MALTA POST-GRADUATE TRAINING PROGRAMME IN PSYCHIATRY
REVISED 2011

Definition of Psychiatry:
Psychiatry is a discipline of medicine that deals with the etiology, 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 five 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 lifelong learning skills.
- Become leaders in psychiatry who will serve in research, teaching, administration and clinical service.
- Be able to lead a multidisciplinary team.
- Satisfy the training requirements set by the ‘Union Européene des Médecins Spécialistes’
- 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.

Part 1 (Duration: three years):

<table>
<thead>
<tr>
<th>Competence Training:</th>
<th>Minimum of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obligatory General Adult Psychiatry (in and out patients)</td>
<td>18 months</td>
</tr>
<tr>
<td>Obligatory *Emergency Psychiatry (including night duties)</td>
<td>33 months</td>
</tr>
<tr>
<td>Obligatory Consultation-Liaison Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Obligatory Developmental Psychiatry (Either Child &amp; Adolescent Psychiatry or Learning Disability Psychiatry)</td>
<td>3 months</td>
</tr>
<tr>
<td>Obligatory Old Age Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Obligatory Psychotherapy</td>
<td>2 years</td>
</tr>
<tr>
<td>Recommended Forensic Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Recommended Substance Abuse/Addictions Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Recommended Chronic Care/Rehabilitation Psychiatry</td>
<td>3 months</td>
</tr>
</tbody>
</table>

*Experience in emergency psychiatry is gained through day and night duties at Mount Carmel Hospital, and through urgent request for consultations from Emergency Department and any other departments at Mater Dei Hospital. The trainee is available for these consultations when he/she is on duty at Mount Carmel, or when he/she is at psychiatric out-patients in Mater Dei Hospital, during the consultation-liaison placement and at the Health Centres. The trainee is supervised by his/her Consultant Psychiatrist/Clinical Supervisor.
**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.

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Psychology</td>
<td>3 months</td>
</tr>
<tr>
<td>Social Psychology</td>
<td>3 months</td>
</tr>
<tr>
<td>Cognitive Psychology</td>
<td>3 months</td>
</tr>
<tr>
<td>Human Development</td>
<td>3 months</td>
</tr>
<tr>
<td>The Personality and its Problems</td>
<td>3 months</td>
</tr>
<tr>
<td>Research methods, Statistics, Epidemiology and Evidence-based practice</td>
<td>3 months</td>
</tr>
<tr>
<td>History taking and psychiatric examination, Mental Status, Formulation.</td>
<td>3 months</td>
</tr>
<tr>
<td>Psychological tests &amp; lab. investigations Diagnosis &amp; classification</td>
<td>3 months</td>
</tr>
<tr>
<td>Basic Neurosciences (Neuroanatomy, Neurophysiology)</td>
<td>3 months</td>
</tr>
<tr>
<td>Basic Neurosciences (Neurochemistry, Genetics)</td>
<td>3 months</td>
</tr>
<tr>
<td>Psychiatry overview &amp; Emergency Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>ECT</td>
<td>3 months</td>
</tr>
<tr>
<td>Philosophy, Ethics, Religion &amp; Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Case conferences, Seminars</td>
<td>27 months</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>27 months</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>27 months</td>
</tr>
<tr>
<td>History of Psychiatry, Social Science &amp; Socio-cultural Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Neurobiology &amp; Clinical Psychopharmacology</td>
<td>9 months</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>6 months</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>3 months</td>
</tr>
<tr>
<td>Mental Health Problems and Mental Illness</td>
<td>9 months</td>
</tr>
<tr>
<td>Addictions and Addictive Behaviour</td>
<td>6 months</td>
</tr>
<tr>
<td>Old Age Psychiatry</td>
<td>6 months</td>
</tr>
<tr>
<td>Consultation Liaison, Clinical Topics Interfacing Medicine &amp; Psychiatry</td>
<td>6 months</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>6 months</td>
</tr>
<tr>
<td>Sex, Marital and Couple problems</td>
<td>3 months</td>
</tr>
<tr>
<td>Clinical Neurology, Neuropsychiatry, EEG, Neuroimaging</td>
<td>6 months</td>
</tr>
<tr>
<td>Perinatal Psychiatry</td>
<td>3 months</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>3 months</td>
</tr>
<tr>
<td>Leadership and Management</td>
<td>3 months</td>
</tr>
<tr>
<td>Chronic care &amp; psychiatric rehabilitation</td>
<td>3 months</td>
</tr>
</tbody>
</table>

| Part 2 (Duration: two years):                                         |

**Competence Training:**

- General Adult Psychiatry (in and out patients) -- minimum of: 6 months
- *Emergency Psychiatry (including night duties)* -- minimum of: 6 months
- Child and Adolescent Psychiatry -- minimum of: 3 months
- Old Age Psychiatry -- minimum of: 3 months
- Consultation-Liaison Psychiatry (including emergencies) -- minimum of: 3 months
- Forensic Psychiatry -- minimum of: 1 month
- Chronic Care/Rehabilitation Psychiatry -- minimum of: 1 month
- Substance Abuse/Addictions Psychiatry -- minimum of: 1 month
- Perinatal Psychiatry, Learning Disabilities, -- minimum of: 1 month
- Neurology -- minimum of: 1 month
- Neuroradiology -- minimum of: 1 month
- Psychotherapy -- 2 years

* See note on ‘Experience in Emergency Psychiatry’ above.
The length of each placement to be decided by the Director of Training, after considering the expressed interest of the trainee and the recommendation of the clinical and educational supervisors of the particular trainee.

**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)

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-depth mental health problems</td>
<td>18 months</td>
</tr>
<tr>
<td>Advanced psychopharmacology</td>
<td>6 months</td>
</tr>
<tr>
<td>Special topics including recent developments and telemedicine</td>
<td>6 months</td>
</tr>
<tr>
<td>Case conferences, Seminars</td>
<td>18 months</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>18 months</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>18 months</td>
</tr>
</tbody>
</table>

**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 2 months 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 80% 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. See appendix 1.

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. See appendix 2.

**Theoretical:**

**Modules:** (For validation of the module)

- Attends at least 80% 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 and a practical examination at the end of year 3.

Trainees may sit for this 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 and the work book (see appendix 1 and 2) to the satisfaction of the Director of Training.

d. If conditions a & b are not met, the Trainee may in certain circumstances (see Notes 3 a-c below) be allowed to continue the training.

e. A certificate of completion of Part 1 of the programme (Basic Specialist Training) would only be awarded if the Trainee has satisfied all the requirements (a to c) mentioned above.

Part 2: At the end of the 5 year teaching programme, each trainee is to present the result of an original research work in the form of a thesis.

Trainees may present and defend their thesis 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 and the work book (see appendix 1 and 2) to the satisfaction of 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.

Notes:

Note 1: Trainees from other countries who have partial training (e.g., MRCPsych), may be admitted to the Part 2 of our programme by the Director of Training, if the candidate presents documentary evidence the he/she has successfully completed all the theoretical and competence training covered in our Part 1 curriculum to the satisfaction of the specialist committee.

Note 2: Successful completion of this 5 year programme leads to a qualification in General Psychiatry. Specialisation in one particular area e.g., in child psychiatry, requires further training of at least twelve months (full time). Details of the rotation would be proposed by the specialist committee and approved by the Specialist Accreditation Committee.

Note 3a: (re. failing exams): If a trainee fails to attain the required standard in the yearly competence examination or is not successful in any theoretical examinations in a given year, he/she would be given the opportunity for a resit at a date set by the Director of Training.

Note 3b: If a trainee fails up to three (3) resits, whether in the theoretical or in the competence examinations, he/she is allowed to continue with the studies, but would be required to repeat the module after the five year training programme, when such teaching is available, and within eight (8) years from the failed examination. If formal teaching is not available after the five year programme, the Director of Training may try to arrange with a consultant or consultants who are to provide teaching in the form of regular tutorials, to cover all the topics of the missed module, for a period of not less than the duration of the missed module. After this, the Director of Training shall organise the relevant examination.

Note 3c: If a trainee fails in more than 3 resits in one particular year, he/she is not allowed to continue the course of studies.

Note 4a (re. sick leave): In the case of illness or injury, a trainee is allowed up to thirty days sick leave in a given year of studies, provided he/she submits a written explanation supported by a medical certificate by the treating specialist, within five days from end of sick leave.

Note 4b (re maternity leave): The same conditions as in 4a apply.

Note 4c: If conditions as in 4a are not met, (e.g. sick leave is of more than 30 days), the modules of theoretical teaching, and the period of work experience/competence training would have to be repeated during another year. The modules of theoretical teaching that are able to be validated during the year in question, would not have to be repeated provided that the missed modules are validated within eight (8) years from the year when the sick leave was availed of. The missed period of work experience/competence training is to be validated after the end of the programme and in any case within eight (8) years from when the sick leave was availed of.

Note 4d (Special Consideration): In the case of competence training only, the 30 days referred to in 4a and 4b, may be extended to up to ninety (days), provided that:
i. The Trainee fulfils the time/duration obligations regarding competence training as indication in the table for Competence Training on page 1 and 2 of this document by the end of the scholastic year.

ii. The Trainee submits to the Director of Training a written application for an extension of the sick/maternity leave, giving reasons why this extension is needed.

iii. The Specialist Committee, after examining the case, give advice to the Director of Training that Trainee would cover his/her Competence Training obligations by the end of the scholastic year, and that such leave extension would not compromise the level of psychiatric training of the Trainee in question.

In the circumstance where, because of illness or pregnancy, the Trainee misses more than 30 days but less than ninety days of work experience, he or she may be allowed

Note 5: (re. study leave): Trainees may be allowed up to four months of study leave in a given year, provided that:

i. this study leave is utilized to sit for exams or attend courses abroad in another country of the European Union,
ii. not more than one month is availed of during the months of October to June (inclusive),
iii. he/she does not miss any examinations, whether theoretical or competence examinations,
iv. he/she has not availed himself/herself of seven (7) or more days of sick leave during the given year,
v. he/she submits a formal application giving all the necessary information as required by the Director of Training, at least thirty (30) days before the planned study leave,
vi. he/she obtains the necessary clearance from the Chairman, Department of Psychiatry
vii. arrangements are made with the educational supervisor to make up for any lost teaching or training.

Note 6: re. special circumstances): Trainees may be allowed up to fifteen (15) days leave for special circumstances (e.g., marriage), provided that a formal application is submitted to the Director of Training at least thirty (30) days prior to the commencement of the proposed leave, and provided that he/she has not availed himself/herself of fifteen (15) days or more of sick leave or study leave during the given year.

Note 7a: (re. interruption of training): A Trainee may opt to interrupt his/her studies. The interruption may involve the whole programme of studies, the theoretical part only or the competence training only.

i. Interrupting the whole programme of studies: the Trainee may join a later course. Validated theoretical modules and work experience remain valid for a period of eight (8) years, and would not have to be repeated if the studies are resumed within this period (of eight years).
ii. Interrupting the theoretical part only: the Trainee may attend and validate the theoretical studies within a period of eight years from the beginning of the interruption.
iii. Interrupting the competence training part only: the Trainee may validate the competence training within a period of eight years from the beginning of the interruption

Note 7b: When the programme of studies is in any way interrupted, the duration of the programme would be increased accordingly.

Note 7c: A Trainee intending to avail himself/herself of this possibility to interrupt the training, is to submit a formal request to the Director of Training at least 30 days before the planned interruption.

Note 7d: A Trainee who interrupts his/her studies, whether the theoretical, the work experience or both, without adequate justification acceptable to the Director of Training for ten consecutive work days, is deemed to have resigned from the course. Unauthorised interruption of lesser duration may lead to disciplinary measures.

### Appendices.

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  The Log Book</td>
<td>49-52</td>
</tr>
<tr>
<td>2  The Work Book</td>
<td>52-53</td>
</tr>
<tr>
<td>3  The Educational supervisor</td>
<td>53-55</td>
</tr>
<tr>
<td>4  The Clinical Supervisor</td>
<td>55-58</td>
</tr>
<tr>
<td>5  The Psychotherapies</td>
<td>58-69</td>
</tr>
<tr>
<td>6  Trainee Discipline</td>
<td>69-71</td>
</tr>
<tr>
<td>7  Assessment Forms</td>
<td>71-94</td>
</tr>
</tbody>
</table>
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.
III. Specific disorders and syndromes.
V. Diversity in psychiatry: gender, cultural and ethnic aspects, disability, sexual orientation.
VI. Legal, ethical and human rights issues in psychiatry.
IX. Medical informatics and telemedicine.

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, box 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.
- Metaanalysis, 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


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.


SOCIAL PSYCHOLOGY


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.
Developemental 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.
- Other aspects of family relationships and parenting practices. The influence of parental attitudes compared with parenting practices. Some aspects of disturbed 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.
- 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.
- 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 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

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-10, 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-10 and DSM IV-R 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, especially those likely to be encountered in Malta and in other European countries;

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:

Psychotic Disorders:

Schizophrenia

Schizophréniform 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 and Jerusalem, and the Messiah complex)

Mood Disorders:

Depressions

Mania and Hypomania

Bipolar Disorders

Anxiety Disorders:
Generalised Anxiety Disorder
Panic Disorder
Phobic Disorder
Obsessive Compulsive Disorder
Adjustment Disorder
Acute stress reaction
Post Traumatic Stress Disorder
Anxiety Disorder due to General Medical Condition

**Somatoform Disorders:**
- Somatisation Disorder
- Conversion Disorder
- Hypochondriasis
- Somatoform Pain Disorder
- Body Dysmorphic Disorder
- Factitious Disorder

**Dissociative Disorders:**
- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder
- Depersonalisation disorder

**Sleep and its Disorders:**
- Stages of sleep
- Insomnias
- Sleep Apnoea
- Nocturnal Myoclonus
- Narcolepsy
- Somnambulism, Nightmares, Night terrors.
- Dreams

**Eating Disorders:**
- Bulimia Nervosa
- Anorexia Nervosa
- Binge Eating Disorder
- Compulsive Overeating
- Night Eating Syndrome
- Eating Disorders in special populations (eg in endocrine disease, in pregnancy, in neurological conditions, in personality disorders, in homosexuality, in body dysmorphic disorder)

**Organic Psychiatric Disorders:**
- Acute and Chronic
- Focal and Diffuse
- Amnesic Syndrome
- Confusional State:
  - Confusional State and Drugs
  - Confusional State and Medical Conditions
  - Confusional State and Neurological Conditions

- Dementias:
  - Alzheimer’s disease
Medical disorders with psychiatric manifestations:

- Cerebral tumour
- Cerebral abscess
- Head Injuries, Brain damage
- Multiple sclerosis
- Parkinson’s disease
- Systemic lupus erythematosus
- Epilepsies
- HIV Dementia
- Cushing’s disease
- Addison’s disease
- Hyperthyroidism
- Hypothyroidism
- Hypercalcaemia

**Personality disorders**

- Generalities
- Aetiology
- Genetic, Psychological Development, Cerebral Pathology
- Prognosis
- Management (including personality restructuring, support and problem solving, and pharmacotherapy)

Types:

- **Paranoid** Personality disorder
- **Schizoid** Personality disorder
- **Dissocial** Personality disorder
- **Emotionally unstable** Personality disorder
- **Histrionic** Personality disorder
- **Anankastic** Personality disorder
- **Anxious (avoidant)** Personality disorder
- **Dependent** Personality disorder
- Others

**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 pediatric 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 subspecialties 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 etiology 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;
family conflict problems.

