CURRICULUM

# Rawalpindi Medical University

## University Residency Program 2021

## MD PSYCHIATRY

# Rawalpindi Medical University


**University Residency Program 2024**

**Curriculum for MD Psychiatry**

**Institute of Psychiatry**

**Rawalpindi Medical University**

**PREFACE**

The horizons of Medical Education are widening & there has been a steady rise of global interest in Post Graduate Medical Education, an increased awareness of the necessity for experience in education skills for all healthcare professionals and the need for some formal recognition of postgraduate training in Internal Medicine.

We are seeing a rise in the uptake of places on postgraduate courses in medical education, more frequent issues of medical education journals and the further development of e-journals and other new online resources. There is therefore a need to provide active support in Post Graduate Medical Education for a larger, national group of colleagues in all specialties and at all stages of their personal professional development. If we were to formulate a statement of intent to explain the purpose of this log book, we might simply say that our aim is to help clinical colleagues to teach and to help students to learn in a better and advanced way. This book is a state-of-the-art log book with representation of all activities of the MD Internal Medicine program at RMU.A summary of the curriculum is incorporated in the logbook for convenience of supervisors and residents. MD curriculum is based on six Core Competencies of ACGME (Accreditation Council for Graduate Medical Education) including

Patient Care, Medical Knowledge, System Based Practice, Practice Based Learning, Professionalism, Interpersonal and Communication Skills. A perfect monitoring system of a training program including monitoring of teaching and learning strategies, assessment and Research Activities cannot be denied so we at RMU have incorporated evaluation by Quality Assurance Cell and its comments in the logbook in addition to evaluation by University Training Monitoring Cell (URTMC). Reflection of the supervisor in each and every section of the logbook has been made sure to ensure transparency in the training program. The mission of Rawalpindi Medical University is to improve the health of the communities and we serve through education, biomedical research and health care. As an integral part of this mission, importance of research culture and establishment of a comprehensive research structure and research curriculum for the residents has been formulated and a separate journal for research publications of residents is available

Prof. Muhammad Umar
(Sitara-e-Imtiaz)
(MBBS, MCPS, FCPS, FACG,
FRCP (Lon), FRCP (Glasg), AGAF
Vice Chancellor Rawalpindi Medical University & Allied Hospitals

Initiating the MD Psychiatry Program at the Institute of Psychiatry, Rawalpindi Medical University, is indeed a milestone development. Behavioral Sciences and Psychiatry form a vital and essential component of any postgraduate training in any specialty to achieve competence as a specialized Health Professional.

I would like to take this opportunity to acknowledge Prof. Muhammad Umar, Vice Chancellor of Rawalpindi Medical University, for his vision and efforts in creating this document. I look forward to his enduring leadership in accomplishing the MD Program in Psychiatry.

I remain grateful to Professor Rai Muhammad Asghar, the Director of the Department of Medical Education, and his staff for facilitating my team's formulation of this curriculum.

I am indebted to my faculty members, Assistant Professors Dr. Sadia Yasir and Dr. Quratulain, and Senior Registrars Dr. Zarnain Umar, Dr. Zona Tahir, and Dr. Zaidan Idrees Choudhary at the Institute of Psychiatry, for organizing and formulating this curriculum with me. They all performed very well within a limited time frame.

I am also grateful to Mr Asif Siddique for the final editing, compiling, and formatting of this document.

**Prof Asad Tamizuddin Nizami**
Professor of Psychiatry
Chairman Institute of Psychiatry
Rawalpindi Medical University
Rawalpindi

| Contributors | |
|---|---|
|  | Professor Dr Asad Tamizuddin Nizami<br>Chairman |
|  | Dr Muhammad Kashif<br>Associate Professor |
|  | Dr Muhammad Azeem Rao<br>Associate Professor |
|  | Dr Qurrat Ul Ain Hamdan<br>Associate Professor |
|  | Dr Mahmood Ali Jafri<br>Assistant Professor |
|  | Dr Sadia Yasir<br>Assistant Professor |

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# Section- I

# Preamble

## Introduction to MD Psychiatry

The MD Psychiatry program at Rawalpindi Medical University is a rigorous four-year postgraduate course designed to provide comprehensive training in psychiatry. This program focuses on equipping future psychiatrists with the clinical expertise, theoretical knowledge, and research skills necessary for effective mental health care. Under the supervision of seasoned professionals and mentors, trainees gain hands-on experience in diagnosing, treating, and managing a wide range of mental health conditions across various clinical settings. The curriculum is structured to integrate theoretical learning with practical exposure, ensuring that graduates are proficient in evidence-based psychiatric practices. This program prepares physicians for a career that combines clinical excellence, compassionate patient care, and a deep understanding of the complexities of mental health Mission and Vision of Rawalpindi Medical University

## Mission

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable

## Vision

To impart evidence-based research-oriented health professional education, in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.

# MD Psychiatry Residency Program

## Mission

To provide exemplary medical care with dedication and skill, set high goals in mastering the art and science of medicine, and passionately teach and support our junior colleagues. We prioritize kindness and respect among colleagues and staff, foster our residency program's excellence, and contribute to the research mission of our medical center and beyond.

## Vision

To translate the latest scientific knowledge into practice, promote responsible resource stewardship, advocate for social justice in healthcare, extend our talents to improve community health, and serve as lifelong ambassadors for the Rawalpindi Medical University MD Psychiatry Residency Program.

## Rules and Regulations

**Admission Criteria**

The candidates shall apply through Central Induction Policy. The selection shall be merit based and twice a year.

**Eligibility**:

The applicant on the last date of submission of applications for admission must possess the:

**i.** Basic Medical Qualification of MBBS or equivalent medical qualification recognized by Pakistan Medical & Dental Council.

**ii**. Certificate of one year's House Job experience in institutions recognized by Pakistan Medical & Dental Council is essential.

**iii.** Valid certificate of permanent or provisional registration with Pakistan Medical & Dental Council.

**Registration**

• As per policy of Pakistan Medical Council the number of PG Trainees/ Students per supervisor shall be maximum 05 per annum for all residency programs including minor programs (if any).

• Beds to trainee ratio at the approved teaching site shall be at least 5 beds per trainee.

• The University will approve supervisors for MD courses.

• Candidates selected for the MD Psychiatry program through CIP shall give joining to department as well as medical superintendent of the Hospital.

## Framework of MD Psychiatry

| | | |
|---|---|---|
| 1. | Course Title: | MD psychiatry |
| 2 | Training Centre: | Institute of Psychiatry, Rawalpindi Medical University (RMU). |
| 3 | Duration of Course | 4 years |
| 4 | Credit Hours | 132 hours |
| 5 | Supervision | Structured training under the guidance of an approved supervisor. |
| 6 | Training Phase 1 | 1st Year ad 2nd Year in Institute of Psychiatry<br>Orientation and training in Adult Psychiatry<br>6 weeks rotation in Medicine<br>6 weeks rotation in Neurology<br>6 weeks rotation in Psychology<br>Workshops |
| 7. | Assessment of Phase I | **Formative assessment:**<br>Competency-based continuous internal assessment<br>• 360 Degree evaluation<br>• Workplace Based assessment<br>In-Training- Assessment Year-1<br>**Summative Assessment:**<br>At the end of 2 years, Mid Term Assessment |

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|---|---|---|
| 8. | Training Phase II | • Adult Psychiatry<br>• Child and adolescence psychiatry<br>• Forensic psychiatry<br>• Geriatric Psychiatry<br>• Psychotherapy |
| 9 | Assessment Phase II of Training | **Formative assessment:**<br>Competency-based continuous internal assessment<br>• 360 Degree evaluation<br>• Workplace Based assessment<br>In-Training Assessment at end of Year-3<br>**Summative assessment**<br>At the end of four years, candidates will take the Final term assessment |
| 10 | Research | • Topic of synopsis --- First 6 months of training<br>• One year disease statistical report --- End of 1st Year<br>• Submission of synopsis--- first 6 months of 2nd year<br>• ERB/IRF --- First 6 months of 2nd year<br>• BASR/ synopsis approval ---- Second 6 months of 2nd year<br>• Data Collection --- First 6 months of 3rd year<br>• Data Analysis --- First 6 months of 3rd year<br>• Thesis writing --- Second 6 months of 3rd year<br>• BASR Thesis approval --- First 6 months of 4th year<br>• Thesis Completion Certificate (DME) --- Second 6 months of 4th year |

