

CORRESPONDENCE

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

It was really pleasing to go through a structured training outline for FCPS in Psychiatry¹. The categorization with sub categories for skills and attitudes, I think, is a unique contribution of the authors to managing the holy triad of KSA (knowledge, skill and attitude) effectively during outlining the curriculum.

The outline appears to have been based on professionals' experience of the field than on a formal needs assessment of the ultimate beneficiaries (patients/clients in the society) and/or of the fellow ship trainees. One can understand the difficulties in undertaking that exercise. If done, it would have been closer to actual societal needs and accordingly the training needs of the future care providers (trainees). Need assessment is the foremost and first step in curriculum development^{2,3}.

Several of the given Specific Learning Objectives (SLOs) in the article are close to GLOs (General Learning Objectives) due to their compound and complex than SMART nature⁴. The GLOs may be broken down into component parts to develop appropriate SLOs. For this, College of Physicians and Surgeons Pakistan may engage the training institutions to develop context sensitive SLOs within the framework defined by it in the form of Training Goals/GLOs. CPSP needs to look into convening curriculum development workshop(s), where it may:

- a) Share the Training Goals/GLOs as broad curriculum framework with the training institutions, and
- b) In the next step facilitate and encourage the training institutions to accordingly discuss and develop:

- i. Agreed SLOs
- ii. The relevant curriculum content in the knowledge, skills and attitude area for each SLO
- iii. The appropriate teaching learning methods for each of content area
- iv. The training resources for each of them, and
- v. The assessment methods for each content area

This participatory and consultative process will not only result in the development of agreed and standardized curriculum but also infuse a high sense of empowerment and ownership among the training institutions for the curriculum.

A curriculum developed on these lines is expected to go a long way in improving quality of training the trainees on one hand and the quality of care provision to people on the other.

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EMPOWERING FAMILY CAREGIVERS OF PATIENTS WITH MENTAL ILLNESSES

Family caregivers are often the primary source of social and emotional support for mentally ill people, and play a major role in coordination and continuation of patients care. In my professional experience as a nurse, I have observed that the caregivers often come across with unlimited physical, social, psychological and financial stressors, sometimes ending with mild anxiety and depression while caring for their loved ones suffering from various mental illnesses. Moreover, factors such as stigma towards mental illness, treatments delays, financial burden and lack of social support further intensify the caregiver burden leading to caregiver role strain¹.

Patient's behavioral problems such as being verbally abusive and aggressiveness contribute to the experiences of burden on caregiver. Therefore, I feel that it is the responsibility of the health care professionals be it a nurse, doctor or a social worker to recognize these signs of burn out among caregivers and act proactively to ensure better patient care. We can teach various adaptive coping strategies to family caregivers to empower and comfort them. First of all, we must assist the caregiver to recognize his/her own strengths and limitations. Enlisting own capabilities and the resources available around would provide them the courage to face any setbacks coming along the way of caring for their loved one. Caregivers need to share their responsibilities with others including your friends and close relatives. Sometimes due to socio cultural norms, we tend to over expect from ourselves and feel ashamed to ask for others help. This adds to the physical and emotional strain. Allow caregivers to find time out for themselves, such as engage in relaxation activities like exercise, swimming,

watching television, reading your favorite book, watching out comedy movies or rent out some comedy books to cheer up and relax. Though, it seems difficult but crucial as it adds capacity and strength to their role. There should be emphasis on taking adequate nutrition and sleep for keeping the caregivers physically and mentally healthy and strong. Writing diaries or journals also helps to ventilate feelings and reflect on your own situations to reduce caregiver strain. Health professionals can facilitate caregivers to join or formulate a support group with whom they can share your own experiences, achievements and shortcomings and gain from their knowledge and experience. Moreover, it will give them a sense of security and warmth that they are not alone and there are other people around them who also have problems and difficulties and are struggling together. We can encourage them for going to the religious places and prayers which gives spiritual strength and encouragement for some. In addition, we can refer them to a counselor or a psychologist if available. Our support and guidance to the family caregivers would empower them by enhancing their self perception, social support, better family functioning, balancing additional demands for self and patients' care which in turn will result in better patient care outcomes, infrequent relapse and recovery.

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