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:

- dementia 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.


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 pain disorders
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:
  Vaginismus
  Dyspareunia in females
  Dyspareunia in males
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
Clinical Management
  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)
Infant Mental Health
  Effects of parental mental disorder
  Clinical aspects of infant mental health
SUBSTANCE ABUSE

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).


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 Malta

The Forensic Psychiatrist:

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:

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 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, Psychopathy and dangerousness, 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:

Civil matters:

Minors:

Assessment:

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-10 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

---

**Theoretical Teaching (Modules)**

<table>
<thead>
<tr>
<th>YEAR 1.</th>
<th>Oct-Nov-Dec</th>
<th>Jan-Feb-Mar</th>
<th>Apr-May-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Psychology</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Social Psychology</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Cognitive Psychology</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Human Development</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>The Personality and its Problems</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Research methods, Statistics, Epidemiology and Evidence-based practice</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Psychopathology, Psychiatric Classification, History taking, Psychiatric examination Including Mental Status and Psychological tests) Formulation</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
</tbody>
</table>
### YEAR 2.

<table>
<thead>
<tr>
<th>Course</th>
<th>Oct-Nov-Dec</th>
<th>Jan-Feb-Mar</th>
<th>Apr-May-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Psychiatry, Social Science &amp; Socio-cultural Psychiatry</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Neurobiology &amp; Clinical Psychopharmacology</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Child and Adolescent Psychiatry</td>
<td>xxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Mental Health Problems and Mental Illness</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Addictions</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Case conferences, Seminars</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
</tbody>
</table>

### YEAR 3.

<table>
<thead>
<tr>
<th>Course</th>
<th>Oct-Nov-Dec</th>
<th>Jan-Feb-Mar</th>
<th>Apr-May-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old Age Psychiatry</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Consultation Liaison, Clinical Topics Interfacing Medicine &amp; Psychiatry</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Sex, Marital and Couple problems</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Perinatal Psychiatry</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Case conferences, Seminars</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
</tbody>
</table>

### YEAR 4

<table>
<thead>
<tr>
<th>Course</th>
<th>Oct-Nov-Dec</th>
<th>Jan-Feb-Mar</th>
<th>Apr-May-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case conferences, Seminars</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Advanced psychopharmacology and therapeutics</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>In-depth mental health problems</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Clinical Neurology, Neuropsychiatry, EEG, Neuroimaging</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Forensic Psychiatry</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
</tbody>
</table>

### YEAR 5

<table>
<thead>
<tr>
<th>Course</th>
<th>Oct-Nov-Dec</th>
<th>Jan-Feb-Mar</th>
<th>Apr-May-Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case conferences, Seminars</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Journal Club, Research Presentations</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Special topics including recent developments and telemedicine</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>In-depth mental health problems</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
<tr>
<td>Leadership and Management</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
<td>xxxxxxxxxx</td>
</tr>
</tbody>
</table>

Throughout the five years, there shall also be an enrichment programme. This takes the form of half a day seminar, every two months, and to include:

a) presentation of research projects by trainees,
b) a lecture on a topic of interest by one of the psychiatrists,
c) a talk by external lecturer, not necessarily directly related to psychiatry.
MALTA 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 mental 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 one’s 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
- 6.4.2 Pose a research question
- 6.4.3 Conduct a systematic search for evidence
- 6.4.4 Select and apply appropriate methods to address the question
- 6.4.5 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 practice
- 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-10 and DSM-IV-TR) 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.


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. 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.
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 full time in Adult Psychiatry for a minimum of 24 months.
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 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 OBJECTIVES

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 setting.
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.
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 for a minimum of one day per week for at least four years.
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 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-10 & DSM IV-R 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 full time in Consultation-Liaison Psychiatry for at least six months.
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).
14. Do a 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.
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 for a minimum of 4 months 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 an 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

1. 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 Criminal Code of Malta
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 an 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 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 OLD AGE PSYCHIATRY

The role of Medical Expert / Clinical Decision-Maker

MEDICAL EXPERT: Knowledge
The trainee will be able to:
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 use 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

The trainee will be able to:

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 counseling 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.

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 full time in old age psychiatry for a minimum of 6 months.
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 ABUSE 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 alcohol, 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 abuse in patients with mental illness;
- Psychotherapeutic management:
  i. Motivational enhancement therapy,
  ii. Relapse prevention,
  iii. Cognitive behavioral therapy,
  iv. Network therapy, and
  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 modeled 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 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 abuse psychiatry for at least 4 months.
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.

TRAI NEE 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 IV 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 of 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:
1. Comprehensive didactic seminars including structures introduction to psychotherapy skills.
2. Provision of long-term psychotherapy to a suitable patient(s). The trainee is responsible for providing psychotherapy to the patient at least once per week and should be supervised by a psychotherapy supervisor for one hour once per week.
3. At least two patients should be assigned to the trainee for shorter forms of psychotherapy. This may include interpersonal, brief dynamic, cognitive, behavioural, or family therapy. The trainee shall be supervised by his/her psychotherapy supervisor.

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-10 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.
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 full time in child and adolescent psychiatry for a minimum of 6 months.
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.

**TRAINED TRAINING OBJECTIVES IN FORENSIC PSYCHIATRY**

Trainees will be exposed to all aspects of forensic practice including assessments of fitness to stand trial, fitness to plead 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:
   - women
   - ethnic minorities
   - people with special cultural needs
   - the young
   - learning disabled
15. Demonstrate knowledge and experience of services for special groups of forensic patients including:
   - women
   - ethnic minorities
   - the young
   - the elderly
   - those with sensory impairment
   - sex offenders
   - patients with personality disorder
16. Demonstrate knowledge of the link between offending and assessment and treatment of special groups including:
   - ethnic minorities
Trainees will have an effective level of knowledge and understanding of the following topics.

(a) Ethical and legal aspects of confidentiality and privilege
(b) Malta Mental Health Act, The Constitution of Malta and important topics in the civil and criminal code,
(c) Malpractice and other forms of liability
   (i) informed consent
   (ii) other forms of liability (abandonment etc.)
   (iii) prevention and risk management
(d) Human rights
(e) 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
(f) 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
(g) The Clinician in Court
   (i) role of the expert witness
   (ii) ethical issues for expert witnesses
   (iii) Criminal cases, Civil (including marital) cases

HOW TO ACHIEVE OBJECTIVES

The trainee shall:
1. Work full time in forensic psychiatry for a minimum of 4 months.
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 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.
APPENDIX 1

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 to 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
### SUMMARY OF PLACEMENTS:

<table>
<thead>
<tr>
<th>No</th>
<th>Start Date</th>
<th>End Date</th>
<th>Year of Training</th>
<th>Speciality</th>
<th>Clinical Supervisor</th>
<th>Educational Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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?

### SUPERVISION

Record of Supervision to include:

- Name of supervisor
- Topics discussed
- Date, place and duration of supervision

Clinical activity to be recorded in following format

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Assessment</th>
<th>Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New patient</td>
<td>In-patient clinic</td>
</tr>
<tr>
<td></td>
<td>Normal working hours</td>
<td>Out-patient clinic</td>
</tr>
<tr>
<td></td>
<td>On call</td>
<td>General hospital</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
<td>Home visit</td>
</tr>
</tbody>
</table>

### PSYCHOTHERAPY

For psychotherapy, trainee is to record:
PHARMACOTHERAPY

For pharmacotherapy, trainee is to record: The experienced gained by using the various categories used in psychiatry, e.g., hypnotics and anxiolytics, antipsychotics, antidepressants, mood stabilisers, CNS stimulants and drugs used for ADHD, antiepileptics, antiparkinsonian drugs, drugs used in substance abuse or dependence, drugs used for dementia and drugs used primarily in disciplines outside psychiatry, e.g., hormones, beta blockers, antihistamines.

For each category, trainee is to describe aims and outcome (both positive and negative of therapy).

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.
APPENDIX 2

THE WORK BOOK

The scope of the work book is to provide documentary evidence of the experience gained by the trainee in the understanding, investigating and managing of a range of psychiatric problems.

The trainee is expected to write detailed notes on the conditions as indicated hereunder, that he/she was involved in the management of. The notes are to include the presenting complaint, the relevant histories, examination, investigations, formulation, management, any problems encountered and how they were approached.

Biological, psychological aspects of the illness/condition/patient are to be given due Importance.

The number of cases indicated refer to the number that the trainee has to gain experience in over the five year course. The number of cases for the Part One of the course is to be arranged individually by the trainee with the Director of Training who takes into consideration the trainee’s wishes for professional development and the trainee’s clinical placements.

The Director of Training or his delegate/s mark the work done once yearly. The work may be marked as ‘Good’, Very Good, Excellent, or Below Standard. In the latter case, the Director of Training may ask Trainee to present the case again.

The educational supervisor is expected to monitor and guide trainee in the management of the work book.

<table>
<thead>
<tr>
<th>Illness/Condition</th>
<th>Number Of Cases</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Schizophreniform Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Brief Psychotic Episode</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Schizoaffective Disorder</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Delusional disorders</td>
<td>10</td>
<td>At least one case each of: Erotomanic, Grandiose, Jealous, Persecutory, Somatic, Mixed.</td>
</tr>
<tr>
<td>Shared Psychotic Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Mood Disorders:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depressions</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Bipolar Disorders</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td><strong>Anxiety Disorders:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generalised Anxiety Disorder</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Panic Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Phobic Disorder</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Obsessive Compulsive Disorder</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Adjustment Disorder</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Acute stress reaction</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Post Traumatic Stress Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorder due to General Medical Condition</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td><strong>Somatoform Disorders:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somatisation Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Conversion Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Hypochondriasis</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Somatoform Pain Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Body Dysmorphic Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Factitious Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Dissociative Disorders:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissociative Amnesia</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dissociative Fugue</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Dissociative Identity Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Depersonalisation Disorder</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Sleep Disorders:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insomnias</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Sleep Apnoea</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Nocturnal Myoclonus</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Section</td>
<td>Count</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Narcolepsy</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders (ED):</td>
<td>15</td>
<td>At least 2 cases of Bulimia Nervosa, 2 cases of Anorexia Nervosa, and one case of each of the following: Binge Eating Disorder Compulsive Overeating Night Eating Syndrome ED in endocrine disease ED in pregnancy ED in neurological conditions ED in personality disorders ED in in homosexuality ED in in body dysmorphic disorder</td>
</tr>
<tr>
<td>Organic Psychiatric Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementias</td>
<td>10</td>
<td>To include-Alzheimer’s disease, Vascular dementia, Dementia with Lewy bodies, Frontotemporal dementia, Huntington’s disease, Normal pressure hydrocephalus, Prion disease.</td>
</tr>
<tr>
<td>Amnesic Syndrome</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Confusional State</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Medical disorders with psychiatric manifestations</td>
<td>20</td>
<td>At least 8 cases of epilepsy including partial (simple partial and complex partial) and generalised. At least one of each of the following: Cerebral tumour, Cerebral abscess, Head Injuries and Brain damage, Multiple sclerosis, Parkinson’s disease, Systemic lupus erythematosus, HIV Dementia, Cushing’s disease, Addison’s disease, Hyperthyroidism, Hypothyroidism, Hypercalcaemia.</td>
</tr>
<tr>
<td>Personality disorders (PD)</td>
<td>10</td>
<td>At least one of each of the following: Paranoid PD, Schizoid PD, Dissocial PD, Emotionally unstable PD, Histrionic PD, Anankastic PD, Anxious (avoidant) PD, Dependent PD.</td>
</tr>
<tr>
<td>The Violent/Aggressive patient</td>
<td>5</td>
<td>To include both verbal and physical aggression</td>
</tr>
<tr>
<td>The victim of violence</td>
<td>10</td>
<td>To include victims of physical (eg., Domestic violence, Hold ups, Assaults), sexual (eg., Rape trauma syndrome), and psychological violence (eg., psychological violence related to gender, religion, sexual orientation, sexual identity, colour of skin, ethnicity, social group, body type or form, and physical disability).</td>
</tr>
<tr>
<td>The Suicidal patient</td>
<td>10</td>
<td>To include both sexes and suicidality in youth, adulthood and old age.</td>
</tr>
<tr>
<td>Substance Abuse &amp; Addiction</td>
<td>10</td>
<td>To include both drug and alcohol problems</td>
</tr>
<tr>
<td>Sexual and Intimacy Problems</td>
<td>10</td>
<td>To include at least one of each of the following: Low sexual desire disorder, sexual aversion disorder, erectile dysfunction, premature ejaculation, anorgasmia, vaginissmus, paraphilia.</td>
</tr>
<tr>
<td>Marital Problems</td>
<td>5</td>
<td>To include at least one of each of the following: domestic violence, infidelity, separation, communication problems</td>
</tr>
<tr>
<td>Peri-Partum Problems</td>
<td>5</td>
<td>To include at least two of each of following: a) psychiatric problems during pregnancy, b) post partum psychiatric problems</td>
</tr>
<tr>
<td>Premenstrual Dysphoric Disorder</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Children &amp; Adolescents</td>
<td>10</td>
<td>To include ADD, ADHD, Oppositional Defiant Disorder, Conduct Disorder and School Refusal.</td>
</tr>
<tr>
<td>Miscellaneous:</td>
<td></td>
<td>At least one of each of the following: Neuroleptic Malignant Syndrome, Psychiatric problems in a patient with neurological disease, Psychiatric problems in a patient with endocrinological disease.</td>
</tr>
</tbody>
</table>
APPENDIX 3

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.