## Training Pathway of MD Psychiatry

| Training Year | Rotations | | | | | | Assessment | Research |
|---|---|---|---|---|---|---|---|---|
| **First** | **12 Months** Adult Psychiatry | | | | | | 1st Year In-training Exam<br>MCQS<br>OSPE | One Disease Statistical Report |
| **Second** | 3 Months Adult Psychiatry | 6 Weeks Psychology | 6 Weeks Medicine | 3 Months Adult Psychiatry | 6 Weeks Neurology | 1.5 Months Adult Psychiatry | MTA<br>MCQS<br>OSPE | Synopsis Topic& Submission to IRF/ ERB - BASR Approval |
| **Third** | 3 Months Adult Psychiatry | 5 Months Child Psychiatry | 1 Month Child Psychology | 3 Months Adult Psychiatry | | | 3rd Year in training Exam<br>MCQS<br>OSPE | Data Collection<br>Data Analysis<br>Thesis Writing |
| **Fourth** | 3 Months Adult Psychiatry | 3 Months Forensic Psychiatry | 3 Months Psychotherapy Rotation | 3 Months Geriatric Psychiatry | | | Final Term Assessment<br>MCQS<br>OSPE | Thesis Completion Certification (DME) /BASR - Thesis Approval |

## Objectives of Course

## General Objectives:

i. Sufficient understanding of the basic sciences relevant to the subject of psychiatry.

ii. To diagnose and manage both the common and novel presentations of psychiatric conditions.

iii. To gain an understanding of cultural presentations of psychiatric conditions.

iv. To plan and advise measures to prevent and rehabilitate the mentally unwell.

v. To gain adequate knowledge and understanding about the evidence-based management of psychiatric conditions.

vi. To demonstrate skills in documenting individual case records of morbidity and mortality.

vii. To uphold and practice the ethical principles, thereby safeguarding the rights of the mentally unwell.

viii. To have empathy and a humane approach toward patients and their families.

ix. To have skills for effectively and efficiently implementing a national health program.

x. To organize and supervise healthcare services, demonstrating adequate managerial skills in the clinical/ hospital setting.

xi. To develop a self-directed learning ability, recognize continuing educational needs, select and use the appropriate learning resources.

xii. To develop skills in using educational methods and techniques for teaching of medical students.

xiii. To demonstrate being an effective leader of a health team.

## Specific Objectives:

**(A) Knowledge**

1. The development of a basic understanding of core concepts of psychology and psychiatry.
2. Etiology, clinical manifestation, disease course and prognosis, investigation and management of common psychiatric disorders.
3. Scientific basis and recent advances in pathophysiology, diagnosis, and management of psychiatric disorders.
4. Spectrum of clinical manifestations and interaction of multiple diseases in the same patient.
5. Psychological and social aspects of co-morbid medical illnesses.
6. Effective use and interpretation of investigation and special diagnostic procedures.
7. Critical analysis of treatment modalities' efficacy, cost-effectiveness, and cost-utility.
8. Patient safety and risk management.
9. Medical audit and quality assurance.
10. Ethical principles and medico-legal issues related to medical illnesses.
11. Updated knowledge of evidence-based medicine and its implications for diagnosis and treatment of psychiatric patients.
12. Familiarity with different care approaches and types of health care facilities towards the patient's care with Comorbid medical illnesses, including convalescence, rehabilitation, palliation, long-term care, and medical ethics.
13. Knowledge of patient safety and risk assessment and management.
14. Awareness and concern for the cost-effectiveness and risk-benefits of various advanced treatment modalities.
15. Familiarity with the concepts of administration and management and overall planning for a psychiatric unit.

**(B)Skills**

1. Interpret and integrate the history and examination findings and arrive at an appropriate differential diagnosis and final diagnosis.

2.Demonstrate competence in identification, analysis and management of the problem at hand by using appropriate resources, and interpretation of investigation results

3. Prioritize clinical problems for the start of interventions

4. Use evidence-based pharmacologic, psychological, and social interventions

5. Independently undertake counseling and informational care sessions

6. Independently conduct supportive psychotherapy, group therapy, and behavior therapy

7. Independently use electroplexy (electroconvulsive therapy) and other evidence-based physical methods of psychiatric treatment

8. Ability to relate clinical findings with psychopathological states and diagnosis of diseases.

9. Ability to select appropriate psychometric investigation tools/scales for confirmation of diagnosis and patients' management.

10. The formulation of a differential diagnosis with up-to-date scientific evidence and clinical judgment using history and physical examination data and the development of a prioritized problem list to select tests and make effective therapeutic decisions.

11. Assessing the risks, benefits, and costs of varying, effective treatment options; involving the patient in decision-making via open discussion; selecting drugs from within classes; and designing basic treatment programs and using critical pathways when appropriate.

12. Residents must be competent in performing all procedures essential for the practice of psychiatry.

13. Ability to present clinical problems and literature reviews in grand rounds and seminars**.**

14. Good communication skills and interpersonal relationships with patients, families, medical colleagues, nurses and allied health professionals.

15. Ability to implement strategies for preventive care and early detection of diseases in collaboration with primary and community care doctors.

16. Ability to understand medical statistics and critically appraise published work and clinical research on disease presentations and treatment outcomes. Experience in basic and/or clinical research within the training program should lead to publications and/or presentations in seminars or conferences.

16. Practice evidence-based learning concerning research and scientific knowledge about their discipline through comprehensive training in Research Methodology.

17. Ability to write forensic case reports and formulate opinions.

**(C) Attitudes**

**1.** The well-being and restoration of patients' health must be paramount.

2. Empathy and good rapport with patients and relatives are essential attributes.

3. An aspiration to be the team leader in total patient care involving nursing and allied medical professionals should be developed.

4. The cost-effectiveness of various investigations and treatments in patient care should be recognized.

5. The privacy and confidentiality of patients and the sanctity of life must be respected.

6. The development of a functional understanding of informed consent, advanced directives, and the physician-patient relationship.

7. Ability to appreciate the importance of the effect of disease on the psychological and socio-economic aspects of individual patients and to understand patients' psycho-social needs and rights, as well as the medical ethics involved in patient management.

8. Willingness to keep up with advances in Internal Medicine and other Specialties.

9. Willingness to refer patients to the appropriate specialty promptly.

10. Aspiration to be the team leader in patient care involving nursing and allied medical professionals.

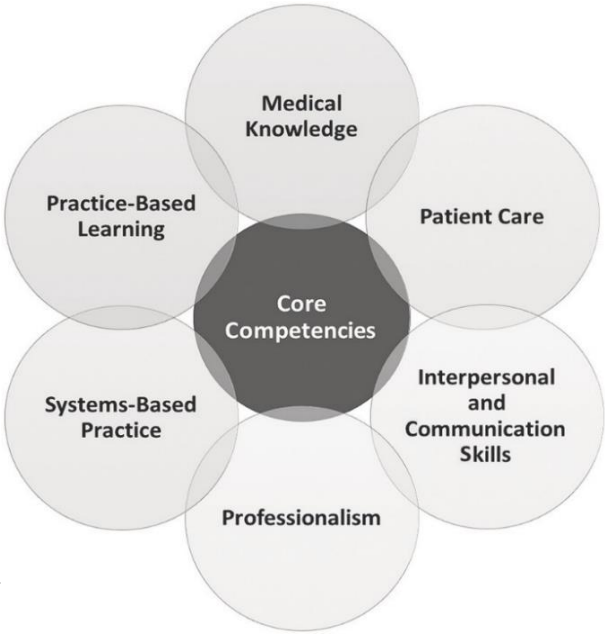
11. Promoting health via adult immunizations, periodic health screening, and risk factor assessment and modification.

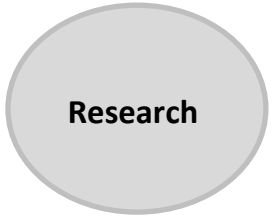
12. Recognition that teaching and research are important for the profession's advancement.\

## Core Competencies:

The curriculum MD Psychiatry Program of Rawalpindi Medical University, Rawalpindi is derived from **Accreditation Council for Graduate. Medical Education (ACGME)** which is competency / performance-based system competencies.

1. **Medical Knowledge**
2. **Patient Care**
3. **Interpersonal & Communication Skills**
4. **Professionalism**
5. **Practice Based Learning**
6. **System Based Learning**
7. **Research**



## 1. Medical Knowledge:

- **Clinical Disorders:**

  Broad spectrum of general psychiatry, including mood, anxiety, psychotic, and substance use disorders.

- **Axis III Conditions:**

  Integration of medical conditions (e.g., CNS lesions, HIV/AIDS) into psychiatric evaluation and care.

- **Core Content:**

  Subspecialties (e.g., child, geriatric, addiction psychiatry) and non-clinical topics like ethics, cultural psychiatry, and health system

## 2. Patient Care and Procedural Skills

- **Doctor-Patient Relationship & Assessment**

  Build therapeutic alliances, conduct psychiatric interviews, and perform mental status exams (MSE).

  Present findings effectively in clinical and formal evaluations.

- **Diagnosis & History Taking**

  Elicit accurate histories and perform comprehensive diagnostic evaluations.

  Integrate biological, psychological, and socio-cultural factors into clinical diagnoses.

- **Differential Diagnosis & Treatment Planning**

  Formulate differential diagnoses using DSM standards.

  Develop personalized, evidence-based treatment plans.

