiatric disorders
- b. Critically evaluate and discuss contemporary issues in psychiatry

- c. Undertake appropriate assessment and management in the fields of adult, child, geriatric, organic, and liaison psychiatry
- d. Adequately use the knowledge about the cross cultural aspects of psychiatry in his/her interactions with patients
- e. Appropriately use pharmacological, physical and non-pharmacological methods of treatment
- f. Appropriate use of articles of the Mental Health Act 2001 in forming forensic opinions
- g. Formulate plans to respond to major mental health challenges faced by the community

2. SKILLS

Written Communication Skills:

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

Interpersonal Communication Skills:

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

Examination Skills:

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

Patient Management Skills:

- a. Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis.
- b. Demonstrate competence in problem identification, analysis and management of the problem at hand by the use of appropriate resources, and interpretation of investigation results.
- c. Prioritize clinical problems for the start of interventions.
- d. Use evidence-based pharmacologic and psychosocial interventions.
- e. Able to formulate and execute management of complex cases with multisystem disorders.
- f. Independently conduct supportive psychotherapy, group therapy, behaviour therapy and other evidence based psychotherapies or psychotherapeutic interventions.
- g. Able to independently use and teach electroconvulsive therapy and other physical / biological therapeutic interventions.

Skills in Research:

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

Administrative and Managerial Skills

- a. Practice administrative and managerial skills in running a psychiatry unit
- b. Organize educational, training and research activities
- c. Able to carry out a departmental audit

3. ATTITUDES

Towards Patients:

- a. Establish a therapeutic relationship with all patients
- b. Demonstrate commitment to the bio-psychosocial model in the assessment and management of the patients

- c. Demonstrate sensitivity, empathy and understanding while performing physical and mental state examination
- d. Consistently show consideration of the interests of the patient and the community paramount and always above personal interest
- e. Adhere to principles of medical ethics in general and mental health ethics in particular
- f. Exhibit highest standards of professionalism and adherence to the core values of the medical profession, through the practice of integrity, respect for patients, colleagues, seniors and juniors, compassion, honour, altruism, excellence and humanism
- g. Demonstrate ability to work as a team member as well as a leader

Towards Self Development:

- a. Demonstrate consistent respect for every human being irrespective of ethnic background, culture, socioeconomic status and religion.
- b. Deal with patients in a non discriminatory and prejudice free manner.
- c. Deal with patients with honesty, equity and compassion.
- d. Demonstrate flexibility and willingness to adjust appropriately to changing circumstances.
- e. Foster the habit and principles of self education and reflection in order to constantly update and refresh knowledge and skills and as a commitment to continuing education.
- f. Recognize stress in self and others.
- g. Deal with stress and support medical colleagues and allied health workers.
- h. Handle self criticism or criticism by colleagues or patients constructively.
- i. Obtain and value a second opinion on clinical matters.
- j. Demonstrate effectiveness as member of the team, as well as a leader

Towards Society:

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

ESSENTIAL LEARNING EXPERIENCES

The residency programme should include learning exercises and opportunities leading to the ability to organize family intervention sessions and small group therapy sessions, use statistical packages such as SPSS for Windows to compile data and interpret it, critically evaluate scientific articles in the journals, practice administrative and managerial skills required to run an indoor and outdoor psychiatric facility, undertake a standard medical audit and complete and submit Dissertation to RTMC at CPSP before the end of 3rd year / submit articles for publication.

COMPETENCE LEVEL EXPECTED OF A TRAINEE IN PSYCHIATRY FOR 3RD AND 4TH YEAR OF FCPS

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

SYLLABUS

1. **Child and Adolescent Psychiatry:** Normal development of child, Classification of childhood Psy-

chiatric Disorders, Psychiatric assessment of children, Pervasive developmental disorders, Hyperkinetic disorders, Conduct disorders, Anxiety disorder, Disorders of elimination, Mental sub-normality and Child abuse.

2. **Geriatric Psychiatry:** Psychological issues of aging, Mood disorders in elderly, Anxiety disorders in elderly, Psychotic disorders in elderly, Abuse and neglect of elderly, Neuropsychiatric disorders, Primary and secondary pre-senile and senile dementias, Organization of community services for elderly and Rehabilitation.