Educational Supervisor’s Report (ESR)

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 ESR duly filled by their Supervisor and to submit it on time.
Name of Trainee: 

Educational Supervision re month of: 

Date of Submission: 

<table>
<thead>
<tr>
<th>Date</th>
<th>Duration</th>
<th>Topic/s discussed (broad outline) &amp; any notes by supervisor.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Log Book is satisfactory and up to date: Yes [ ] No [ ]
The Work Book is satisfactory and up to date: Yes [ ] No [ ]

If any of the answers re the log book or the work book is negative, please give details and any action to be taken.

Any additional comments/suggestions:

Endorsement by Educational Supervisor
I confirm that the above is based on my own observations and has been discussed with the trainee.

Name: 
Signed: 
Date: 

APPENDIX 4

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 Supervisor re month of .................................... Date of Submission............................

Level 1 Supervision

<table>
<thead>
<tr>
<th>Date</th>
<th>Details (one to one discussion/tutorial, ward round) and comments.</th>
<th>Time (hrs)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

57
<table>
<thead>
<tr>
<th>Week</th>
<th>Details of supervision and comments</th>
<th>Time (Total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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. (eg. For Adult psychiatry it is 18 months).
Any additional comments/suggestions:
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.
* The Theory of psychotherapy should be delivered over at least 120 hours.
* Supervision should be provided on a regular basis for at least 100 hours. Individual but preferably also group supervision should be applied. At least 50 hours of supervision should be conducted on an individual basis.
* 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.

During the first year of the course, trainees receive 40 hours of theoretical teaching on the various approaches, including systemic, psychodynamic and cognitive behavioural therapies.
In the second and third year, trainees receive 60 hours of theoretical teaching on psychodynamic, cognitive-behavioural and integrative approaches. They also have 90 minutes every two weeks of practical training in each of cognitive-behavioural, psychodynamic and integrative therapies.
In the fourth and fifth year of the programme, trainees are expected to choose one approach of psychotherapy to specialise in. They would have at least one hour a week of teaching, including lectures, besides clinical work, case conferences and tutorials.

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.

Methods of Teaching
Trainees will learn through lectures, clinical work, tutorials, experiential exercises, video and audio demonstrations of real patients, role-play, skills practice exercises, half day seminars, home study of recommended text and written homework.

PGY 2 and PGY 3
Theoretical Lectures: 9 lectures (9 hrs)
Therapy session with patient: 18 sessions (18 hrs)
Sessions with supervisor 18 double sessions (36 hrs)
- Sessions to include tutorials, experiential exercises, role-play, skills practice exercises, and recorded case presentation.
  Supervisor is also to set and correct homework.

PGY 4 and PGY 5
Theoretical Lectures: 18 lectures (18 hrs)
Therapy session with patient: 18 sessions (18 hrs)
Sessions with supervisor 18 double sessions (36 hrs)
- Sessions to include tutorials, experiential exercises, role-play, skills practice exercises, and recorded case presentation.
  Supervisor is also to set and correct homework.

Over the course of the programme, trainees are expected to complete a minimum of ten episodes of care each lasting a minimum of five sessions. (eg 2 in each of PGY 2 and PGY 3, and 3 in each of PGY 4 and PGY 5)

The Logbook is to contain a record of:
Lectures or Seminars attended, with topic and lecturer’s name and date
Sessions with patients, including gender and age of patient, diagnosis, problems identified, techniques employed, any problems encountered, outcome of session, time place and date of session.
Tutorial sessions, including topic discussed and date
Role-play and skills practice exercises with dates
Case presentation with brief details and dates when presented
Any homework given and mark given by supervisor and date.

Trainee is to hand in the logbook, signed by the supervisor, to the Director of Training, by the last working day of the month. Late handing in of the Logbook without a valid excuse would not be accepted.

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 80% 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.

Clinical case studies, recorded clinical sessions, tutorial participation and written homework are marked by the supervisor on a 0 to 100 scale, where 50% is the passmark. If Trainee fails to obtain a passmark, he/she is to repeat the task, till a passmark is obtained.

Each trainee is to make sure that at the last working date of December, March and June, he is to hand in the Cognitive Therapy Scale filled in by the respective supervisor.

The annual exam consists of:
- Essay of about 3000 words on a CBT topic set by the CBT Course Coordinator
- One detailed case study
- One recorded CBT session
- Written examination

The case study and the recorded session each carry 15% of the marks
The essay carries 20 % of the marks
The examination carries 50% of the marks.

A Trainee is successful in the exam if he/she obtains at least 50% overall.

He/she is deemed to have successfully completed the year of study if he/she has obtained a passmark in all assessments and examinations, and have achieved a satisfactory rating on the Cognitive Therapy Scale.

Note: Plagiarism is not tolerated. Anyone proven to have committed plagiarism automatically fails the whole CBT exam.

Resits: Trainees who are not successful in the exam are given the opportunity for a resit in September. If Trainee does not manage to obtain a passmark at the resit, he/she is deemed to have failed the exam and cannot be promoted to the next year of studies.

Recommend Readings:

Any other reading suggested by the lecturer or supervisor

The CBT Programme
(The Chapters given refer to ‘Basics and Beyond’ except when otherwise indicated)

<table>
<thead>
<tr>
<th>No</th>
<th>Date</th>
<th>Lecture (and notes)</th>
<th>Chapter/s</th>
<th>Practicals/Supervision/Homework/Tutorials</th>
</tr>
</thead>
</table>
| 1  |      | Historical background and development of CBT  
    Overview of CBT and the research supporting the efficacy in particular disorders. | 1 & 2 | Cognitive Conceptualisation Diagram (personal), and Automatic Thought Record (personal) |
| 2  |      | Cognitive Conceptualization | 1-3 | Case Conceptualization Form  
    Cognitive Conceptualisation Diagram (patient) |
| 3  |      | Learning theory and research:  
    Classical and Operant conditioning; social modelling; impact of cognitions and emotions on personal experience. | | Trainee presentation & class discussion  
    HW: Describe the basic features of classical and operant conditioning and their application in clinical problems. |
| 4  |      | Automatic Thoughts | 6 – 9, 13 | Thought Record  
    Role play eliciting AT’s |
| 5  |      | Eliciting Automatic Thoughts | 6 – 9, 13 | Bring thought record from a therapy session. |
| 6 | **Problems in Automatic Thought Recording**  
1. Thoughts expressed as questions  
2. Thoughts expressed as feelings  
3. Irretrievable thoughts  
4. Deciding which thoughts to work with  
5. Realistic Automatic thoughts | 6 – 9, 13 | Bring thought record from a therapy session. |
|-------------------|-------------------|-------------------|-------------------|
| 7 | **Common cognitive errors and definitions of these errors.** **Attribution theory** | 6 – 9, 13 | Identify 5 cognitive errors you make this week.  
Focused Practice with eliciting AT’s: role-play Discussion of problems encountered in therapy. |
| 8 | **Modifying Automatic Thoughts**  
1. Socratic questioning  
2. identifying errors  
3. examining evidence  
4. developing rational alternatives  
5. testing new thinking | 6 – 9, 13 | Tutorial: Identify, evaluating, & responding to dysfunctional thoughts & beliefs  
• “What’s going through your mind?”  
• Examining evidence for/against thought  
• Socratic questioning  
• Collaborative empiricism  
• Guided discovery  
Role-play Modifying Automatic Thoughts |
| 9 | **Other methods of dealing with dysfunctional thinking**  
1. Thought stopping  
2. cognitive rehearsal  
3. distraction  
4. coping cards  
5. mindfulness  
6. behavioral techniques  
7. problem solving  
8. distress tolerance | 6 – 9, 13 | Group discussion of methods of dealing with dysfunctional thinking  
Case presentations |
| 10 | **Overview of core beliefs**  
1. Role in relation to psychopathology  
2. typical adaptive and maladaptive beliefs  
3. methods for identifying and modifying CB’s | 10 & 11 | Role play explaining the concept of core beliefs to a patient |
| 11 | **Modifying beliefs**  
1. Keeping a list of CB’s  
2. Evidence gathering (lifetime)  
3. Advantage/disadvantage analysis  
4. Rational alternatives  
5. Coping cards | 10 & 11 | Case presentation |
| 12 | **Behavioural Methods**  
Behavioral theories of depression  
1. Helplessness  
2. Lack of pleasurable activities  
3. Inertia and procrastination  
4. skill deficits  
5. perpetuation of negative cognitions | 12 | Tape record a session with a patient to whom you explain behavioural methods and present to group |
| 13 | **Behavioural Methods**  
Behavioral Procedures 1  
1. Self monitoring | 12 | Role play  
Case presentation |
2. Behavioral Activation  
3. Activity Scheduling  
   a. Mastery and Pleasure ratings  
   b. Pleasant event scheduling  
   c. Using activity scheduling in conjunction with thought recording, cognitive restructuring and medications  

14. **Behavioural Methods**  
   Behavioral Procedures 2  
   4. Graded Task Assignment  
      a. How to choose a task  
      b. Successful implementation  
      c. Breaking tasks into smaller pieces  
      d. Debriefing  

12. **Tutorial on Behavioural Interventions:**  
    Relaxation methods (Progressive Relaxation training, applied relaxation); Systematic Desensitization, Exposure therapy, assertiveness training, behavioural experiments, interoceptive training, behavioural activation, breathing retraining and imaginal techniques  

15. **The Relationship in CBT**  
   a. therapist’s stance  
   b. collaborative empiricism – what facilitates and sabotages it  
   c. helping patients to become their own therapists  
   d. modifications of “standard CBT” for challenging patients  

3-5  

16. **Structure in CBT - 1**  
   a. advantages and disadvantages  
   b. remaining empathic but getting the job done  

3-5  

17. **Structure in CBT – 2**  
   c. procedures that CBT uses to structure therapy  
      1. setting goals  
      2. agenda setting  
      3. feedback  
      4. mood check  
      5. bridging between sessions  
      6. homework  

3-5  

18. **Socializing patients to the Cognitive Model**  
   Session will consist of observed trainee role play of explaining the cognitive model to a patient  

3-5  

19. **Treatment Planning**  
   Session will consist of discussion of treatment planning and demonstrating treatment planning with patient examples  

16  

Choose one patient to begin to conceptualize in terms of treatment planning. Present session information during practical meeting  

20. **Termination, relapse prevention and homework**  
   Termination and relapse prevention procedures  
   Role of homework, types of homework, typical problems  

15 & 16  

Recorded case presentation and discussion  

21. **Resistance in therapy**  
   Session discussing resistance as conceptualized in CBT  
   Recorded case presentation and discussion  

22. **Combining CBT and Medication:**  
   Principles of CBT used to facilitate medication adherence  
   Trainee experiences and group discussion  

|  xx | xxxx | xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
<table>
<thead>
<tr>
<th></th>
<th>Education</th>
<th>Self monitoring</th>
<th>Problem solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td><strong>Assertiveness Training and Problem Solving Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Tutorial:</strong> Recognise differences between being assertive,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>submissive, and aggressive.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Be able to recognise the human rights involved in a range of situations,</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>when they are applied &amp; when not.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Be able to communicate patients how to become more assertive in the</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>following areas: making or rejecting requests and making or receiving</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>criticism</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to identify and overcome cognitive barriers to becoming assertive</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How to deal with conflict using more defensive mechanisms</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>How and when to use Problem Solving Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td><strong>CBT and Depression</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td><strong>CBT and Bipolar Disorder</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review principles and modification of CBT for bipolar disorder, including</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>education, symptom monitoring, adherence, mood graphs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td><strong>CBT and Suicidal Patients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Specific CBT techniques to use with suicidal patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td><strong>CBT in Anxiety &amp; Panic Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Model for anxiety disorders in CBT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td><strong>Strategies for dealing with anxiety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Cognitive Techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Behavioral Techniques</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. anxiety hierarchies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c. interoceptive exposure</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>d. relaxation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>e. exposure &amp; response prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. relaxation/progressive muscle relaxation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>g. diaphragmatic breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Life Management Strategies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td><strong>CBT and Social Phobia</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review model and techniques of CBT for social phobia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td><strong>CBT &amp; Personality Disorders</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review principles &amp; modifications of CBT for personality disorders</td>
<td></td>
<td>Several practical/discussion sessions on different personality disorders</td>
</tr>
<tr>
<td>31</td>
<td><strong>Schema Focused Therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for Personality Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td><strong>Dialectical behavior therapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mindfulness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interpersonal effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emotion regulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Distress tolerance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td><strong>Mindfulness Based CBT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>for patients with chronic pain, cancer hypertension and heart disease.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td><strong>CBT &amp; Psychosis</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review principles and modifications of CBT for psychosis, including a</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Discussion of the Therapeutic Alliance, Normalization, and Challenging Delusions/Hallucinations

| 35 | Understanding and Treating **Obsessive-Compulsive Disorder** |
| 36 | Understanding and Treating **Post Traumatic Stress Disorder** |
| 37 | CBT for Eating Disorders: Focus on the Treatment of Bulimia |
| 38 | CBT for Eating Disorders: Focus on the Treatment of Anorexia Nervosa |
| 39 | CBT & Couples Therapy |
| 40 | Integrative Couples Behavior Therapy |
| 41 | Couple Communication Errors, Positive Communication Strategies |
| 42 | CBT and Sexual Problems |
| 43 | Modifying Cognitive Techniques to Adolescents and Children |
| 44 | CBT for Guilt, Anger, and Jealousy |
| 45 | CBT for Addictive Behaviour |
| 46 | CBT for Chronic Pain |
| 47 | CBT for Older People |
| 48 | CBT in Terminal Illness |
| 49 | CBT for Difficult Patients |
| 50 | CBT for Sleeping Problems |
| 51 | Ellis’ Rational Emotive Behavioural Therapy |
|  | Basic philosophy and fundamental principles of REBT: goals, applications, therapeutic style, types of beliefs, process of therapy... Distinguish between irrational and rational beliefs |
|  | Distinguish between healthy and unhealthy negative emotions. |
| 52 | Multimodal Therapy |
| 53 | Reality Therapy |
| 54 | Relapse Prevention |
| 55 | Stress Inoculation Therapy |
| 56 | Cognitive Analytical Therapy |
| 57 | Trauma Focused CBT |
| 58 | Acceptance and Commitment Therapy (ACT) |
| 59 | Rational Living Therapy |
| 60 | The evidence base: Outcome and process research; NICE clinical guidelines; research and recommendations in key practice domains e.g. depression, anxiety, anger, guilt, shame, etc. |