- **Psychopharmacology & Therapy**

  Use pharmacological treatments and psychotherapy effectively.

Understand ECT indications and apply various psychotherapies (supportive, psychodynamic, CBT).

- **Consultation & Collaboration**

  Provide consultations and coordinate care across diverse medical settings.

- Chronic Mental Illness

  Manage chronically ill patients with appropriate treatments and rehabilitation.

- **Leadership & Administration**

  Lead interdisciplinary teams and engage in quality assurance and performance improvement.

- **Family Violence & Abuse**

  Recognize and address family violence, supporting victims and intervening with perpetrators.

### 3. Interpersonal & Communication Skills

- **Effective Communication**

  Engage patients, families, and the public across diverse socioeconomic and cultural backgrounds.

  Collaborate effectively with physicians, healthcare professionals, and health-related agencies.

- **Teamwork**

  Function as an effective team member or leader in healthcare or professional groups.

  Provide consultative support to other healthcare professionals.

- **Documentation**

  Maintain comprehensive, timely, and legible medical record

## 4. Professionalism

- **Core Values**
  Exhibit compassion, integrity, and respect for others.
- **Patient-Centered Care**
  Prioritize patient needs above self-interest.
  Respect patient privacy and autonomy.
- **Accountability**
  Demonstrate responsibility to patients, society, and the profession.
- **Cultural Sensitivity**
  Provide responsive care that respects diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

## 5. Practice-Based Learning And Improvement

- **Self-Assessment and Growth**

  Identify strengths, deficiencies, and knowledge limits.

  Set learning and improvement goals and perform appropriate learning activities.

- **Feedback and Evidence Integration**

  Incorporate feedback into practice.

  Locate, appraise, and apply scientific evidence to patient care.

- **Education and Collaboration**

  Educate patients, families, students, residents, and healthcare professionals.

- **Practice Improvement**

Use quality improvement methods to analyze and enhance practice.

Leverage information technology to support learning and practice optimization.

### 6. Systems-Based Practice

- **Healthcare Systems**

  Work effectively in diverse healthcare delivery settings and systems.

  Coordinate patient care across the healthcare system.

- **Cost and Quality Considerations**

  Integrate cost-awareness and risk-benefit analysis into care decisions.

  Advocate for quality care and optimal care systems.

- **Teamwork and Safety**

  Collaborate in interprofessional teams to enhance patient safety and improve care quality.

  Identify system errors and contribute to implementing solution

### 7. Research

- **Enhancing Evidence-Based Practice**

  Research fosters critical thinking and ensures psychiatrists base their clinical decisions on the latest evidence.

- **Promoting Lifelong Learning**

  Engaging in research cultivates a habit of inquiry, keeping residents updated with advancements in psychiatry.

- **Contributing to Scientific Knowledge**

  Research participation enables residents to address gaps in psychiatric knowledge and improve patient care.

- **Developing Analytical and Critical Skills**

  Residents learn to design, execute, and evaluate studies, honing their ability to assess literature and methodologies.

- **Building Professional Credibility**

  Active research involvement enhances a resident's academic profile, paving the way for leadership roles in psychiatry.

| No. | Core Competency | Weightage |
|---|---|---|
| **1.** | Medical knowledge | 40% Both |
| **2.** | Patient care | |
| **3.** | Interpersonal & communication skills | 40% Both |
| **4.** | Professionalism | |
| **5.** | Practice based learning | 10% Both |
| **6.** | System based learning | |
| **7.** | Research | 10% Both |

## Teaching & Learning Strategies:

| No. | Topic | |
|---|---|---|
| 1. | **Inpatient Services** | 1. ECT under GA<br>2. General medicine<br>3. Neurology and Organic Psychiatry<br>4. Psychosocial rehabilitation<br>5. Psychometric tests<br>6. Risk Assessment<br>7. Counseling Sessions /NPIs<br>8. Supportive and Group Behavior therapy<br>9. Specialized Investigations (Lab, Radiological, Electrophysiological) |
| 2. | **Outpatient Services** | 1. Adult Psychiatry<br>2. Child Psychiatry<br>3. Geriatric Psychiatry<br>4. Substance use<br>5. Liaison Services |
| 3. | **Emergency services** | Our residents take an early and active role in patient care and obtain decision-making roles |

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| | | quickly. Within the Emergency duties, residents will actively manage patients presenting with psychiatric emergencies, including conversion disorders, violent patients, acute stress reactions, panic attacks, |
| 4. | **Liaison psychiatry** | Our residents should be able to provide liaison services to these departments regarding patient management:<br>• Pediatrics,<br>• Medicine<br>• Dermatology<br>• Emergency Medicine<br>• General Surgery<br>• Gynecology<br>• Neurology,<br>• Occupational Medicine<br>• Ophthalmology<br>• Orthopedics<br>• Otolaryngology<br>• Urology. |
| 5. | **Community Practice** | Residents experience the practice of psychiatry in a non-academic, non-teaching hospital |

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| | | setting. The rotation may be used to try out a practice that the resident later joins, to learn the needs of referring physicians, or to decide on a future career path |
| 6. | **Workshops** | Residents achieve hands-on training while participating in mandatory workshops of<br>• Research Methodology<br>• Advanced Life Support<br>• Communication Skills<br>• Computer & Internet<br>• Clinical Audit |
| 7. | **Core Faculty Lectures (CFL)** | • For eleven months, the core faculty lectures focus on monthly themes related to the various specialty medicine topics.<br>• Good lectures can introduce new material or synthesize students' concepts through text, web, or field-based activities. |
| 8. | **Introductory Lecture Series (ILS)** | Various introductory topics are presented by arranging lectures involving the faculty of medicine and neurology to introduce interns to basic and essential issues in their respective disciplines. |
| 9. | **Long and short case presentations** | Giving an oral presentation on ward rounds is an important skill for medical students to learn. It is a concise, edited presentation of the most essential information. The basic structure for oral case presentations includes Identifying information/chief complaint (ID/CC). |

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| | | History of present illness (HPI) including relevant ROS (Review of systems) questions only, detailed mental state examination, identifying other active problems, medications/allergies/substance use<br>(note: The complete ROS should not be presented in oral presentations, detailed personnel, premorbid personality, and social history (current situation and major issues only), Physical examination (pertinent findings only). One-line summary & Assessment, and plan. |
| 10. | **Journal Club Meeting (JC)** | A resident will be assigned to present, in-depth, a research article or topic of their choice of actual or potential broad interest and application.<br>Two hours per week should be allocated to discuss current articles or topics any participant introduces.<br>Faculty or outside researchers will be invited to present outlines or results of current research activities.<br>The article should be critically evaluated, and its applicable results should be highlighted, which can be incorporated into clinical practice.<br>Record of all such articles should be maintained in the relevant department |
| 11. | **Small Group Discussions/Problem-based learning/ Case-based learning** | Traditionally small groups consist of 8-12 participants. Small groups can perform various tasks, including problem-solving, role play, discussion, brainstorming, debate, workshops, and presentations. |

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| | | Case studies help learners identify problems and solutions, compare options, and decide how to handle a real situation. |
| 12. | **Discussion/Debate: Several types of discussion tasks would be used as learning methods for** | Residents include guided discussion, in which the facilitator poses a discussion question to the group.<br>Learners offer responses or questions to each other's contributions as a means of broadening the discussion's scope: inquiry-based debate, in which learners are guided through a series of questions to discover some relationship or principle; exploratory discussion, in which learners examine their personal opinions, suppositions or assumptions and then visualize alternatives to these assumptions; and discussion in which students argue opposing sides of a controversial topic. With thoughtful and well-designed discussion tasks, learners can practice critical inquiry and reflection, developing their thinking, considering alternatives, and negotiating meaning with other discussants to arrive at a shared understanding 15. |
| 13 | **Evening Teaching Rounds**: | During these sign-out rounds, the inpatient Chief Resident makes a brief educational presentation on a topic related to a patient currently in service, often associated with the discussion from the morning report. Serious cases are mainly focused during evening rounds. |
| 14 | **Clinicopathological Conferences** | The clinic pathological conference, popularly known as CPC, primarily relies on the case method of teaching medicine. The process involves case presentation, diagnostic data, discussion of differential diagnosis, logically narrowing the list to a few selected probable diagnoses, and eventually reaching a final diagnosis and a brief conversation. |