3. **Forensic Psychiatry:** Mental health Act, Administrative Management of Psychiatric cases, Forensic Psychiatric Syndromes, Psychiatrists' role in court, Management of violence and risk assessment, Psychiatric report and Terrorism.

4. **Public Mental Health (Community Psychiatry)** including knowledge and skills of organising and evaluating a community mental health programme and knowledge of the National Programme of Mental Health in Pakistan.

Table 1
Expected Competence Level

A.

S. No.	Patient Management	Level of Competence	
		3rd Year	4th Year
1.	Formulating case histories	4, 5	5
2.	Performing complete physical examination and ability to elicit and interpret signs of various systems e.g. CNS, CVS, GIT, Respiratory System and Psychiatric examination	4, 5	5
3.	Ability to interpret results of various investigations and correlate them with clinical features	4, 5	5
4.	Deciding and implementing treatment	4, 5	5
5.	Maintaining follow up	4, 5	5

B.

S. No.	Procedures and Skills	Level of Competence	
		3rd Year	4th Year
1.	ECT and other physical therapies	5	5
2.	Psychotherapy	3, 4	4, 5
3.	Basic psychometrics (personality, and rating scales of depression, anxiety, schizophrenia, mania, learning disabilities)	4, 5	5
4.	Interpretation of EEG, Radiological and Imaging Tests	4, 5	5

Key to competency levels in clinical skills:

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

5. Normal Human Sexuality and Sexual & Gender Identity Disorders
6. Personality disorders
7. **Psychological factors affecting medical conditions:**History, classification, and current trends, Gastrointestinal disorders, Obesity, Cardiovascular disorders, Respiratory disorders, Endocrine and metabolic disorders, Psycho-cutaneous disorders, Stress, infectious diseases and psychiatry, Behaviour and immunity and Psycho-oncology.
8. **Additional conditions that may be focus of attention:**Treatment compliance, Adult antisocial behaviour and criminality and Borderline intellectual functioning and academic problems.
9. **Special areas of study:** Addictionology, Psychiatry and reproductive health, Genetic counselling, Death, dying and bereavement and Psycho-trauma
10. **Psychotherapies:** Evaluation for psychotherapy, Combined pharmacotherapy and psychotherapy, Supportive Therapy, Group therapy, Family therapy, Marital therapy, Interpersonal psychotherapy, Cognitive therapy and Behaviour therapy.

ASSESSMENT

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 and the resident are recommended to jointly maintain a portfolio containing the training programs, weekly work schedule and the following documents:

- Specimen Formulations and Management Plans developed by Trainee
- Internal Assessment results
- Presentations made in journal clubs and seminars
- Salient features of feedback sessions by consultant / supervisor on histories, formulations and psychotherapy sessions

- Salient features of feedback sessions on internal assessment performance
- Clinical audit reports
- Ongoing assessment record particularly of attitudes and scores on professionalism parameters.

b. Written and Clinical

Local training institutes should conduct Six-monthly or Annual assessments on the pattern of FCPS exams to give practice to the trainees .

A suggested format is as follows:

- Written (33%) Paper 1: MCQs: One best type and Extended Matching Type 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 residents may be regularly organised. These may be based on their ongoing clinical performance, attitudes, and performance in the quarterly or six monthly assessments. These sessions should also include a feedback by the resident 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.

d. Assessment of Attitudes and Professional Character Development

This system of assessment of ethics and attitudes is a continuation of the process initiated at the start of the FCPS training on induction into the STP. As during the Intermediate Module all trainees must once again be communicated the importance and significance of this aspect of training. A total of 33% marks in the internal assessment may be allocated to this domain. Any student showing deterioration or inability to come up to the required standards must be counselled adequately by his/her supervisor and a record of the same placed in the portfolio. An inability to improve or change in the behaviour or attitude over the next 12 weeks may be communicated to the Head of the Department, local tutor, and or the RTMC of CPSP (Table 2).