### Suggested Tutorials

<table>
<thead>
<tr>
<th>CBT Concepts</th>
<th>Limits and Contra-indications of CBT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Three Systems</td>
</tr>
<tr>
<td></td>
<td>Locus of Control</td>
</tr>
<tr>
<td></td>
<td>Ellis 4 Insights</td>
</tr>
<tr>
<td>CBT Strategies</td>
<td>Thought Records &amp; Written Word</td>
</tr>
<tr>
<td></td>
<td>Situation, Mood &amp; Thoughts</td>
</tr>
<tr>
<td></td>
<td>Automatic &amp; Negative Automatic Thinking</td>
</tr>
<tr>
<td></td>
<td>Cognitive Defusion (Objectifying)</td>
</tr>
<tr>
<td></td>
<td>Verbal Reattribution, Affirmations, Countering</td>
</tr>
<tr>
<td></td>
<td>Active Disputation, Distraction</td>
</tr>
<tr>
<td></td>
<td>Rational Alternative Thinking</td>
</tr>
<tr>
<td></td>
<td>Point &amp; Counterpoint</td>
</tr>
<tr>
<td></td>
<td>Mindfulness</td>
</tr>
<tr>
<td></td>
<td>Cost-benefit Analysis</td>
</tr>
<tr>
<td>Dysfunctional Assumptions &amp; Core Beliefs</td>
<td>Dysfunctional assumptions (identifying and challenging)</td>
</tr>
<tr>
<td></td>
<td>NAT's, Assumptions &amp; beliefs</td>
</tr>
<tr>
<td></td>
<td>Irrational Thoughts Scale</td>
</tr>
<tr>
<td></td>
<td>Identifying Core Beliefs through Thought Records</td>
</tr>
<tr>
<td></td>
<td>Laddering (Downward Arrow Technique)</td>
</tr>
<tr>
<td></td>
<td>Challenging Core Beliefs (Socratic Questions)</td>
</tr>
<tr>
<td></td>
<td>Mind Over Mood – Challenging Core Beliefs</td>
</tr>
<tr>
<td>Using Behavioural Strategies</td>
<td>Exposure &amp; Graded Task Exposure</td>
</tr>
<tr>
<td></td>
<td>Systematic desensitization</td>
</tr>
<tr>
<td></td>
<td>SMART Goal setting</td>
</tr>
<tr>
<td></td>
<td>Behavioural Experimentation</td>
</tr>
<tr>
<td></td>
<td>Excesses &amp; deficits</td>
</tr>
<tr>
<td></td>
<td>Absorbing Activities</td>
</tr>
<tr>
<td></td>
<td>Social Skills (Communication) Training</td>
</tr>
<tr>
<td>Assessment &amp; Formulation</td>
<td>Collaborative Process</td>
</tr>
<tr>
<td></td>
<td>Trigger Factors (Current Precipitants)</td>
</tr>
<tr>
<td></td>
<td>Contributory Life Events (Past Predisposing factors)</td>
</tr>
<tr>
<td></td>
<td>Relapse Signature</td>
</tr>
<tr>
<td></td>
<td>Patients’ Beliefs about themselves or Problem</td>
</tr>
<tr>
<td></td>
<td>Maintenance cycles/Avoidance</td>
</tr>
<tr>
<td></td>
<td>Positive Actions (Behaviours &amp; Thoughts)</td>
</tr>
<tr>
<td></td>
<td>Symptom &amp; problem Identification.</td>
</tr>
<tr>
<td></td>
<td>Writing a formulation</td>
</tr>
<tr>
<td>Patient Resistance</td>
<td>Discomfort Tolerance</td>
</tr>
<tr>
<td></td>
<td>Tackling Resistance</td>
</tr>
<tr>
<td>Sessional Considerations</td>
<td>Time &amp; Patient Commitment</td>
</tr>
<tr>
<td></td>
<td>Goal Setting</td>
</tr>
<tr>
<td></td>
<td>Agenda Setting</td>
</tr>
<tr>
<td></td>
<td>Psycho-education</td>
</tr>
<tr>
<td></td>
<td>Homework</td>
</tr>
<tr>
<td></td>
<td>Scientific constructs</td>
</tr>
<tr>
<td></td>
<td>Evidence Based practice</td>
</tr>
<tr>
<td></td>
<td>Hypothesis Testing</td>
</tr>
</tbody>
</table>
### Use of Measuring Tools
- E.g. Anxiety, Depression, Quality of Life Scales, Irrational Thinking

<table>
<thead>
<tr>
<th>Schema Therapy</th>
<th>Early maladaptive schema;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Schema focused therapy;</td>
</tr>
<tr>
<td></td>
<td>Disconnection and rejection;</td>
</tr>
<tr>
<td></td>
<td>Impaired autonomy and performance;</td>
</tr>
<tr>
<td></td>
<td>Impaired limits;</td>
</tr>
<tr>
<td></td>
<td>Other directions;</td>
</tr>
<tr>
<td></td>
<td>Over vigilance and inhibition;</td>
</tr>
<tr>
<td></td>
<td>Acceptance and commitment therapy;</td>
</tr>
<tr>
<td></td>
<td>and Supervision.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COGNITIVE THERAPY SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapist:______________</td>
</tr>
<tr>
<td>Tape ID#:______________</td>
</tr>
<tr>
<td>Session#:______________</td>
</tr>
</tbody>
</table>

**Directions:** For each time, assess the Trainee on a scale from 0 to 6, and record the rating on the line next to the item number. Descriptions are provided for even-numbered scale points. If you believe the Trainee falls between two of the descriptors, select the intervening odd number (1, 3, 5). For example, if the Trainee set a very good agenda but did not establish priorities, assign a rating of a 5 rather than a 4 or 6.

If the descriptions for a given item occasionally do not seem to apply to the session you are rating, feel free to disregard them and use the more general scale below:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td>Barely Adequate</td>
<td>Mediocre</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Very Good</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

Please do not leave any item blank. For all items, focus on the skill of the Trainee, taking into account how difficult the patient seems to be.

**Part I. GENERAL THERAPEUTIC SKILLS**

1. **AGENDA**
   - 0 Trainee did not set agenda.
   - 2 Trainee set agenda that was vague or incomplete.
   - 4 Trainee worked with patient to set a mutually satisfactory agenda that included specific target problems (e.g., anxiety at work, dissatisfaction with marriage.)
   - 6 Trainee worked with patient to set an appropriate agenda with target problems, suitable for the available time. Established priorities and then followed agenda.

2. **FEEDBACK**
   - 0 Trainee did not ask for feedback to determine patient’s understanding of, or response to, the session.
   - 2 Trainee elicited some feedback from the patient, but did not ask enough questions to be sure the patient understood the Trainee’s line of reasoning during the session or to ascertain whether the patient was satisfied with the session.
   - 4 Trainee asked enough questions to be sure that the patient understood the Trainee’s line of reasoning throughout the session and to determine the patient’s reactions to the session. The Trainee adjusted his/her behavior in response to the feedback, when appropriate.
   - 6 Trainee was especially adept at eliciting and responding to verbal and non-verbal feedback throughout the session (e.g., elicited reactions to session, regularly checked for understanding, helped summarize main points at end of session.)
Trainee repeatedly failed to understand what the patient explicitly said and thus consistently missed the point. Poor empathic skills.

Trainee was usually able to reflect or rephrase what the patient explicitly said, but repeatedly failed to respond to more subtle communication. Limited ability to listen and empathize.

Trainee generally seemed to grasp the patient’s “internal reality” as reflected by both what the explicitly said and what the patient communicated in more subtle ways. Good ability to listen and empathize.

Trainee seemed to understand the patient’s “internal reality” thoroughly and was adept at communicating this understanding through appropriate verbal and non-verbal responses to the patient (e.g., the tone of the Trainee’s response conveyed a sympathetic understanding of the patient’s “message”). Excellent listening and empathic skills.

---

**4. INTERPERSONAL EFFECTIVENESS**

0 Trainee had poor interpersonal skills. Seemed hostile, demeaning, or in some other way destructive to the patient.

2 Trainee did not seem destructive, but had significant interpersonal problems. At times, Trainee appeared unnecessarily impatient, aloof, insincere or had difficulty conveying confidence and competence.

4 Trainee displayed a satisfactory degree of warmth, concern, confidence, genuineness, and professionalism. No significant interpersonal problems.

6 Trainee displayed optimal levels of warmth, concern, confidence, genuineness, and professionalism, appropriate for this particular patient in this session.

---

**5. COLLABORATION**

0 Trainee did not attempt to set up a collaboration with patient.

2 Trainee attempted to collaborate with patient, but had difficulty either defining a problem that the patient considered important or establishing rapport.

4 Trainee was able to collaborate with patient, focus on a problem that both patient and Trainee considered important, and establish rapport.

6 Collaboration seemed excellent; Trainee encouraged patient as much as possible to take an active role during the session (e.g., by offering choices) so they could function as a “team”.

---

**6. PACING AND EFFICIENT USE OF TIME**

0 Trainee made no attempt to structure therapy time. Session seemed aimless.

2 Session had some direction, but the Trainee had significant problems with structuring or pacing (e.g., too little structure, inflexible about structure, too slowly paced, too rapidly paced).

4 Trainee was reasonably successful at using time efficiently. Trainee maintained appropriate control over flow of discussion and pacing.

6 Trainee used time efficiently by tactfully limiting peripheral and unproductive discussion and by pacing the session as rapidly as was appropriate for the patient.

---

**Part II. CONCEPTUALIZATION, STRATEGY, AND TECHNIQUE**

**7. GUIDED DISCOVERY**

0 Trainee relied primarily on debate, persuasion, or “lecturing”. Trainee seemed to be “cross-examining” patient, putting the patient on the defensive, or forcing his/her point of view on the patient.

2 Trainee relied too heavily on persuasion and debate, rather than guided discovery. However, Trainee’s style was supportive enough that patient did not seem to feel attacked or defensive.

4 Trainee, for the most part, helped patient see new perspectives through guided discovery (e.g., examining evidence, considering alternatives, weighing advantages and disadvantages) rather than through debate. Used questioning appropriately.

6 Trainee was especially adept at using guided discovery during the session to explore problems and help patient draw his/her own conclusions. Achieved an excellent balance between skillful questioning and other modes of intervention.

---

**8. FOCUSING ON KEY COGNITIONS OR BEHAVIORS**

0 Trainee did not attempt to elicit specific thoughts, assumptions, images, meanings, or behaviors.

2 Trainee used appropriate techniques to elicit cognitions or behaviors; however, Trainee had difficulty finding a focus or focused on cognitions/behaviors that were irrelevant to the patient’s key problems.

4 Trainee focused on specific cognitions or behaviors relevant to the target problem. However, Trainee could have focused on more central cognitions or behaviors that offered greater promise for progress.

6 Trainee very skillfully focused on key thoughts, assumptions, behaviors, etc. that were most relevant to the problem area and offered considerable promise for progress.

---

**9. STRATEGY FOR CHANGE** (Note: For this item, focus on the quality of the Trainee’s strategy for change, not on how effectively the strategy was implemented or whether change actually occurred.)
Trainee did not select cognitive-behavioral techniques.

2 Trainee selected cognitive-behavioral techniques; however, either the overall strategy for bringing about change seemed vague or did not seem promising in helping the patient.

4 Trainee seemed to have a generally coherent strategy for change that showed reasonable promise and incorporated cognitive-behavioral techniques.

6 Trainee followed a consistent strategy for change that seemed very promising and incorporated the most appropriate cognitive-behavioral techniques.

---

10. APPLICATION OF COGNITIVE-BEHAVIORAL TECHNIQUES (Note: For this item, focus on how skillfully the techniques were applied, not on how appropriate they were for the target problem or whether change actually occurred.)

0 Trainee did not apply any cognitive-behavioral techniques.

2 Trainee used cognitive-behavioral techniques, but there were significant flaws in the way they were applied.

4 Trainee applied cognitive-behavioral techniques with moderate skill.

6 Trainee very skillfully and resourcefully employed cognitive-behavioral techniques.

---

11. HOMEWORK

0 Trainee did not attempt to incorporate homework relevant to cognitive therapy.

2 Trainee had significant difficulties incorporating homework (e.g., did not review previous homework, did not explain homework in sufficient detail, assigned inappropriate homework).

4 Trainee reviewed previous homework and assigned “standard” cognitive therapy homework generally relevant to issues dealt with in session. Homework was explained in sufficient detail.

6 Trainee reviewed previous homework and carefully assigned homework drawn from cognitive therapy for the coming week. Assignment seemed “custom tailored” to help patient incorporate new perspectives, test hypotheses, experiment with new behaviors discussed during session, etc.

---

Part III. ADDITIONAL CONSIDERATIONS

12. (a) Did any special problems arise during the session (e.g., non-adherence to homework, interpersonal issues between Trainee and patient, hopelessness about continuing therapy, relapse?)