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| 15 | **Evidence-Based Medicine (EBM)** | The program director presents a series of noon monthly lectures to allow residents to learn how to appraise journal articles critically, stay current on statistics, and more. |
| 16 | **Clinical Audit-based learning** | "Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through a systematic review of care against explicit criteria…Where indicated, changes are implemented…and further monitoring is used to confirm improvement in healthcare delivery." Principles for Best Practice in Clinical Audit (2002, NICE/CHI). |
| 17 | **Peer-Assisted Learning** | Any situation where people learn from or with others of a similar level of training, background, or other shared characteristic. It provides opportunities to reinforce and revise their learning.<br>It enhances communication skills, empathy, appraisal skills (of self and others), including giving and receiving appropriate feedback. It enhances organizational and team-working skills |
| 18 | **Morbidity and Mortality Conference (MM):** | The M&M Conference is held occasionally at noon throughout the year. A case with an adverse outcome, though not necessarily resulting in death, is discussed and thoroughly reviewed. Faculty members from various disciplines are invited to attend, especially if they are involved in patient care. The discussion focuses on how care could have been improved. |
| 19 | **Clinical Case Conference** | Each resident, except when on vacation, will be responsible for at least one clinical case conference each month.<br>The cases discussed may be those seen in the consultation or clinic service or during rotations in specialty areas. |

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| | | With the advice of the Attending Physician on the Consultation Service, the resident will prepare and present the case(s) and review the relevant literature. |
| 20 | **Skill teaching in ward setting** | Residents must develop a comprehensive understanding of the indications, contraindications, limitations, complications, techniques, and interpretation of results of those technical procedures integral to the discipline (mentioned in the Course outlines)<br>Residents must acquire knowledge of and skill in educating patients about the technique, rationale of treatment, and informed consent. Faculty supervision of residents in their performance is required, and the program director must document each resident's experience in such procedures. |
| 21 | **Directly Supervised Procedures (DSP)** | During some rotations, residents learn procedures under the direct supervision of an attending or fellow. |
| 22 | **Self-directed learning** | In self-directed learning, residents have primary responsibility for planning, implementing, and evaluating their efforts. The facilitator's role in self-directed learning is to support learners in identifying their needs and goals for the program, clarify the learners' directions and objectives, and provide timely feedback. Self-directed learning can be highly motivating, especially if the learner is focusing on problems of the immediate present, a potential positive outcome is anticipated and obtained, and they are not threatened by taking responsibility for their learning service. |
| 23 | **Follow-up clinics** | These include regular follow-up of the patients, advising medications, and ensuring compliance along with the provision of psychotherapies. |

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| | | Rehabilitation information and support: We discuss their individualized recovery from severe illness with patients and relatives. This includes expectations, realistic goals, changes in family dynamics, and coming to terms with lifestyle changes.<br>Identifying physical, psychological, or social problems. Some of our patients have issues either as a result of their critical illness or because of other underlying conditions. The follow-up team will refer patients to various specialties, if appropriate.<br>Promoting a quality service: Feedback from patients and relatives about their ward experience is invaluable |
| 24 | **Core curriculum meeting** | All the core topics of psychiatry should be thoroughly discussed during these sessions. Each session should be at least two hours once a month. It should be chaired by the chief resident (elected by the residents of the relevant discipline). Each resident should be allowed to brainstorm all topics included in the course and generate new ideas regarding improving the course structure. |
| 25. | **Annual Grand Meeting** | All residents enrolled in MD psychiatry should be invited to the annual meeting at RMU once a year. One full day will be allocated to this event. Feedback should be collected, and suggestions should be sought to involve residents in decision-making.<br>The research work done by residents and their literary work may be displayed. In the evening, an informal gathering and dinner can be arranged. This will help create a sense of belonging and ownership among students and the faculty. |

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| 26 | **Learning through maintaining a logbook** | It lists the core clinical problems to be seen during the attachment and documents the student activity and learning achieved with each patient contact. |
| 27 | **Learning through maintaining a portfolio** | One of the Individual reflection tools for maintaining portfolios, Personal Reflection, allows students to take inventory of their current knowledge skills and attitudes to integrate concepts from various experiences, transform current ideas and experiences into new knowledge and actions, and complete the experiential learning cycle**.** |
| 28 | **Task-based learning** | The students are given a list of tasks to consult with the attending staff, interview and examine patients, and review many new radiographs with the radiologist. |
| 29 | **Community-Based Medical Education** | CBME refers to medical education based outside a tertiary or large secondary-level hospital. It involves learning epidemiology, preventive health, public health principles, community development, the social impact of illness, and understanding how patients interact with the healthcare system. |
| 30 | **E-learning/web-based medical education/computer-assisted instruction** | Computer technologies, including the Internet, can support a wide range of learning activities, from the dissemination of lectures and materials to access to live or recorded presentations, real-time discussions, self-instruction modules, and virtual patient simulations.<br>Distance independence, flexible scheduling, the creation of reusable learning materials that are easily shared and updated, the ability to individualize instruction through adaptive instruction technologies, and automated record-keeping for assessment purposes**.** |

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| 31 | **Research-based learning** | All residents in the categorical program must complete an academic outcomes-based research project during their training.<br>The research work shall be compiled into a thesis to be submitted for evaluation by each resident before the end of the training.<br>The designated Faculty will organize and mentor the residents through the process, as well as organize journal clubs to teach critical appraisal of the literature |

# Section 2

# Course Content

## Framework of Course Content

The course content of a psychiatry residency curriculum is meticulously designed to ensure comprehensive training in diagnosing, managing, and preventing mental health disorders. It integrates foundational knowledge of neuroscience, psychopharmacology, and psychotherapy with practical clinical skills, fostering a holistic understanding of mental health care. The relevance of this curriculum lies in its ability to address diverse patient needs across age groups and settings, from acute psychiatric emergencies to long-term therapeutic interventions. By emphasizing evidence-based practices and emerging trends, the curriculum prepares residents to tackle current challenges, such as the rise in mental health disorders and the integration of technology in care. Furthermore, it equips future psychiatrists to engage in multidisciplinary collaboration, research, and advocacy, making them pivotal in advancing mental health systems globally

## Credit Hours of MD Psychiatry

According to the HEC criteria**, 16 teaching/learning hours** equate to **1** credit hour:

1. For **each training year**: 33 credit hours x 16 hours = **528 teaching/learning hours per year**.
2. For the **4-year program**: 528 hours x 4 years = **2,112 total teaching/learning hours for the entire program**

## Table of Contents of First Year Clinical Component


| S No. | Content |
|---|---|
| **1.** | History taking (knowledge) |
| **2.** | History taking (skills) |
| **3.** | History taking (behaviors) |
| **4.** | Clinical examination (knowledge) |
| **5.** | Clinical examination (skills) |
| **6.** | Clinical examination (behaviors) |
| **7.** | Time management and decision making |
| **8.** | Decision making and clinical reasoning |
| **9.** | Phenomenology |
| **10.** | Classification of common psychiatric disorders |
| **11.** | Bio-Psycho-Social model |
| **12.** | Non pharmacological interventions |
| **13.** | Medical Ethics and professionalism |
| **14.** | Biological basis of human behavior |
| **15.** | Psychology and psychometrics |
| **16.** | Sociology |
| **17.** | Anthropology |
| **18.** | Common psychiatric disorders |

## Curriculum For First Year MD Psychiatry Training

| Topics | Learning objectives | Cognitive Level |
|---|---|---|
| **History taking (knowledge)** | • To progressively develop the ability to obtain a relevant, focused history from increasingly complex patients and challenging circumstances.<br>• To record accurately and synthesize history with mental state examination and formulation of management plan according to likely clinical evaluation.<br>• Recognizes the importance of different elements of history.<br>• Recognizes the importance of clinical (particularly cognitive impairment), psychological, social, cultural, and nutritional factors relating to ethnicity, race, cultural or religious beliefs and preferences, sexual orientation, gender, and disability.<br>• Recognizes that patients do not present history in a structured fashion and may be influenced by acute and chronic medical conditions.<br>• Knows likely causes and risk factors for conditions relevant to the presentation mode. Recognizes that history should inform examination, investigation, and management. | • C3 |

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|---|---|---|
| **History taking (skills)** | • Identify and overcome possible barriers (e.g., cognitive impairment) to effective communication<br>• Manage time and draw consultation to a close appropriately.<br>• Supplement history with standardized instruments or questionnaires when relevant.<br>• Manage alternative and conflicting views from family, carers, and friends.<br>• Assimilate history from the available information from the patient and other sources.<br>• Recognize and interpret the use of non-verbal communication from patients and carers.<br>• Focus on relevant aspects of history. | • C3 |
| **History taking (Attitude)** | • Show respect and behave as per good medical practice. | • C3 |
| **Mental state and clinical examination (Knowledge)** | • To progressively develop the ability to perform focused and accurate mental and clinical examinations in increasingly complex patients and challenging circumstances.<br>• To elicit relevant psychopathology in mental state examination and physical findings to history to establish the diagnosis and formulate a management plan.<br>• Understand the need for a valid mental state clinical examination.<br>• Understand the basis for mental state findings and the relevance of positive and negative findings. | • C3 |