Table 2
Assessment of Attitudes

S. No	Attitudes (Professional Character Development)	Weightage
1	Professional attire/ demeanour	2%
2	Respect for time and punctuality	6%
3	Grasp and knowledge of own patients	6%
4	Conscientiousness	6%
5	Integrity in reporting patients findings	6%
6	Availability to the patients	3%
7	Relationships with colleagues, hospital staff and patients	4%
	Total	33%

DISSERTATION: Every FCPS Part 2 trainee should submit a certificate of approval of dissertation / publication of articles, based on original research by Research & Training Monitoring Cell (RTMC).

ASSESSMENT BY CPSP:

Written: Paper 1 and 2 comprising of Ten SEQs.

Clinicals: One Long Case and Fifteen Task Oriented Assessment of Clinical Skills (TOACS) Stations.

Table of Specification

The table of specifications for the final examination will consist of the following:

WRITTEN:

Paper 1: Ten Short Essay Questions: Adult Psychiatry, Child and Adolescent Psychiatry and Psychogeriatrics

Paper 2: Ten Short Essay Questions: Liaison Psychiatry, Organic Psychiatry, Public Mental Health, Psychogeriatrics, Forensic Psychiatry, Therapeutics including Psychotherapies, Addictionology / Substance abuse, Eating Disorders, Psychosexual Disorders, Reproductive Health, Psychotrauma.

CLINICALS:

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

Fifteen TOACS stations: Interactive stations Eight (Observed):
Non-interactive Stations (Unobserved): Seven

Proposed Table of Specification for TOACS:

Observed Stations:

- Station 1: Outdoor Assessment Skills: Adult Psychiatry
- Station 2: Making a Liaison Psychiatric Assessment / Decision-making
- Station 3: Emergency Assessment / Intervention: Adult Psychiatry
- Station 4: Communication / Teaching Skills
- Station 5: Public Mental Health / Administrative / Management/Organisational Skills
- Station 6: Use of a Non Pharmacological Intervention /Physical Method of Treatment
- Station 7: Neurological/ Medical Assessment and Management / Decision making
- Station 8: Child and Adolescent Psychiatry / Psychogeriatrics

Unobserved Stations:

- Station 9: Psychotherapy
- Station 10: Psychometric/ Radiological / Laboratory / Electrophysiological Investigations
- Station 11: A diagnostic dilemma
- Station 12: Interpretation / Critique of a Published Research Article
- Station 13: Use of Standardised Guidelines / Evidence –based Medicine
- Station 14: Therapeutics
- Station 15: Forensic Assessment / Specialised areas in psychiatry

CONCLUSION

As mentioned earlier the details of the STP are now available at the CPSP. However, an outline is presented in this paper for reflection, critique and raising debate on this important issue. Traditionally, relatively little attention is paid to the laying down of measurable objectives of training programme and defining modalities of matching assessments methods. In a developing country like Pakistan it is even more difficult in view of the limitations posed by feasibility and resource constraints. The College of Physicians and Surgeons has always taken a lead in overcoming these constraints by playing a pioneering role in developing a clear vision in organizing its training programmes. The STP prepared by the faculty of Psychiatry is a testimony to the same approach. The newly launched Residency Programme of CPSP based on similar STPs shows the College's will and commitment to improve the training and assessment methods in the country and make them the envy of institutions in the West. The document on STP in Psychiatry is presented here to welcome any sugges-

tions and comments to improve the training experience of the trainees further and seek guidance from the mental health fraternity to develop the training process further.

REFERENCES

1. Rana MH, Farooq S, Ali S, Afridi MI. An Outline of Structured Training Programme(STP) for FCPS in Psychiatry (Intermediate Module). *J Pak Psych Soc* 2008;5:58-64.
2. College of Physicians and Surgeons. Structured Training programme for FCPS Psychiatry: Intermediate Module. College of Physicians and Surgeons Karachi, Pakistan; April 2008.
3. 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>.
4. Bruning RH, Schrow G, Ronning R. *Cognitive psychology and instruction*. 2nd ed. New York: Prentice-Hall, 1995.
5. Elton L. Strategies to enhance student motivation: a conceptual analysis. *Studies in Higher Educ* 1996; 21:57-68.
6. 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.
7. Owen D, House A, Worrall A. Research by trainees. A strategy to Improve standards of education and supervision. *Psychiatric Bull* 1995; 19: 337-40.