YES

NO

(b) If yes:

0 Trainee could not deal adequately with special problems that arose.

2 Trainee dealt with special problems adequately, but used strategies or conceptualizations inconsistent with cognitive therapy.

4 Trainee attempted to deal with special problems using a cognitive framework and was moderately skillful in applying techniques.

6 Trainee was very skillful at handling special problems using cognitive therapy framework.

13. Were there any significant unusual factors in this session that you feel justified the Trainee’s departure from the standard approach measured by this scale?

YES (Please explain below)

NO

---

Part IV. OVERALL RATINGS AND COMMENTS

14. How would you rate the clinician overall in this session, as a cognitive therapist?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barely Adequate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mediocre</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfactory</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very Good</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. If you were conducting an outcome study in cognitive therapy, do you think you would select this Trainee to participate at this time (assuming this session is typical?)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely Not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probably Not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncertain – Borderline</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probably Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Definitely Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. How difficult did you feel this patient was to work with?

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. COMMENTS AND SUGGESTIONS FOR TRAINEE’S IMPROVEMENT:

18. OVERALL RATING:

Rating Scale:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inadequate</td>
<td>Mediocre</td>
<td>Satisfactory</td>
<td>Good</td>
<td>Very Good</td>
<td>Excellent</td>
</tr>
</tbody>
</table>

Using the scale above, please give an overall rating of this Trainee’s skills as demonstrated on this tape. Please circle the appropriate number.

........................................................................

Appendix 6

Trainee Discipline

1. Definition of Misconduct

1.1 The following activities constitute misconduct by Trainees:
   a. Dishonesty in assessment, including plagiarism and unauthorised collusion;
   b. Signing the attendance register on behalf of another trainee or asking another trainee to sign the register on one’s behalf or leaving the lecture/educational activity after signing in, without the explicit permission from the lecturer;
   c. Falsification of an academic record or research results, furnishing false or deliberately misleading information to the Director of Training, the Specialist Committee, the Supervisors or the Teachers;
   d. Failure to obey the instruction of an examination supervisor;
   e. Failure to submit the Clinical Supervisor’s or the Educational Supervisor’s report to the Director of Training on time.
   f. Willfully obstructing or disrupting any teaching, study, research, examination or test;
   g. Harassing or discriminating unfairly against any person, including race, nationality, sex, marital status, age, sexual orientation, political conviction, religious belief, disability or medical condition;
   h. Engaging in abusive, threatening or obscene communications, including mail, phone or internet;
   i. Failing to comply with any imposed penalty;
   j. Practicing the profession with negligence;
   k. Practicing the profession while impaired by alcohol or drugs;
   l. Being a habitual abuser of alcohol or any other drug of addiction, or having a psychiatric condition which seriously impairs the Trainee’s ability to practice;
   m. Refusing to provide professional service to a person because of such person's race, creed, color or national origin;
   n. Exercising undue influence on the patient, including the promotion of the sale of services, goods, appliances, or drugs in such manner as to exploit the patient for the financial gain of the licensee or of a third party;
   o. Revealing of personally identifiable facts, data, or information obtained in a professional capacity without the prior consent of the patient, except as authorized or required by law;
   p. Willfully harassing, abusing, or intimidating a patient either physically or verbally;
   q. Any behaviour, including words, actions, dress, way of relating to others and way of living which in the opinion of the Director of Training amounts to misconduct.
The burden of proving an allegation of misconduct rests with the Specialist Committee. The standard of proof is the balance of probabilities.

2. Penalties

2.1 The penalties that may be imposed for misconduct are:

a. A caution;
   b. Requirement to rewrite and resubmit an assignment or other assessment component, or to write and submit another assignment in its place;
   c. Failure in a module;
   d. Exclusion from classes, examinations or other forms of assessment.
   e. Suspension of the Trainee’s enrolment for one or two semesters;
   f. Expulsion from the Postgraduate Psychiatry Training Programme

2.2 Where a Trainee is found guilty of misconduct, one or more of the above penalties may be imposed.

2.3 Subject to the rights of appeal, any decision that a Trainee has been guilty of misconduct and any imposition of a penalty on a Trainee is final and conclusive.

2.4 Director of Training can delegate to another Consultant Psychiatrist the investigative and interviewing roles in any disciplinary case, but not the authority to make a finding. The delegate shall provide the DOT with a brief written report containing: (a) the charge and a summary of the evidence, (b) the Trainee's response, (c) the reasons for concluding whether or not misconduct occurred, and, if a finding of misconduct is recommended, (d) the recommended penalty or penalties and the reasons for such. Before the DOT considers this report, the Trainee shall be given a copy and the opportunity, if he or she so wishes, to provide written comments within seven days.

3. The Board of Discipline

3.1 The Board of Discipline shall consist of the full Specialist Committee chaired by the Director of Training
3.2 The Quorum for the Board of Discipline shall be the full specialist Committee minus two members
3.3 The Board secretary shall be the secretary to the DOT. He/She shall have no voting powers.

4. The accused Trainee shall be entitled:

4.1. to present oral and written submissions to the Board
4.2. to be represented by his/her Trainee Representative or his/her Educational Supervisor
4.3. to call and examine witnesses, cross-examine witnesses, and address the Board of Discipline

5. Procedure

5.1 If the Trainee fails to appear despite having received notice, the Board may proceed with the hearing in the Trainee’s absence or order an adjournment.
5.2. The Chair shall have a normal vote. In the case of a tie, he shall have a casting vote
5.3. The Board’s procedures, including the order in which evidence may be called and addresses heard, shall be at the discretion of the Chair.
5.4. The decision of the Board and its reasons shall be communicated in writing to the Trainee.

6. Appeals

6.1. There shall be an appeals committee nominated for one year by the Director General (Health)
6.2. Trainee may appeal against any finding of misconduct or penalty imposed.
6.3. The appeal must be lodged with the Trainee Appeals Committee within 20 working days of the Trainee receiving notification of the decision/penalty.
6.4. The Trainee Appeals Committee may suspend the application of the penalty until it has made a decision on the appeal.
6.5. The Trainee shall have the right to appear before the Committee, and to be assisted by his/her Trainee Representative or his/her Educational Supervisor, according to his/her preference.


Any written notice to the accused trainee shall be regarded as received if given to the trainee by hand, or sent to the email address nominated by the trainee, or posted to the last address known to the Office of Director of Training as that person’s place of residence. A notice sent by post is to be taken to be given and received seven days after it is posted. A notice sent by email is taken to be given and received on the day it is sent. A notice sent by email must be sent by post also.

Appendix 7.
**MALTA POST GRADUATE PSYCHIATRY PROGRAMME**

**ADULT INPATIENT PSYCHIATRY ASSESSMENT FORM**

| Key       | 1      | 2      | 3      | 4      | 5
|-----------|--------|--------|--------|--------|--------
| Excellent |        |        |        |        |        |
| Competent |        |        |        |        |        |
| Needs Further Development |        |        |        |        |        |
| Poor/Incompetent |        |        |        |        |        |
| Inapplicable/too early in programme |        |        |        |        |        |

**TERMINAL OBJECTIVES:**

- Attitude, knowledge and skills 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.
- Use of diagnostic systems of psychiatric disorders (eg. ICD-10 and DSM-IV-TR) for the proper psychiatric assessment of adult inpatients.
- Attitude and knowledge and skills to properly utilise inpatient facilities to manage psychiatric disturbances in adults.
- Attitude, knowledge, skills and experience to function as consultant in the multidisciplinary team.
- Attitude, knowledge and skill in the administrative duties of an inpatient unit.

<table>
<thead>
<tr>
<th>Terminal Objectives</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude, knowledge and skills 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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Use of diagnostic systems of psychiatric disorders (eg. ICD-10 and DSM-IV-TR) for the proper psychiatric assessment of adult inpatients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Attitude and knowledge and skills to properly utilise inpatient facilities to manage psychiatric disturbances in adults.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Attitude, knowledge, skills and experience to function as consultant in the multidisciplinary team.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Attitude, knowledge and skill in the administrative duties of an inpatient unit</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**SPECIFIC OBJECTIVES**

**MEDICAL EXPERT: Knowledge**

<table>
<thead>
<tr>
<th>KNOWS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanisms, procedures and responsibilities for patient admission, maintenance and management on the ward and subsequent discharge;</td>
</tr>
<tr>
<td>Risk factors in assessing the patient’s dangerousness, and interventions for suicidal, assaultive, psychotic, intoxicated, dangerously paranoid and disoriented patients.</td>
</tr>
<tr>
<td>Indications, side effects, toxicity and drug interactions of psychotropic drugs, and familiarity with the broad range of pharmacological agents</td>
</tr>
<tr>
<td>Techniques of ECT, indications, and its comparative risks and benefits,</td>
</tr>
<tr>
<td>Detoxification methods for Ethanol, hypnotic and opiate dependence and management of adverse reactions to psychoactive substances</td>
</tr>
<tr>
<td>The multiple factors that lead to admission of a patient to hospital</td>
</tr>
<tr>
<td>The range of sociocultural and psychological interventions, their indications, risks and benefits</td>
</tr>
<tr>
<td>The Mental Health Act and the various legal documents &amp; procedures that pertain to patient rights</td>
</tr>
</tbody>
</table>

**MEDICAL EXPERT: Skills**
## DEMONSTRATES COMPETENCE IN:

<table>
<thead>
<tr>
<th>Demonstrate</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>History taking &amp; psychiatric examinations (including mental status, physical &amp; neurological examinations)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Effective communication skills with patients, their families and caregivers</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Interviewing patients’ family, and apply appropriate techniques of intervention</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Approaches to individual, family and group therapies</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Identifying and managing depressed, suicidal, psychotic, demanding, violent, hostile, silent and withdrawn patients</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

## ABILITY TO:

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>To construct a formulation, tentative diagnosis, differential diagnosis, treatment plan and prognosis</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>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</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Assume primary responsibility in evaluation and treatment of patients which involves admission, management, treatment and discharge</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>To educate the patient and the family regarding nature of illness; goals of hospitalization, treatment and their roles in the therapeutic process</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>To communicate and collaborate well with members of multidisciplinary team</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>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</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>To keep appropriate medical records, records of correspondence and other communications that are pertinent to psychiatric practice</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

## COMMUNICATOR

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen effectively</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Discuss appropriate information with the team, effectively providing and receiving information</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Effectively convey to medical colleagues pertinent information and opinions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Prepare documentation that is accurate and timely</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Appreciate the essential requirement of empathy and rapport and the symbolic importance of the hospital as a protective environment</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

## COLLABORATOR

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the need to share responsibility and accept input from other team members</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Consult effectively with other doctors and health care workers</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Teach and learn from colleagues</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Work collaboratively with other members of the team, recognising their role and responsibilities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Contribute to interdisciplinary team activities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Facilitate the learning of patients, students &amp; other health workers and contribute to new knowledge</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Enhance staff morale and effectiveness of the therapeutic milieu.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

## MANAGER
### ABILITY TO:

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make cost effective use of resources based on sound judgment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Set realistic priorities and use time effectively in order to optimize professional performance</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Evaluate the effective use of resources</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and make use of information technology to optimize patient care and lifelong learning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Lead and coordinate the treatment team.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Delegate effectively and responsively</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### HEALTH ADVOCATE

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to identify and understand determinants of health affecting patients and communities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Responds adequately to issues where advocacy for the patient and community are appropriate</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness of the major national and international advocacy groups in mental health care</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness of governance structures in Maltese MENTAL Health Care</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### SCHOLAR

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates an understanding of and a commitment to the need for continuous learning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Develops and implements an ongoing personal learning strategy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Helps others learn through guidance and constructive feedback</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Appreciate importance of continuing self education and education of the multidisciplinary team for diagnosis, assessment and management</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### PROFESSIONAL

<table>
<thead>
<tr>
<th>Ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciates the importance of respect for patient rights (both emotional and legal)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Appreciates importance of accepting responsibility</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Demonstrates integrity, honesty, compassion and respect for diversity</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Fulfils medical, legal, and professional obligations of a specialist</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Collaborative and respectful patient relationships that demonstrate gender and cultural awareness</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Responsibility, dependability, self-direction, punctuality</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Patience and flexibility in the face of complex clinical/administrative situations</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Acceptance and constructive use of supervision and feedback</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness and application of ethical principles</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness of own limitations seeking advice when necessary</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

-----------------------------

**MALTA POST GRADUATE PSYCHIATRY PROGRAMME**

**ADULT OUTPATIENT PSYCHIATRY ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
</tbody>
</table>
### TERMINAL OBJECTIVES:

<table>
<thead>
<tr>
<th>Objective</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>ability to assess a wide variety of adult outpatients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ability to formulate a diagnosis and treatment plan using a biopsychosocial model</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>able to deliver appropriate treatment, to be aware of the resources where appropriate treatment is available and how to access them</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ability to communicate verbally &amp; in written form the findings &amp; recommendations of the assessment interview</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>able to critically evaluate the literature on outpatient assessment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>attitude, knowledge and skill in the administrative duties of an outpatient unit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SPECIFIC OBJECTIVES

**MEDICAL EXPERT: Knowledge**

<table>
<thead>
<tr>
<th>KNOWS:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data obtained by interview, needed to arrive at a diagnosis and to develop a treatment plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basics of the various theories underlying the presentation of various patients – biological, social and psychodynamic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When to investigate, when to refer, when to treat and when not to treat</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to access the systems of referral and investigation and how to convey this information to the patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to access information on research and education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to use computerized knowledge retrieval systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>And understands of financial competence, legal and ethical responsibilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Range of sociocultural, psychological and psychopharmacological interventions, their indications, risks and benefits in the outpatient setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL EXPERT: Skills**