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| | • Recognize constraints to performing mental state and physical examination and strategies that may be used to overcome them.<br>• Recognize the limitations of mental state and physical examination and the need for adjunctive assessment forms to confirm diagnosis. | |
| **Mental state and clinical examination (skills)** | • Perform MSE relevant to the presentation and risk factors that are valid, targeted, and time-efficient.<br>• Recognize the possibility of deliberate harm in vulnerable patients and report to appropriate agencies.<br>• Interpret findings from the history, physical examination, and mental state examination, appreciating the importance of clinical, psychological, religious, social and cultural factors<br>• Actively elicit important clinical findings<br>• Perform relevant adjunctive examinations, including cognitive examinations such as Mini-Mental State Examination (MMSE) and Abbreviated Mental Test Score (AMTS). | • C3 |
| **Mental state and clinical examination (Attitude)** | • Show respect and behave under Good Medical Practice. | • C3 |

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|---|---|---|
| **Time management and decision-making** | • To increasingly prioritize and organize clinical and clerical duties to optimize patient care.<br>• To become increasingly able to make appropriate clinical and clerical decisions to maximize the effectiveness of the clinical team resource. | • C3 |
| **Decision making and clinical reasoning** | • To progressively develop the ability to formulate a patient's diagnostic and therapeutic plan according to the available clinical information.<br>• To progressively develop the ability to prioritize the diagnostic and therapeutic plan.<br>• To be able to communicate the diagnostic and therapeutic plan appropriately. | • C3 |
| **Phenomenology (Knowledge)** | • To identify and elicit disorders of:<br>- Consciousness<br>- Thinking and Speech<br>- Emotions<br>- Perception<br>- Memory | • C3 |
| **Classification (Knowledge)** | • To classify common psychiatric disorders according to ICD-11 and DSM V diagnostic criteria.<br>• To compare the two diagnostic criteria and identify the etiological and contextual factors according to the multiaxial system. | • C3 |

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| **Bio-psycho-social model and non-pharmacological interventions (Knowledge, skill and attitude)** | • To formulate a case based on biological, psychological, and social factors involved in disease causation, maintenance, and progression.<br>• To be able to formulate a management plan keeping in view the bio-psycho-social model.<br>• To apply and demonstrate the common NPIs, i.e., counseling, breaking bad news, informational care, conflict resolution, problem-solving, anger management, crisis intervention, and de-escalation techniques through observation and supervision. | • C3 |
| **Medical ethics and professionalism** | • To define the basic concepts of the Hippocratic Oath, The issues of transference and counter-transference, the Doctor-Patient relationship, Patient's and Doctor's rights, Peculiar ethical issues in Psychiatry, Relationship with the pharmaceutical industry, media and other social institutions, Professionalism | • C3 |
| **Biological basis of human behavior** | • To define the basics of Neuroanatomical structures and associated syndromes, Neurochemical and Neurophysiological concepts, Psych neuroendocrinology, Psychoneuroimmunology, and Chronobiology. | • C3 |
| **Psychology and psychometrics** | • To define the perspectives in Psychology, History of Psychology, Learning, Memory, Perception, Intelligence, Consciousness and unconsciousness, Thinking and language, Motivation, Emotions, Personality development, Childhood, Adolescence, Adulthood, Old age Cognitive, Social, Moral, Emotional, Sexual, Temperament Trait Theorists, | • C3 |

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|---|---|---|
| | Developmental Theorists, Schools of Psychopathology, Psychoanalytic, Psychodynamic, Cognitive, Interpersonal, Behavioral Psychological Assessment.<br>• To administer and interpret the results of the Psychometrics Assessment of personality (ability to choose, administer, and analyze at least one projective and two non-projective personality assessment tools), the measurement and Rating of Anxiety, Depression, Schizophrenia, and Mania Scales, and psychometric tools in assessing organicity. | |
| **Sociology** | • To enumerate social factors Influencing Human Development, Mental Health and Illness<br>• To define stigma, sick roles, deviation, myths, and misconceptions.<br>• To extrapolate the concept of Social Class and Mental Disorders, Social causation theory, Drift Hypothesis, Segregation Hypothesis, Holmes and Rahe's Social Risk factors, Therapeutic Community, Institutionalization, and Deinstitutionalization.<br>• To explain Parenting and Child Rearing Practices, the Impact of Discord, Violence, Child abuse, Divorce, and the Influence of Illness and Death on Child development.<br>• To explain the Social Theories of Weber, Marx, Durkheim, Foucault, Parsons, Goffman, and Heberman.<br>• To explain the concept of Family, Family Types, Social systems and stratifications, Social change, Gender differences, stereotyping, patriarchy, social roles, and sexual harassment.<br>• To document the relationship between culture, society, ethnicity, race, religion, attitudes, and values - the pluralist model. | • C3 |

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| | • To categorize and identify the pathological effects of culture and its impact on doctor-patient relationships. | |
| **Anthropology** | • To describe the influence of culture, society, and environment on mental health and illness.<br>• To describe the evolutionary processes of civilization, society, ethnicity, culture, language, and ways of living and their influence on causing differences in thinking, conduct, perception of reality, and behavior across the world, in general, and across Pakistan's provinces.<br>• Study people in their natural habitats, e.g., subcultures of deserts, river beds, mountainous terrains, coastal areas, and plains of Pakistan. Influence of Pakistani cultures and subcultures on the presentation and treatment of psychiatric disorders.<br>• To identify the Significance and influence of shrines, faith healers, charlatans, quacks, and alternative medicine on mental health issues and their management, Influence of culture on personality development, social roles, and gender issues.<br>• To describe Culture syndromes: Dhaat Syndrome, Gas and Gola Syndrome, Possession state, Jin, Bhoot, Amok, Latah, Voodoo Cultural psychotherapy methods and treatment of mental illness. | • C3 |

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| **Common psychiatric disorders** | • To define and classify the common psychiatric disorders presenting in general adult psychiatry<br>• To identify the common presentations in psychiatric settings and relate them to ICD-11 and DSM V.<br>• To devise a management plan considering the list of important differentials.<br>• Depression, bipolar affective disorder, schizophrenia, substance use disorders, suicide and deliberate self-harm, dementia, epilepsy. | • C3 |

## CURRICULUM FOR SECOND YEAR MD PSYCHIATRY TRAINING

### TABLE OF CONTENTS


| S. No | CONTENT |
|---|---|
| **1.** | Stress related disorders |
| **2.** | Mood disorders |
| **3.** | Schizophrenia and schizoaffective disorders |
| **4.** | ECT |
| **5.** | Organic psychiatry |
| **6.** | Substance use disorders |
| **7.** | Emergency psychiatry |
| **8.** | Psychopharmacology |

## Curriculum For Second Year MD Psychiatry Training

| Topics to be taught | Learning objectives<br>Students should be able to: | Cognitive Level |
|---|---|---|
| **Stress-Related Disorders** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation.<br>• To identify epidemiological factors contributing to psychiatric disorders<br>• To relate the common psychiatric presentation with underlying psychopathology.<br>• To identify medical comorbidities in general and special populations.<br>• To demonstrate the relevant mental state findings and categorize them according to ICD11 diagnostic criteria.<br>• To formulate the history and mental state examination and devise a management plan under supervision.<br>• Stress-Related Disorders.<br>• Dissociative disorders.<br>• Adjustment Disorders.<br>• Acute and Chronic Stress Disorder.<br>• Acute stress reaction, PTSD.<br>• Grief reactions. | • C3 |

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|---|---|---|
| **Mood Disorders** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation.<br>• To identify epidemiological factors contributing to psychiatric disorders.<br>• To relate the common psychiatric presentation with underlying psychopathology.<br>• To identify medical comorbidities in general and special populations.<br>• To demonstrate and categorize the relevant mental state findings according to ICD11 diagnostic criteria.<br>• Formulating the history and mental state examination and devising a management plan under supervision.<br>• To identify high-risk patients and manage them under supervision.<br>• Mood disorders:<br>Bipolar Affective disorders<br>• Depression<br>• Persistent mood disorder | • C3 |
| **Schizophrenia And Schizoaffective Disorders** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation.<br>• To identify epidemiological factors contributing to psychiatric disorders.<br>• To relate the common psychiatric presentation with underlying psychopathology.<br>• To identify medical comorbidities in general and special populations. | • C3 |

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|---|---|---|
| | • To demonstrate and categorize the relevant mental state findings according to ICD11 diagnostic criteria.<br>• To formulate the history and mental state examination and devise a management plan under supervision. | |
| **ECT** | • To describe the different parts of the ECT machine and its working<br>• To predict the indications/ contraindications<br>• To prepare the patient for ECT using standard protocols<br>• To administer ECT under supervision<br>• To monitor short and long-term side effects and their management | • C3 |
| **Organic Psychiatry** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation.<br>• To identify epidemiological factors contributing to psychiatric disorders.<br>• To relate the common psychiatric presentation with underlying psychopathology.<br>• To identify medical comorbidities in general and special populations.<br>• To demonstrate the relevant mental state findings and categorize them according to ICD11/DSMV diagnostic criteria.<br>• To identify and manage psychiatric presentations of underlying organic pathologies<br>• To advise relevant lab tests and radiological investigations, interpret the results, and correlate with clinical findings | • C3 |