<table>
<thead>
<tr>
<th>DEMONSTRATES COMPETENCE IN:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulating a diagnosis, including biological, social and psychodynamic factors which may be contributing to the presentation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulating an appropriate treatment plan which considers available resources, risk/benefit ratios of treatments offered, and likely outcomes of treatments delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery of outpatient psychopharmacology, supportive psychotherapy, as well as a working knowledge of other treatment modalities, e.g. group, interpersonal or brief psychotherapy, marital/sexual therapy and CBT.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recording of outpatient assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written and verbal communication with referral sources and community agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful working relationships with other professions and/or the outpatient multidisciplinary team.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEMONSTRATES AWARENESS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of referral patterns, community agencies, and local mental health delivery systems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of research questions that might be answered in an outpatient setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMUNICATOR**

<table>
<thead>
<tr>
<th>ABILITY TO:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis

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

Effectively convey to medical colleagues pertinent information and opinions

Prepare documentation that is accurate and timely

To convey an attitude of openness and/or inquiry

**COLLABORATOR**

**ABILITY TO:**

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

Consult effectively with other health care professionals and physicians

And willingness to teach and learn from colleagues

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

Contribute to interdisciplinary team activities

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

**MANAGER**

**ABILITY TO:**

Make cost effective use of resources based on sound judgment

Set realistic priorities and uses time effectively in order to optimize professional performance

Evaluate the effective use of resources

Understand and to make use of information technology to optimize patient care and life long learning

Direct patients to relevant community resources

Coordinate the efforts of the treatment team. Effective delegation

Convey an attitude of flexibility and practicality in establishing a treatment plan including; balancing optimum treatment with available resources

**HEALTH ADVOCATE**

Identifies and understands determinates of health affecting patients and communities,

Responds in a role appropriate fashion to issues where advocacy for the patient and community are appropriate

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

Awareness of governance structures in mental health care

**SCHOLAR**

Demonstrates an understanding of and a commitment to the need for continuous learning

Develops and implements an ongoing personal learning strategy

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

Helps others learn through guidance and constructive feedback

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**

Ability to convey an attitude of respect, interest and hope in all patient contacts

Ability 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

Demonstrates integrity, honesty, compassion and respect for diversity

Fulfils medical, legal, and professional obligations of a specialist

Collaborative and respectful patient relationships that demonstrate gender and cultural awareness
| Responsibility, dependability, self-direction, punctuality | 1 2 3 4 5 |
| Patience and flexibility in the face of complex clinical/administrative situations | 1 2 3 4 5 |
| Acceptance and constructive use of supervision and feedback | 1 2 3 4 5 |
| Awareness and application of ethical principles | 1 2 3 4 5 |
| Awareness of own limitations seeking advice when necessary | 1 2 3 4 5 |
| Ability to convey an attitude which appreciates the ramifications of proper records and proper communication in patient care, team functioning and medical-legal issues | 1 2 3 4 5 |

.................................

MALTA POST GRADUATE PSYCHIATRY PROGRAMME

CHILD AND ADOLESCENT PSYCHIATRY

ASSESSMENT FORM

**Key**

| 1 | Excellent |
| 2 | Competent |
| 3 | Needs Further Development |
| 4 | Poor/Incompetent |
| 5 | Inapplicable/too early in programme |

**MEDICAL EXPERT: Knowledge**

**KNOWS:**

- The ICD-10 disorders of infancy, childhood and adolescence. 1 2 3 4 5
- The basics of normal growth and development and learn to recognize deviance and psychopathology 1 2 3 4 5
- The common psychopharmacological agents used in children and adolescents 1 2 3 4 5
- Some of the recent pertinent literature in child psychiatry and able to appraise these critically 1 2 3 4 5
- The similarities, differences and relationship between child and adult psychopathology. 1 2 3 4 5
- The community resources available to children, adolescents and families and how to access these 1 2 3 4 5

**IS FAMILIAR WITH:**

- The current legislation pertaining to the physical and sexual abuse of children. 1 2 3 4 5
- The major and common disorders affecting children and adolescents. 1 2 3 4 5
- The basic concepts of the conduct of research in child psychiatry 1 2 3 4 5

**MEDICAL EXPERT: Skills**

**DEMONSTRATES COMPETENCE IN :**

- The assessment and diagnosis of a wide variety of problems in children and adolescents. 1 2 3 4 5
- Conducting an adequate psychiatric interview with children and families 1 2 3 4 5
- Conducting a proper mental status examination where applicable. 1 2 3 4 5
- Using the information obtained during the assessment to formulate a diagnosis taking into consideration the contributions from biological, social, environmental and psychodynamic factors. 1 2 3 4 5
- Ordering the necessary additional investigations and consultations in allied health professionals as required. 1 2 3 4 5
- Developing an appropriate treatment plan based on a rational selection of treatment modalities 1 2 3 4 5
- The use of psychotropic drugs in children 1 2 3 4 5
- Other treatment modalities such as individual/play therapy, family therapy, group therapy, behaviour therapy. 1 2 3 4 5
- The recording and reporting of assessments including written and verbal communication to referral sources 1 2 3 4 5
- Working with a multi-disciplinary team as well as other professionals. 1 2 3 4 5
COMMUNICATOR

ABILITY TO:

Listen effectively 1 2 3 4 5
Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis 1 2 3 4 5
Discuss appropriate information with the team, effectively providing and receiving information 1 2 3 4 5
Effectively convey to medical colleagues pertinent information and opinions 1 2 3 4 5
Prepare documentation that is accurate and timely 1 2 3 4 5
Be sensitive & skillful in communicating diagnosis, treatment or referral plan to patients & families 1 2 3 4 5

COLLABORATOR

ABILITY TO:

Recognize the need to share responsibility and accept input from other team members 1 2 3 4 5
Consult effectively with other doctors and health care workers 1 2 3 4 5
And willingness to teach and learn from colleagues 1 2 3 4 5
Work collaboratively with other members of the team, recognising their role and responsibilities 1 2 3 4 5
Contribute to interdisciplinary team activities 1 2 3 4 5
Facilitate the learning of patients, students & other health workers and contribute to new knowledge 1 2 3 4 5
Enhance staff morale and effectiveness of the therapeutic milieu. 1 2 3 4 5

MANAGER

ABILITY TO:

Make cost effective use of resources based on sound judgment 1 2 3 4 5
Set realistic priorities and use time effectively in order to optimize professional performance 1 2 3 4 5
Evaluate the effective use of resources 1 2 3 4 5
Understand and make use of information technology to optimize patient care and life long learning 1 2 3 4 5
Lead and coordinate the treatment team. 1 2 3 4 5
Delegate effectively and responsibly 1 2 3 4 5

HEALTH ADVOCATE

Ability to identify and understand determinates of health affecting children and adolescents 1 2 3 4 5
Responds adequately to issues where advocacy for the patient and his/her family are appropriate 1 2 3 4 5
Awareness of the major national and international advocacy groups in mental health care 1 2 3 4 5
Awareness of governance structures in Maltese Mental Health Care 1 2 3 4 5

SCHOLAR

Demonstrates an understanding of and a commitment to the need for continuous learning 1 2 3 4 5
Develops and implements an ongoing personal learning strategy 1 2 3 4 5
Ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management 1 2 3 4 5
Helps others learn through guidance and constructive feedback 1 2 3 4 5
Helps in the relevant education of the multidisciplinary team 1 2 3 4 5

PROFESSIONAL

Shows respect, interest, understanding and empathy in all assessments and patient contacts. 1 2 3 4 5
Understands the interacting factors influencing the precipitation, presentation & perpetration of illness 1 2 3 4 5
Appreciates difference between normal growth & development, versus deviance & psychopathology 1 2 3 4 5
Shows professionalism with respect to proper record keeping, confidentiality and medical/legal issues 1 2 3 4 5
Appreciates importance of accepting responsibility 1 2 3 4 5
Demonstrates integrity, honesty, compassion and respect for diversity 1 2 3 4 5
CHILD AND ADOLESCENT PSYCHIATRY

ENABLING OBJECTIVES

1. Six month rotation is the minimum time for a trainee.
2. This may include inpatient services, outpatient services, day treatment programs, as well as consultation-liaison services.
3. Trainees must be exposed to the major clinical syndromes in child psychiatry as well as exposure to different age groups.
4. Trainees should, whenever feasible, have some exposure to the following common disorders:
   - Developmental disorders
   - Conduct disorders
   - Adjustment disorders of children and adolescents
   - Attention deficit hyperactivity disorder
   - Psychotic disorders
   - Anxiety disorders including separation anxiety disorder and school phobia
   - Eating and elimination disorders
   - Affective disorders
5. Hence, in addition to the clinical supervisor, the Director of Training may assign another supervisor who will provide trainee with exposure to other clinical problems, modalities of treatment, be it family therapy or individual-play therapy and to other age groups. For example, the trainee who is rotating in a preschool program may have an additional supervisor for the assessment, management or psychotherapy of an adolescent, a latency aged child or family therapy with an adolescent/latency age child.
6. In addition to this direct supervision, the trainee would also, under supervision, do a minimum of five assessments in the presence of the supervisor with discussion regarding formulation and management and feedback regarding interviewing skills.
7. The trainee should do a minimum of 20 case assessments over a six-month period to get exposure to a variety of common disorders in child and adolescent psychiatry.
8. The trainee should be encouraged and initially supervised in the writing of a good assessment with formulation and treatment plan, referral letters to other professionals, legal letters where necessary as well as consultation reports to other colleagues/professionals.
9. Each trainee would eventually be given increasing responsibilities as to managing cases on their own with supervision and independence titrated according to the trainee’s seniority and competence.
10. Ongoing encouragement for research and writing of papers especially joining with ongoing projects under supervision.
11. Trainees on call in emergency or in any service be exposed to emergency problems as well as crisis intervention with children and families. It is the responsibility of the service chief to ensure such exposure.
12. Encourage trainees’ involvement in the teaching of medical and other students to help them assimilate the topics pertaining to child psychiatry that they would be involved in teaching.
13. Trainees will 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.
14. Trainee will be referred to appropriate literature and reading list during ongoing supervision as applicable to the management of cases at hand.
15. The trainee should receive the minimum of 3 hours of direct supervision per week, possibly two hours from the clinical supervisor, with the second supervisor providing one hour per week for child psychotherapy or family therapy.
16. Finally, trainees should participate in both the didactic and clinical intramural child psychiatry teaching program of the respective hospital including journal clubs and literature review seminars.
17. 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.
### Key

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Competent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Needs Further Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Poor/Incompetent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Inapplicable/too early in programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TERMINAL OBJECTIVES:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Proficiency in assessment, diagnosis and making treatment recommendations for patient care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Expertise in issues related to competency to consent to treatment, competency to manage personal finances, certifiability and other aspects of the Mental Health Act and be ability to advise other physicians in their duties and responsibilities in this regard</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competent with the management of patients from diverse social and cultural backgrounds, and appreciate how such factors can impact on treatment of their illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### SPECIFIC OBJECTIVES

#### MEDICAL EXPERT: Knowledge

**KNOWS:**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The diagnostic criteria for ICD-10 &amp; DSM IV-R 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</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The way psychosocial factors can influence the onset and etiology of physical disease</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How patients cope with physical disease, and the effects this has on themselves and their families</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The potential psychiatric reactions to medical disorders and treatments</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The principles of palliative care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The problems in biomedical ethics related to patients with medical – psychiatric disorders</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**ABILITY TO:**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise illness behaviour and somatization and understand the principles and concepts important in these processes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Recognise the medical syndromes which may present to a psychiatrist.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To assess competency to consent to treatment, to surgical interventions, and to make a will.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

#### MEDICAL EXPERT: Skills

**ABILITY TO:**

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Carry out a mental status examination and interpret the findings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Carry out conjoint and family interviews designed to evaluate the interactions between psychosocial factors and medical health problems.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Use psychotropic medications appropriately in medical-psychiatric disorders.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Write a consultation report which clearly answers questions related to the consultation request, and which provides recommendations to support appropriate interventions.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Present medical-psychiatric findings in a clear and succinct manner.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Assess the relevance of biological, psychological and social factors in the predisposition precipitation, perpetuation and prevention of illness.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Collaborate with the non-psychiatric health care team.  
Recognise and handle feelings in dealing with medically ill and defensive or difficult patients.  
Understand psychology of grief, death and dying.  

COMMUNICATOR

ABILITY TO:

Listen effectively  
Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis.  
Discuss information with the health care team, effectively providing and receiving information.  
Effectively convey to medical colleagues pertinent information and opinions.  
Prepare documentation that is accurate and timely  
Deal with patients and their families in an empathic, supportive and constructive manner.  

COLLABORATOR

ABILITY TO:

Work collaboratively and effectively with other health care professionals and physicians.  
Distinguish and utilise the distinctive contribution of each member of the team.  
Teach and learn from colleagues.  
Contribute to interdisciplinary team activities.  
Facilitate the learning of patients, students and health professionals and contribute to new knowledge.  

MANAGER

ABILITY TO:

Make cost effective use of resources based on sound judgment.  
Set realistic priorities and uses time effectively in order to optimize professional performance  
Evaluate the effective use of resources.  
Make use of information technology to optimise patient care and life long learning.  
Direct patients to relevant community resources.  
Coordinate the efforts of the treatment team.  
Delegate effectively  

HEALTH ADVOCATE

Ability to identify and understand determinates of health affecting patients and communities, and to respond effectively to issues where advocacy for the patient and community are appropriate.  
Shows awareness of the major national, and international advocacy groups in mental health care.  
Awareness of governance structures in mental health care.  

SCHOLAR SCHOLAR

Demonstrates an understanding of and a commitment to the need for continuous learning.  
Develops and implements an ongoing personal learning strategy.  
Ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management.  
Demonstrates ability to help others learn through guidance and constructive feedback.  

PROFESSIONAL

Demonstrates integrity, honesty, compassion and respect for diversity.  
Fulfils medical, legal, and professional obligations of a specialist.  

82
Collaborative and respectful patient relationships that demonstrate gender and cultural awareness.  
Responsibility, dependability, self-direction, punctuality.  
Patience and flexibility in the face of complex clinical/administrative situations.  
Acceptance and constructive use of supervision and feedback.  
Awareness and application of ethical principles.  
Awareness of own limitations seeking advice when necessary.

----------------------------------------

**MALTA POST GRADUATE PSYCHIATRY PROGRAMME**  
**EMERGENCY PSYCHIATRY ASSESSMENT FORM**

<table>
<thead>
<tr>
<th>Key</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needs Further Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor/Incompetent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inapplicable/too early in programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL EXPERT: Knowledge**

**KNOWS:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of consultation and role of the psychiatric consultant in emergency or acute situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The phenomenology, epidemiology, etiology, natural history, course and co-morbidity of psychopathological conditions met in emergency psychiatry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The interaction of biological, psychological, social and cultural factors involved in the etiology, prognosis, and course of acute disorders.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Mental Health Act (Malta)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relevant sections of the Criminal Code of Malta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biological/psychopharmacological intervention strategies (indications / contraindications) in acute situations;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and community resources available in acute situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethical considerations relevant to specific patients (e.g. Duty to warn, confidentiality etc)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ABILITY TO:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do risk assessments in each of suicide, violence and abuse for self and others</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct interview and intervention strategies (indications / contraindications) in acute situations – including the mini-mental status examination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL EXPERT: Skills**

**ABILITY TO:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct an interview using a variety of strategies and sources of information sufficient to develop a complete understanding of the emergency patient from a bio-psycho-social perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conduct a formal mental status examination including risk assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify acute organic situations requiring medical or psychiatric intervention including drug and alcohol intoxication/overdose/withdrawal and confusional state</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop and implement an initial treatment plan from a bio-psycho-social perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize clinical situations requiring consultation or expertise of other physicians;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Appropriately use laboratory exams and other investigative techniques</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Write a mental health certificate | 1 | 2 | 3 | 4 | 5
Respond rapidly and efficiently | 1 | 2 | 3 | 4 | 5
Implement techniques of non violent crisis intervention if necessary | 1 | 2 | 3 | 4 | 5
Apply or recommend application of the appropriate legislation if required | 1 | 2 | 3 | 4 | 5

**COMMUNICATOR**

**ABILITY TO:**

| Listen effectively                               | 1 | 2 | 3 | 4 | 5 |
| Establish optimal communication and therapeutic alliance with the range of patients presenting as an emergency | 1 | 2 | 3 | 4 | 5 |
| Discuss information with the health care team, effectively providing and receiving information. | 1 | 2 | 3 | 4 | 5 |
| Effectively convey to medical colleagues pertinent information and opinions. | 1 | 2 | 3 | 4 | 5 |
| Prepare documentation that is accurate and timely | 1 | 2 | 3 | 4 | 5 |
| Deal with patients and their families in an empathic, supportive and constructive manner. | 1 | 2 | 3 | 4 | 5 |
| Communicate verbally and in writing (where appropriate) with patients, families and referring physicians, | 1 | 2 | 3 | 4 | 5 |

**COLLABORATOR**

**ABILITY TO:**

| Work collaboratively and effectively with other health care professionals and physicians. | 1 | 2 | 3 | 4 | 5 |
| Distinguish and utilise the distinctive contribution of each member of the team. | 1 | 2 | 3 | 4 | 5 |
| Teach and learn from colleagues. | 1 | 2 | 3 | 4 | 5 |
| Contribute to interdisciplinary team activities. | 1 | 2 | 3 | 4 | 5 |
| Facilitate the learning of patients, students and health professionals and contribute to new knowledge. | 1 | 2 | 3 | 4 | 5 |

**MANAGER**

**ABILITY TO:**

| Make cost effective use of resources based on sound judgment. | 1 | 2 | 3 | 4 | 5 |
| Set realistic priorities and uses time effectively in order to optimize professional performance | 1 | 2 | 3 | 4 | 5 |
| Evaluate the effective use of resources. | 1 | 2 | 3 | 4 | 5 |
| Make use of information technology to optimise patient care and life long learning. | 1 | 2 | 3 | 4 | 5 |
| Coordinate the efforts of the treatment team. | 1 | 2 | 3 | 4 | 5 |
| Delegate effectively | 1 | 2 | 3 | 4 | 5 |

**HEALTH ADVOCATE**

| Ability to identify and understand determinates of health affecting the patient | 1 | 2 | 3 | 4 | 5 |
| Responds adequately to issues where advocacy for the patient is appropriate | 1 | 2 | 3 | 4 | 5 |
| Awareness of governance structures in mental health care. | 1 | 2 | 3 | 4 | 5 |

**SCHOLAR**

| Demonstrates an understanding of and a commitment to the need for continuous learning. | 1 | 2 | 3 | 4 | 5 |
| Develops and implements an ongoing personal learning strategy. | 1 | 2 | 3 | 4 | 5 |
| Ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management. | 1 | 2 | 3 | 4 | 5 |
| Demonstrates ability to help others learn through guidance and constructive feedback. | 1 | 2 | 3 | 4 | 5 |

**PROFESSIONAL**

| Demonstrates integrity, honesty, compassion and respect for diversity. | 1 | 2 | 3 | 4 | 5 |
| Fulfils medical, legal, and professional obligations of a specialist. | 1 | 2 | 3 | 4 | 5 |
| Collaborative and respectful patient relationships that demonstrate gender and cultural awareness. | 1 | 2 | 3 | 4 | 5 |
| Responsibility, dependability, self-direction, punctuality. | 1 | 2 | 3 | 4 | 5 |
Patience and flexibility in the face of complex clinical/administrative situations. 1 2 3 4 5
Acceptance and constructive use of supervision and feedback. 1 2 3 4 5
Awareness and application of ethical principles. 1 2 3 4 5
Awareness of own limitations seeking advice when necessary. 1 2 3 4 5

MALTA POST GRADUATE PSYCHIATRY PROGRAMME
FORENSIC PSYCHIATRY ASSESSMENT FORM

Key

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>Competent</td>
</tr>
<tr>
<td>3</td>
<td>Needs Further Development</td>
</tr>
<tr>
<td>4</td>
<td>Poor/Incompetent</td>
</tr>
<tr>
<td>5</td>
<td>Inapplicable/too early in programme</td>
</tr>
</tbody>
</table>

TERMINAL OBJECTIVES:

Developed familiarity with the process that mentally ill patients negotiate in the justice system 1 2 3 4 5
Develop expertise in legal constructs as applied to mental health patients, 1 2 3 4 5
Develop expertise in forensic assessment and report writing, 1 2 3 4 5
Develop capacity to give court testimony 1 2 3 4 5

SPECIFIC OBJECTIVES

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 1 2 3 4 5
2. Ability to contribute to the development and delivery of effective and comprehensive forensic psychiatry services. 1 2 3 4 5
3. Demonstrate knowledge and application of law and relevant aspects of criminology to forensic psychiatry practice. 1 2 3 4 5
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. 1 2 3 4 5
5. Demonstrate knowledge and application of organisation management to forensic psychiatry services. 1 2 3 4 5
6. Demonstrate knowledge and application of clinical governance to forensic psychiatry practice. 1 2 3 4 5
7. Demonstrate working knowledge of the interaction of psychopathology and offending behaviour 1 2 3 4 5
8. Explain the links between crime and mental disorder, including substance misuse 1 2 3 4 5
9. Summarise the biological, social and psychological predisposing factors to offending 1 2 3 4 5
10. Demonstrate a detailed criminological knowledge about offences relevant to forensic psychiatry, including homicide, violence, sexual, arson and drugs related offences 1 2 3 4 5
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 1 2 3 4 5
12. Ability to act as an expert witness and provide medico-legal opinions 1 2 3 4 5
13. Ability to prepare reports for the criminal and civil courts, Mental Health Review Tribunal 1 2 3 4 5
14. Demonstrate a knowledge of the diversity seen among special groups of offenders including: women, ethnic minorities, people with special cultural needs, the young, learning disabled 1 2 3 4 5
15. Demonstrate knowledge and experience of services for special groups of forensic patients including: women, ethnic minorities, the young, the elderly, those with sensory impairment, sex offenders, 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.

**Effective level of knowledge and understanding of the following topics**

<table>
<thead>
<tr>
<th>Topic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical and legal aspects of confidentiality and privilege</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malta Mental Health Act, The Constitution of Malta and important topics in the civil and criminal code,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malpractice and other forms of liability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) informed consent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) other forms of liability (abandonment etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) prevention and risk management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human rights</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forensic evaluations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) fitness to stand trial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) criminal responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) dangerous offender assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) testamentary capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(v) testimonial capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vi) capacity to contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(vii) fitness to work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(viii) competency to manage funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ix) child custody assessments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(x) psychiatric evaluations of adolescent offenders for the courts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xi) pre-sentence reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xii) treatment of patients who are serving prisoners in correctional institutions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinicians and Lawyers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) role of lawyers in the mental health system</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) dealing with patients’ lawyers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) dealing with third party lawyers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iv) lawyers’ perception of psychiatry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Clinician in Court</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) role of the expert witness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ii) ethical issues for expert witnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(iii) Criminal cases, Civil (including marital) cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MALTA POST GRADUATE PSYCHIATRY PROGRAMME

OLD AGE PSYCHIATRY ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Trainee</th>
<th>Placement</th>
<th>Clinical Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Dates</td>
<td>From……………….</td>
</tr>
<tr>
<td>Dr.</td>
<td>To……………….</td>
<td>Name</td>
</tr>
<tr>
<td>Year of</td>
<td>Signature</td>
<td>Dr.</td>
</tr>
<tr>
<td>Training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### MEDICAL EXPERT: Knowledge

#### ABILITY TO:

<table>
<thead>
<tr>
<th>Task</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Differentiate normal psychological changes occurring with age from psychopathology</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the natural course of psychiatric illness in late life</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the common psycho-social stressors of aging (social, economic and cultural changes) for the patient and their family, including caregiver stress</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Identify the common types of defense mechanisms and their use in facing the stresses of late life for the patient and their family</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>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, psychotic disorders, anxiety-related disorders, adjustment disorders, sexual dysfunctions, personality disorders, substance use disorders, developmentally delayed with severe mental illness, and co-morbid and concurrent disorders.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Determine which patients should be referred to other specialists (eg Neurologists)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the indications, side effects and drug interactions of psychotropic drugs in these patients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and appreciate issues related to End of Life care (including end of life decisions, cultural differences, grief, and bereavement)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and appreciate all aspects of elder abuse (including physical, psychological, financial and social), how to manage these issues including involving other professionals appropriately.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and appreciate indications for ECT treatment and issues concerning its use</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the principles of risk assessment (e.g. assessment of risk factors for driving, carrying fire arms etc.)</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Determine competency re: managing one’s affairs, granting a Power of Attorney, designation of primary living arrangements, consenting to treatment and making a will</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the ethical principles governing care for the elders</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe the nature of institutions &amp; community resources providing care for the mentally-ill elderly</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand the role of interdisciplinary team members in the care of the aging patient</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and appreciate racial, cultural, ethnic and other diversity issues affecting elderly mental health care.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Describe mental health promotion approaches to seniors</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

### MEDICAL EXPERT: Skills

#### ABILITY TO:

<table>
<thead>
<tr>
<th>Task</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take a history considering emotional aspects, sensory deficits, functional &amp; cognitive impairment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Perform a neurological examination for seniors</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>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).</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Develop a full differential diagnosis and comprehensive biopsychosocial functional formulation</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Develop comprehensive, problem-oriented investigation and treatment plans for aging psychiatric patients, with special emphasis on the co-existence of multiple problems</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Utilize appropriate treatment modalities, including pharmacotherapy, psychotherapy, ECT and family counseling for the whole range of psychiatric disorders

Make appropriate referrals to professionals & community resources to assist patients to live in their place of choice

Use different teaching techniques to participate in the education doctors, medical students, members of the multidisciplinary teams, agencies, patients, families & non family caregivers and other colleagues

Integrate information from the literature and research projects to make decisions that are based on evidence

Integrate 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

ABILITY TO:

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

Listen effectively

Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis

Discuss appropriate information with the team, effectively providing and receiving information

Effectively convey to medical colleagues pertinent information and opinions

Prepare documentation that is accurate and timely

Appreciate the essential requirement of empathy and rapport and the symbolic importance of the hospital as a protective environment

COLLABORATOR

ABILITY TO:

Recognize the need to share responsibility and accept input from other team members

Consult effectively with other doctors and health care workers

Teach and learn from colleagues

Work collaboratively with other members of the team, recognising their role and responsibilities

Contribute to interdisciplinary team activities

Facilitate the learning of patients, students and other health workers and contribute to new knowledge

Enhance staff morale and effectiveness of the therapeutic milieu

MANAGER

ABILITY TO:

Make cost effective use of resources based on sound judgment

Set realistic priorities and use time effectively in order to optimize professional performance

Evaluate the effective use of resources

Understand and make use of information technology to optimize patient care and life long learning

Understand principles of program evaluation and outcome measures

Lead and coordinate the treatment team.