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|---|---|---|
| | • Delirium, Dementia, Focal cerebral syndrome, Amnesias, Neurodegenerative disorders, Cerebrovascular syndromes, Intracranial infections, Brain tumors, Multiple sclerosis, Dyskinesias, Epilepsy, Sleep disorders, Mental retardation | |
| **Substance Use Disorders** | • To enumerate various drugs of abuse according to ICD11/DSMV diagnostic criteria<br>• To classify substances of abuse with their presentations and differentiate among harmful use, abuse, withdrawal, dependence, intoxication<br>• To describe the neuroanatomical and neurophysiological changes due to different substances of abuse<br>• To manage the cases under supervision<br><br>• Drug Abuse<br>- Alcohol-related disorders<br>- Opioids<br>- Anxiolytics and Hypnotics<br>- Cannabis<br>- Stimulants<br>- Solvents, Inhalants | • C3 |

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| **Emergency Psychiatry** | • To identify psychiatric emergencies<br>• To actively participate in the management of psychiatric emergencies under supervision<br>• Suicide and deliberate self-harm<br>• Handling a violent patient<br>• Conversion disorder and Panic attacks<br>• Intoxication | • C3 |
| **Psychopharmacology** | • To describe the Mechanism of action, indications, contraindications, side effects, monitoring, and drug interactions of neuroleptics like<br>- Anxiolytics<br>- Hypnotics<br>- Antipsychotics<br>- Antiparkinsonians<br>- Antidepressants<br>- Mood stabilizers<br>- Psychostimulants<br>- Drug Interactions<br>- Nonpsychotropics with neuropsychiatric effects<br>• To order relevant investigations before starting medication and continuous monitoring during the continuation phase. | • C3 |

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| | • To use this knowledge in the management of patients. | |

## ROTATIONS

### NEUROLOGY

**Educational Purpose:**

To give residents formal instruction, clinical experience, and the opportunity to acquire the expertise necessary to evaluate and manage neurological diseases.

**General objectives of the Neurology course:**

At the end of the Neurology rotation, the resident should achieve the following:

1. Develop a broad understanding of neurological principles and their relevance to psychiatry.
2. Acquire skills to prevent, diagnose, and manage central and peripheral nervous system disorders.
3. Perform and interpret a detailed neurological examination, including clinical sign interpretation and disease localization.
4. Formulate accurate differential diagnoses for neurological conditions.
5. Learn the basics of interpreting neuroimaging (CT, MRI) and electrophysiological studies (EEG, EMG).
6. Understand medical and surgical treatment options, as well as prevention strategies for neurological diseases.
7. Identify neurological emergencies, provide initial management, and seek expert assistance as needed.
8. Recognize and manage neurological manifestations of systemic diseases.
9. Integrate symptoms and signs into neurological syndromes to recognize and manage specific illnesses.
10. Formulate comprehensive investigation and management plans while assessing prognos

| Content of Neurology Rotation | |
|---|---|
| Common Clinical Disorders | • Headache<br>• Facial Pain<br>• Inflammatory meningeal and encephalitic lesions<br>• Epilepsy<br>• Syncope and Dysautonomia<br>• Sensory Disturbances<br>• Weakness and Paralysis<br>• Transient Ischemic Attacks<br>• Stroke<br>• Intracranial and Spinal Space-Occupying Lesions.<br>• Non-metastatic Neurologic Complications of Malignant Disease.<br>• Pseudo tumor Cerebri<br>• Selected Neurocutaneous Diseases<br>• Movement Disorders<br>• Dementia<br>• Multiple Sclerosis<br>• Vitamin E Deficiency<br>• Spasticity<br>• Myelopathies in AIDS<br>• Myelopathy of Human T Cell Leukemia Virus<br>• Subacute Combined Degeneration of the Spinal Cord.<br>• Wernicke's Encephalopathy<br>• Stupor and Coma |

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|---|---|
| | • Head Injury<br>• Spinal Trauma<br>• Syringomyelia<br>• Motor Neuron Diseases<br>• Peripheral Neuropathies<br>• Discogenic Neck Pain<br>• Brachial and Lumbar Plexus Lesions<br>• Disorders of Neuromuscular Transmission<br>• Myopathic Disorders<br>• Periodic Paralysis Syndrome |
| C**ommon Clinical Presentations** | • Abnormal speech<br>• Abnormal vision<br>• Altered sensation<br>• Confusion<br>• Disturbed gait or coordination<br>• Dizziness, vertigo<br>• Headache<br>• Hearing loss<br>• Localized pain syndromes: Facial pain, radiculopathy<br>• Loss of consciousness<br>• Memory impairment<br>• Seizure<br>• Sleep disorder |

| | |
|---|---|
| | • Tremor<br>• Weakness/paresis (generalized, localized) |
| **Understanding Investigations** | • Anticonvulsant drug levels<br>• Computed tomography, magnetic resonance imaging of central nervous system<br>• Electroencephalography, evoked potentials (visual, auditory, sensory)<br>• Electromyography, nerve conduction studies<br>• Myelography<br>• Screen for toxins, heavy metal<br>• Sleep study |
| **Procedure Skills** | • Fundoscopy<br>• Lumbar puncture |

## MEDICINE

**Educational Purpose:**

To give residents formal instruction, clinical experience, and the opportunity to acquire the expertise necessary to evaluate and manage medical diseases.

**General objectives of Medical Rotation**:

1. At Develop a broad understanding of the prevention, diagnosis, and management of medical disorders.
2. Acquire knowledge of therapeutics, including medical and surgical treatments, and primary and secondary prevention strategies.
3. Perform and interpret a detailed medical examination, including interpreting clinical signs and symptoms.
4. Formulate accurate differential diagnoses and integrate symptoms and signs into specific medical disorders.
5. Utilize laboratory data to complete topographic and etiologic diagnoses while understanding pathophysiologic mechanisms of diseases.

6. Develop and implement comprehensive investigation and management plans.
7. Assess prognosis and communicate effectively with patients and families.
8. Recognize medical emergencies, provide initial management, and seek expert assistance as needed.
9. Understand the presenting features, diagnosis, and treatment of common medical disorders.
10. Identify and manage systemic conditions and their impact on mental health

| Content of Medicine Rotation | |
|---|---|
| **Common Clinical Disorders:** | • Cardiovascular Disorders<br>• Respiratory Disorders<br>• Gastrointestinal Disorders<br>• Urogenital Disorders<br>• Musculoskeletal Disorders |
| **Understanding Investigations** | • Baseline investigations<br>• ECG<br>• Chest X-ray<br>• Arterial blood gases<br>• Thyroid function tests |
| **Procedure Skills** | • Fundoscopy |

## PSYCHOLOGY

**Educational Purpose:**

To give residents formal instruction, clinical experience, and the opportunity to acquire the expertise necessary to evaluate and manage the psychological basis of psychiatric disorders.

**General objectives of Psychology Rotation**:

At the end of the Psychology rotation, the resident should have achieved the following objectives:

1. Undertake detailed psychosocial history and evaluation of 30 cases.
2. Use basic principles of psychology (motivation, perception, thinking, emotions, etc) in his/her assessment of various psychopathological phenomena.
3. Link stages and theories of personality development to the assessment of personality in clinical settings.
4. Develop a psychoanalytic, psychodynamic, behavioral, and cognitive formulation.
5. Run and interpret psychometric tests of personality, intelligence, memory, and organicity.
6. Use and interpret patient and interviewer-filled diagnostic and prognostic tests of common psychiatric conditions.
7. Assist the group therapy and individual supportive, behavioral, and cognitive psychotherapy sessions

| Content of Psychology Rotation | |
|---|---|
| **Content of required knowledge** | • History of Psychology<br>• Learning<br>• Memory<br>• Perception<br>• Intelligence<br>• Consciousness and unconsciousness<br>• Thinking and language<br>• Motivation<br>• Emotions<br>• Personality development<br>• Childhood, Adolescence, Adulthood, Old age Cognitive, Social, Moral, Emotional, Sexual developmental theorists<br>• Temperament Trait Theorists<br>• Schools of Psychopathology<br>• Psychoanalytic, Psychodynamic, Cognitive, Interpersonal, Behavioral Psychological Assessment<br>• Psychotherapies<br>• Psychometric scales |
| **PROCEDURE SKILLS** | • Psychotherapies<br>• Supportive psychotherapy<br>• Cognitive behavioral therapy<br>• Couples and family therapy<br>• Group therapy and behavioral techniques<br>• Psychoanalytical psychotherapy |