Delegate effectively and responsibly
### HEALTH ADVOCATE

<table>
<thead>
<tr>
<th>Ability to identify and understand determinates of health affecting elderly patients</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds adequately to issues where advocacy for the patient and community are appropriate</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Awareness of the national &amp; major international advocacy groups in mental health care for the elderly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ability to advocate for patients when needed &amp; involve other health professionals appropriately e.g. elder abuse</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Awareness of governance structures in Maltese MENTAL Health Care</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### SCHOLAR

<table>
<thead>
<tr>
<th>Demonstrates an understanding of and a commitment to the need for continuous learning</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and implements an ongoing personal learning strategy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Ability to critically evaluate medical literature on mental health problems and disorders in older people (incidence, prevalence, and risk factors)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Helps others learn through guidance and constructive feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Appreciate importance of education of the multidisciplinary team</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Is aware of and attempts to utilize evidence based information and best practices guidelines</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### PROFESSIONAL

<table>
<thead>
<tr>
<th>Appreciates the importance of respect for patient rights both emotionally and legal</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciates importance of accepting responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Demonstrates integrity, honesty, compassion and respect for diversity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Fulfils medical, legal, and professional obligations of a specialist</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Collaborative and respectful patient relationships that demonstrate gender and cultural awareness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Responsibility, dependability, self-direction, punctuality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Patience and flexibility in the face of complex clinical/administrative situations</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Acceptance and constructive use of supervision and feedback</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Awareness and application of ethical principles</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Awareness of own limitations seeking advice when necessary</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Approach aging patients in an empathetic and positive manner and provides a climate favorable to the development of a therapeutic relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

### MALTA POST GRADUATE PSYCHIATRY PROGRAMME

#### PSYCHIATRIC REHABILITATION ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Key</th>
<th>1</th>
<th>Above Standard</th>
<th>2</th>
<th>Up to standard</th>
<th>3</th>
<th>Below standard</th>
<th>4</th>
<th>Very below standard</th>
<th>5</th>
<th>Inapplicable/too early in programme</th>
</tr>
</thead>
</table>

### TERMINAL OBJECTIVES:

<table>
<thead>
<tr>
<th>UNDERSTANDS:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree of disability and needs of patients with long term illness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Role of the family in the management of chronic patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The socio-economic and political factors affecting this disadvantaged group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

---
The role of physicians in developing necessary services and programs

<table>
<thead>
<tr>
<th>ABILITY TO:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>To work with families in a collaborative way</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To liaise productively with community agencies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To develop a comprehensive approach to the evaluation and management of chronic psychotic patients in both hospital and community settings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>To acquire knowledge of the literature and to develop research ideas and skills in order to add to the knowledge about this patient population.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

MEDICAL EXPERT: Knowledge

KNOWS:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology and natural history of conditions that lead to long-term functional impairment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Use of somatic therapies for these conditions, particularly the techniques and problems associated with maintenance medication</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Diagnosis &amp; treatment of tardive dyskinesia &amp; knowledge of the medico-legal issues involved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Treatment models, including individual, group and family interventions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Principles of psychiatric rehabilitation</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Basic administration knowledge concerning goal setting and principles of leadership</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The Mental Health Act and the financial issues relating to the long-term patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>The principles of case management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Stages of adaptation to a chronic illness, particularly when insight is impaired</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Community alternatives to hospitalization, eg., residences, day programs and workshops</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

MEDICAL EXPERT: Skills

DEMONSTRATES:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good interview skills in order to establish rapport and a long-term working relationship</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Skills for differential diagnosis</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Skills to assess and manage crises including suicidal and aggressive behaviour</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competence in pharmocotherapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competence in psychotherapy</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competence in psychosocial therapies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competence in crisis intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Competence in other biological therapies</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>An awareness of the countertransference issues related to working with passive and dependent patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

ABILITY TO:

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess and manage acute and chronic phases of illness in outpatient and inpatient settings</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Use laboratory and other tests in the evaluation and management of these patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Identify and assess the long-term deficits of the disorder and complications of treatment including tardive dyskinesia, chronic extrapyramidal symptoms, akathisia and neuroleptic malignant symptoms.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Use appropriate medico-legal procedures in the management of the patient</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Apply the Medical Health Act as it relates to the care of the chronic psychiatric patient.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Integrate different modalities of treatment and supportive services within a multidisciplinary setting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

COMMUNICATOR

ABILITY TO:
<table>
<thead>
<tr>
<th>Listen effectively</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicate to patients and families an accurate and thorough explanation of the diagnosis, investigations, treatment and prognosis</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Discuss appropriate information with the health care team</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Effectively convey to medical colleagues pertinent information and opinions</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Prepare documentation that is accurate and timely</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Maintaining a realistic view of the clinical course of the illness</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**COLLABORATOR**

<table>
<thead>
<tr>
<th>ABILITY TO:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cooperation and function effectively as a member of the multidisciplinary team</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Consult effectively with other health care professionals and physicians</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>To teach and learn from colleagues</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Recognise role and responsibilities of other members of the multidisciplinary team</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Contribute to interdisciplinary team activities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>facilitate the learning of patients, students and other health professionals</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**MANAGER**

<table>
<thead>
<tr>
<th>ABILITY TO:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Make cost effective use of resources based on sound judgment</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Sets realistic priorities and uses time effectively in order to optimise performance</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Evaluate the effective use of resources</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Understand and make use of information technology to optimize patient care and lifelong learning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Direct patients to relevant community resources</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Coordinate the efforts of the treatment team. Effective delegation</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**HEALTH ADVOCATE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and understands determinates of health affecting patients and communities</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Responding in a role appropriate fashion to issues where advocacy for the patient and community are appropriate</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness of the major regional, national, and international advocacy groups in mental health care</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Awareness of governance structures in mental health care</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**SCHOLAR**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding and is commitment to the need for continuous learning</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Develops and implements an ongoing personal learning strategy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to critically appraise current medical/psychiatric/theoretical knowledge and intervention strategies in patient management</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Helps others learn through guidance and constructive feedback</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to explore other models than the medical model for explaining psychopathology (i.e. systems theory, structural theory, feminist theories, etc.)</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

**PROFESSIONAL**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A sense of responsibility towards and interest in this subgroup of psychiatric patients</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>A respect for these patients and a sensitivity to their needs</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Demonstrates integrity, honesty, compassion and respect for diversity</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Fulfils medical, legal, and professional obligations of a specialist</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
Respectful patient relationships that demonstrate gender and cultural awareness & 1 & 2 & 3 & 4 & 5 
Responsibility, dependability, self-direction, punctuality & 1 & 2 & 3 & 4 & 5 
Patience and flexibility in the face of complex clinical/administrative situations & 1 & 2 & 3 & 4 & 5 
Acceptance and constructive use of supervision and feedback & 1 & 2 & 3 & 4 & 5 
Awareness and application of ethical principles & 1 & 2 & 3 & 4 & 5 
Awareness of own limitations seeking advice when necessary & 1 & 2 & 3 & 4 & 5 
A sensitivity to social class and ethnicity as these issues relate to the care and management of these patients & 1 & 2 & 3 & 4 & 5 

MALTA POST GRADUATE PSYCHIATRY PROGRAMME

SUBSTANCE ABUSE AND RELATED DISORDERS ASSESSMENT FORM

<table>
<thead>
<tr>
<th>Key</th>
<th>Excellent</th>
<th>Competent</th>
<th>Needs Further Development</th>
<th>Poor/Incompetent</th>
<th>Inapplicable/too early in programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL EXPERT: Knowledge

KNOWS:

- Basic pharmacology, genetics, neurophysiology, chemistry, and toxicology of substances of abuse, including tobacco & 1 & 2 & 3 & 4 & 5 
- The possible relationship(s) between substance use, abuse, or addiction and mental illness; & 1 & 2 & 3 & 4 & 5 
- The epidemiology of addictive disorders and its overlap with psychiatric illness; & 1 & 2 & 3 & 4 & 5 
- The nosology and contextual issues and concepts of alcohol, tobacco, and other drug abuse / dependence & 1 & 2 & 3 & 4 & 5 
- Criteria for outpatient and for hospital detoxification, and different levels of care; & 1 & 2 & 3 & 4 & 5 
- Diagnostic formulation and differential diagnosis & 1 & 2 & 3 & 4 & 5 
- The available treatment models, including psychotherapy & psycho-social modalities & 1 & 2 & 3 & 4 & 5 
- The Twelve Step Facilitation & 1 & 2 & 3 & 4 & 5 
- Principles of harm reduction versus abstinence models; & 1 & 2 & 3 & 4 & 5 
- Legal aspects of substance-related disorders & 1 & 2 & 3 & 4 & 5 

ABILITY TO:

- Assess of substance-related disorders & 1 & 2 & 3 & 4 & 5 
- Assess risk of harm as well as the impact of substances on the risk of harm; & 1 & 2 & 3 & 4 & 5 
- Recognise and manage withdrawal states & 1 & 2 & 3 & 4 & 5 
- Match patients with appropriate treatment & 1 & 2 & 3 & 4 & 5 
- Manage/treat addiction in special populations & 1 & 2 & 3 & 4 & 5 

MEDICAL EXPERT: Skills

DEMONSTRATES:

- An establishment of a therapeutic relationship & 1 & 2 & 3 & 4 & 5 
- A non-judgmental and non-moralistic therapeutic communication styles with addicted individuals; & 1 & 2 & 3 & 4 & 5 
- A knowledge of assessment protocols for alcohol, tobacco or other drugs & 1 & 2 & 3 & 4 & 5 
- A knowledge of treatment protocols for substance abuse in patients with mental illness & 1 & 2 & 3 & 4 & 5 

..............................
A knowledge of treatment protocols for substance abuse in patients without mental illness | 1 2 3 4 5
A knowledge of Acute care management | 1 2 3 4 5
A knowledge of sub-acute issues in management | 1 2 3 4 5
A knowledge of long-term care of patients with substance-related disorders | 1 2 3 4 5
A knowledge of alternative treatment agencies and referral procedures. | 1 2 3 4 5

### ABILITY TO:
- Examine patients in all phases of substance related disorders | 1 2 3 4 5
- Obtain a family history and collateral information | 1 2 3 4 5
- Screen for substance(s) of abuse, including tobacco | 1 2 3 4 5
- Screen for complications of substance-related disorders in psychiatric patients; | 1 2 3 4 5
- Offer integrated care for patients with concurrent disorders (versus sequential and parallel) | 1 2 3 4 5
- Order special investigations and toxicology testing | 1 2 3 4 5

### MEDICAL EXPERT: ATTITUDES
DEMONSTRATES: | 1 2 3 4 5
- a consistently non-judgmental attitude to those suffering from addiction | 1 2 3 4 5
- an understanding of addiction as a chronic medical disorder, requiring the necessary treatment | 1 2 3 4 5
- An endorsement of evidence-based practice in addiction medicine. | 1 2 3 4 5

### COMMUNICATOR
ABILITY TO: | 1 2 3 4 5
- Communicate effectively with the patients | 1 2 3 4 5
- to obtain adequate medical histories from patients | 1 2 3 4 5
- to obtain collateral information from family members and significant others | 1 2 3 4 5
- to obtain collateral information from other health care providers | 1 2 3 4 5

### COLLABORATOR

- Attend the local detoxification services | 1 2 3 4 5
- Attend outpatient addiction treatment services | 1 2 3 4 5
- Attend the long term treatment services (both government and NGO) | 1 2 3 4 5
- Provides assessment and treatment suggestions to peripheral referral sources (e.g. GP’s, other specialists), | 1 2 3 4 5

### MANAGER
ABILITY TO: | 1 2 3 4 5
- Make cost effective use of resources based on sound judgment | 1 2 3 4 5
- Set realistic priorities and use time effectively in order to optimize professional performance | 1 2 3 4 5
- Evaluate the effective use of resources | 1 2 3 4 5
- Lead and coordinate the treatment team. | 1 2 3 4 5
- Delegate effectively and responsively | 1 2 3 4 5

### HEALTH ADVOCATE

- Ability to identify and understand determinates of health affecting these patients | 1 2 3 4 5
- Responds adequately to issues where advocacy for the patient and his family are appropriate | 1 2 3 4 5
- Awareness of the major national and international advocacy groups in addictive disorders | 1 2 3 4 5
- Awareness of governance structures in mental health and addictive services in Malta. | 1 2 3 4 5
SCHOLAR

<table>
<thead>
<tr>
<th>Good attitude and interest in continued medical education in the field</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participates in the critical appraisal of manuscripts published in scientific journals</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability and willingness to participate in formal education of other health professionals</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

PROFESSIONAL

<table>
<thead>
<tr>
<th>Ability to deliver the highest quality care with integrity, honesty, and compassion.</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to maintain appropriate boundaries</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to remain non judgemental towards the person with addiction problems</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Ability to offer appropriate and accessible services to addicted individuals</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

.................................

MALTA POST GRADUATE PSYCHIATRY PROGRAMME

THE CASE CONFERENCE

Trainees present cases in rotation. Each trainee to present at least one case per trimester.
The format of the case conference should be adapted according to the nature of the patient that is being presented.
In general it can be structured into two distinct sections; the presentation of a case and the subsequent discussion.
The presentation must be as interactive as possible.

Suggested format:

- History
- Mental state examination
- Possible interview of patient or alternatively a short video tape of a patient
- Investigations – biological, social and psychological
- Aetiology
- Differential diagnosis
- Management - biological, social and psychological
- Presentations of evidence base for diagnosis/management i.e. review of relevant interesting issues

Module co-ordinator to evaluate trainee on the presentation and give a grade

The Evaluation

Grade A: Excellent
Grade B: Good
Grade C: Satisfactory
Grade D: Below standard

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Presenter (Trainee)</th>
<th>Name of Presentation</th>
<th>Module Co-ordinator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organisation of the Presentation</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarity of Presentation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishing and maintaining contact with audience</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>History taking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion of Aetiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion of Differential Diagnosis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Aims of the Journal Club:
1. to foster comfort and familiarity with critical reading of the psychiatric literature. To learn techniques of appraising review papers, meta-analyses, scientific papers and the scientific method.
2. to discuss elements of research methodology (study design, statistical analysis, etc.) so that research findings can be better understood and put in clinical perspective.
3. to keep abreast of recent findings in the literature.

The presenter (trainee) should cover the bare bones of the paper – the introduction and the relevance of the paper, the method, the results and the discussion. He/she is also to focus on the good points of the paper, the limitations and biases, and suggestions for improvement – how could the research have been more effective?

Module co-ordinator to evaluate trainee on the presentation and give a grade

**The Evaluation**

Grade A: Excellent
Grade B: Good
Grade C: Satisfactory
Grade D: Below standard

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Presenter (Trainee)</th>
<th>Name of Presentation/Article/Study (to include source and details of source)</th>
<th>Module Co-ordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Choice of Article/Study (how relevant, how interesting etc)

Trainee presented material in a clear and coherent fashion.

Trainee presented a coherent summary of study

A B C D
<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trainee demonstrated an understanding of the methodology of the study.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee was able to assess the validity of the results.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee was able to assess the applicability of the results to patient care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trainee was able to Establish and to maintain good contact with audience</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Overall Grade</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Signature of Module Co-ordinator ………………………………………………………………………………………………………………………………………..