## Curriculum For Third And Fourth-Year MD Psychiatry Training

## Table Of Contents


| S. NO. | CONTENTS |
|---|---|
| **1.** | Stress-related disorders |
| **2.** | Mood disorders |
| **3.** | Schizophrenia and schizoaffective disorders |
| **4.** | Organic psychiatry |
| **5.** | Substance use disorders |
| **6.** | Child and adolescent mental health |
| **7.** | Geriatric psychiatry |
| **8.** | Forensic psychiatry |
| **9.** | Community psychiatry |
| **10.** | Eating, sleep, and sexual disorders |
| **11.** | Perinatal psychiatry |
| **12.** | Personality disorders |
| **13.** | Emergency psychiatry |

## Curriculum For Third And Fourth-Year MD Psychiatry

| Topics to be taught | Learning objectives<br>Students should be able to: | Cognitive Level |
|---|---|---|
| **Stress-related disorders**<br>**Mood disorders**<br>**Schizophrenia and schizoaffective disorders**<br>**Organic psychiatry**<br>**Substance use disorders** | • To formulate a detailed management plan.<br>• To manage the patient independently.<br>• To predict the short and long-term prognosis of the patient. | • C3 |
| **Child and Adolescent Mental Health** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation related to family, school, and home environment.<br>• To identify epidemiological factors contributing to emotional and behavioral problems.<br>• To relate the common psychiatric presentation with underlying psychopathology.<br>• To evaluate and manage the patients presenting with comorbid intellectual disability.<br>• To demonstrate and categorize the relevant mental state findings according to ICD-11 diagnostic criteria.<br>• Formulating the history and mental state examination and devising a management plan under supervision.<br>• Normal development<br>• Pervasive developmental disorders<br>• Hyperkinetic disorders | • C3 |

| | | |
|---|---|---|
| | • Conduct disorders<br>• Anxiety disorders<br>• Mood disorders<br>• Mental retardation<br>• Specific learning disorders<br>• Child abuse<br>• Disorders of elimination | |
| **Geriatric psychiatry** | • To diagnose, enlist differential diagnosis, and identify predisposing, precipitating, and perpetuating factors in disease causation<br>• To identify epidemiological factors contributing to psychiatric disorders<br>• To relate the common psychiatric presentation with underlying psychopathology<br>• To identify medical comorbidities in the geriatric population<br>• To demonstrate the relevant mental state findings and categorize them according to ICD-11/DSM-V diagnostic criteria<br>• To identify and manage psychiatric presentations of underlying medical comorbidities and formulate a holistic management plan<br>• Psychological issues of aging.<br>• Mood disorders in the elderly.<br>• Anxiety disorders in the elderly.<br>• Psychotic disorders in the elderly.<br>• Abuse and neglect of older people.<br>• Neuropsychiatric disorders.<br>• Primary and secondary pre-senile and senile dementias.<br>• Organization of community services for older people.<br>• Rehabilitation.<br>• Care of the carers. | • C3 |
| **Forensic psychiatry** | • To formulate a forensic case report | • C3 |

| | | |
|---|---|---|
| | • To identify various forensic psychiatric syndromes<br>• To assess risk in forensic cases and management<br>• To manage the administrative aspects of forensic cases<br>• To understand the role of the psychiatrist in court<br>• To incorporate legal aspects in the management plan according to the Mental Health Act | |
| **Community psychiatry** | • To organize and evaluate a community health program<br>• MhGAP<br>• National program for mental health | • C3 |
| **Eating, sleep, and sexual disorders** | • To diagnose these disorders based on ICD 11 and DSM V diagnostic criteria.<br>• To classify sexual, sleep, and eating disorders<br>• To formulate a comprehensive management plan keeping the biopsychosocial model of health care and evidence-based medicine | • C3 |
| **Perinatal psychiatry** | • To define, classify, and formulate a comprehensive management plan for perinatal psychiatric disorders, e.g., antenatal depression and anxiety, post-partum depression and anxiety /panic disorders, post-partum psychosis, post-partum obsessive-compulsive disorder, and post-traumatic stress disorder.<br>• To provide essential psychotherapy for the management of these disorders<br>• To formulate a comprehensive short-term and long-term management plan for these patients | • C3 |
| **Personality disorders** | • To define, classify, and diagnose different personality disorders through history taking, mental state examination, and psychometric assessment tools.<br>• To formulate a comprehensive short-term and long-term management plan based on evidence and national and international guidelines. | • C3 |
| **Emergency Psychiatry** | • To identify psychiatric emergencies<br>• To actively manage psychiatric emergencies such as Suicide and deliberate self-harm<br>• Handling a violent patient | • C3 |

| | | |
|---|---|---|
| | • Conversion disorder and Panic attacks<br>• Managing substance use emergencies like Intoxication and severe withdrawal.<br>• Managing severe side effects like Extrapyramidal symptoms, Neuroleptic malignant syndrome, serotonin syndrome, and neuroleptic overdose. | |

## RESOURCES

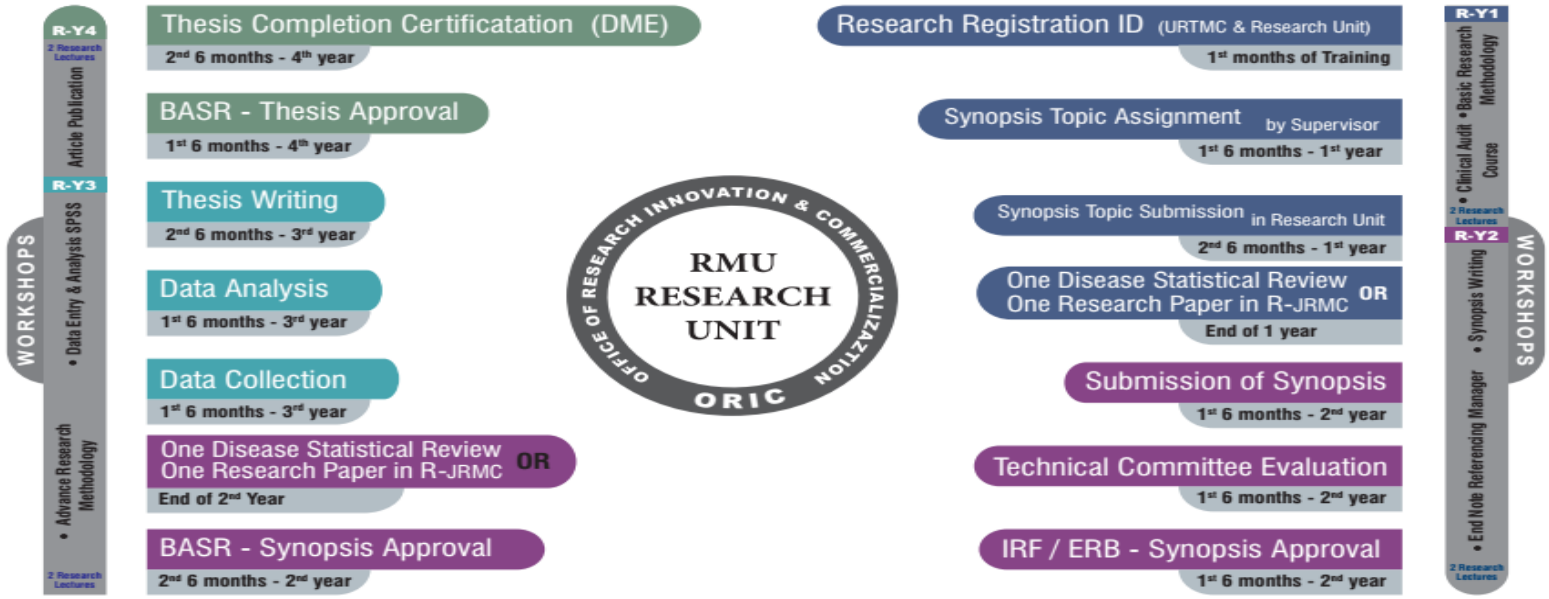
- The Maudsley Prescribing Guidelines in Psychiatry, 13th Edition
- New Oxford Textbook of Psychiatry, 3rd Edition
- Internal classification of Diseases, 11th Edition (ICD-11)
- Psychology: Themes and Variations, 10th Edition
- Shorter Oxford Textbook of Psychiatry, 7th Edition
- Lishman's Organic Psychiatry, A Textbook of Neuropsychiatry, 4th Edition
- Stahl's Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, 4thEdit

| | |
|---|---|
| **Medical Knowledge** | • Answer specific questions accurately and participate actively in didactic sessions.<br>• Present assigned psychiatric topics with complete accuracy, organization, and clarity.<br>• Apply learned psychiatric knowledge effectively in patient care, ensuring evidence-based and patient-centered approaches.<br>• Show enthusiasm and initiative in learning, going beyond basic requirements to deepen understanding. |
| **Professionalism** | • Develop ethical behavior with respect and compassion.<br>Acknowledge and address errors to improve outcomes.<br>• Exhibit responsibility, reliability, and professional demeanor in all interactions. |
| **Interpersonal & Communication Skills** | • Consult specialists appropriately with clear problem presentations.<br>• Build rapport with patients and families to promote welfare.<br>• Provide effective patient education and counseling.<br>• Maintain clear, organized, and timely documentation. |
| **System Based learning** | • Appreciate the psychosocial effects of chronic illness.<br>• Enhance communication with multidisciplinary teams (e.g., nutritionists, surgeons, radiologists). Understand preventive medicine's role, especially in neurological disease management.<br>• Utilize cost-effective medicine. |
| Practice-Based Learning and Improvement | • Utilize feedback and self-reflection to refine clinical skills.<br>• Engage with psychiatric literature, research, and online tools to enhance evidence-based practices.<br>• Actively participate in teaching sessions and apply knowledge to improve patient care |

# Section III

# Research

# FRAMEWORK OF RESEARCH




**Research Planner of 4 Years University Residency Program**

## Introduction

**With advent of Evidence Based Practice over last two to three decades in medical science,** merging the best research **evidence** with good clinical expertise and patient values is inevitable in decision making process for patient care. Therefore, apart from receiving per excellence knowledge of the essential principles of medicine and necessary skills of clinical procedures, the trainees should also be well versed and skillful in research methodologies. So the training in research being imperative is integrated longitudinally in all four year's training tenure of the trainees.

The purpose of the research training is to provide optimal knowledge and skills regarding research methods and critical appraisal. The expected outcome of this training is to make trainees dexterous and proficient to practically conduct quality research through amalgamation of their knowledge, skills and practice in research methodologies.

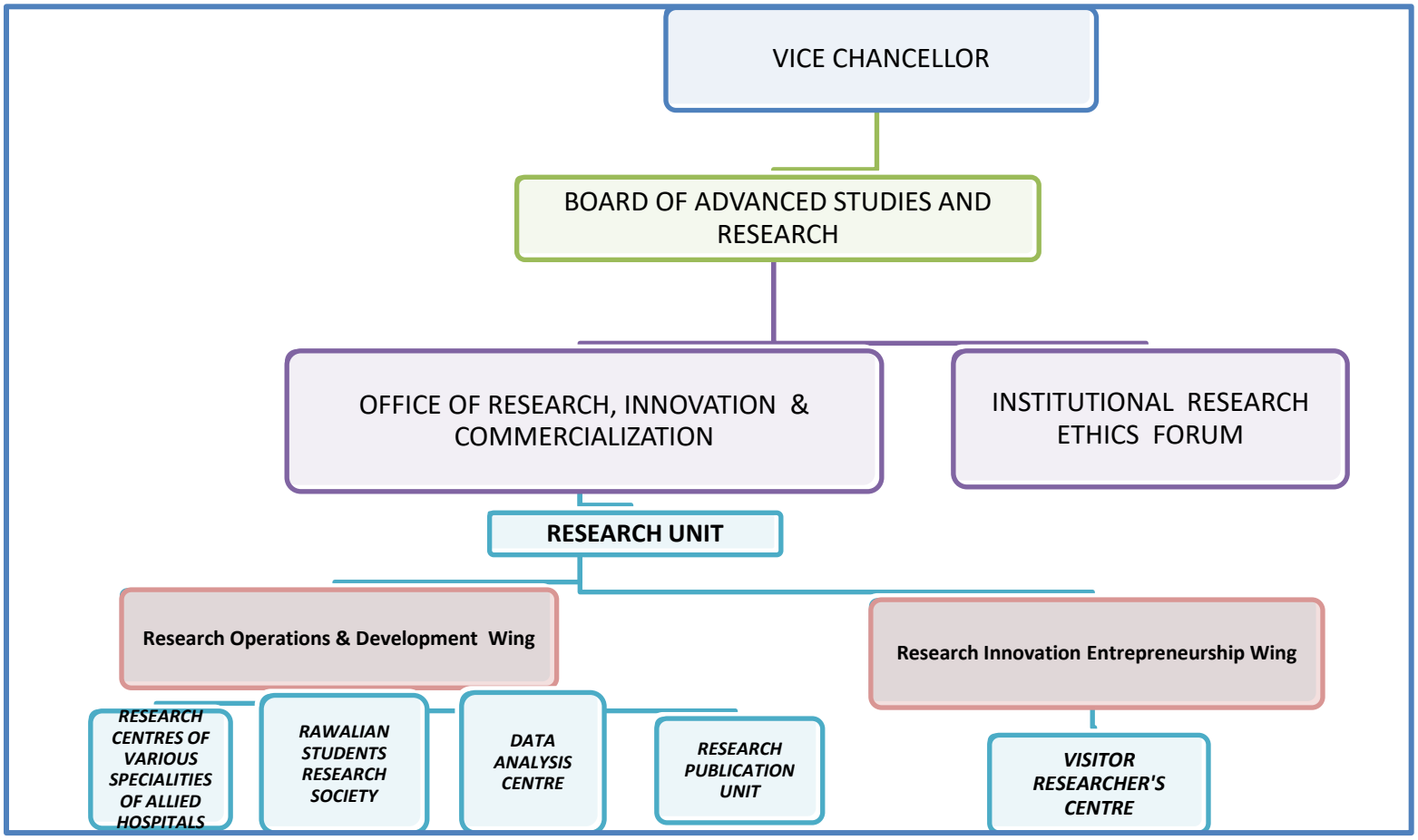



**Figure 1. Model of Research at Rawalpindi Medical Universi**

**Figure 3. A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y1 POST GRADUATE/MD TRAINEE OF RMU AND THEIR ASSESSMENT**

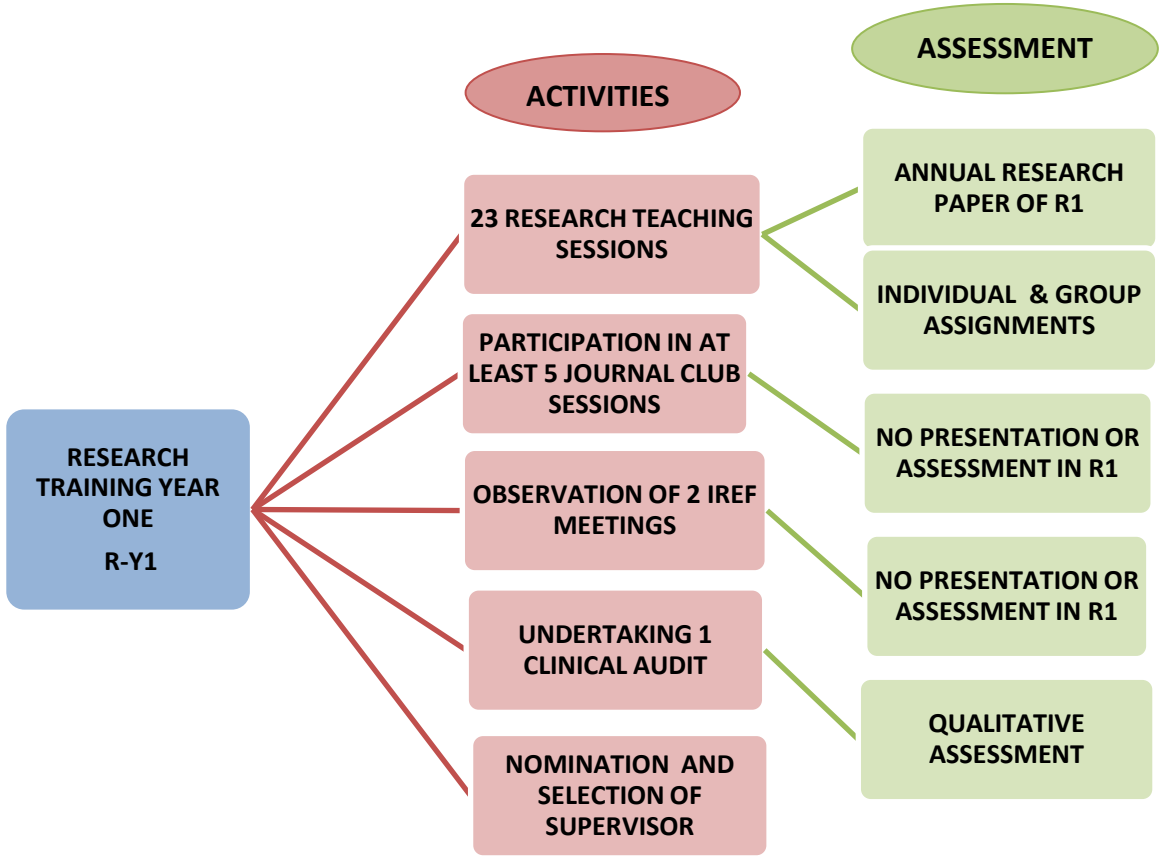


**Figure 3. A FLOW CHART OF RESEARCH ACTIVITIES OF R-Y2 POST GRADUATE/MD TRAINEE OF RMU AND THEIR ASSESSMENTS**

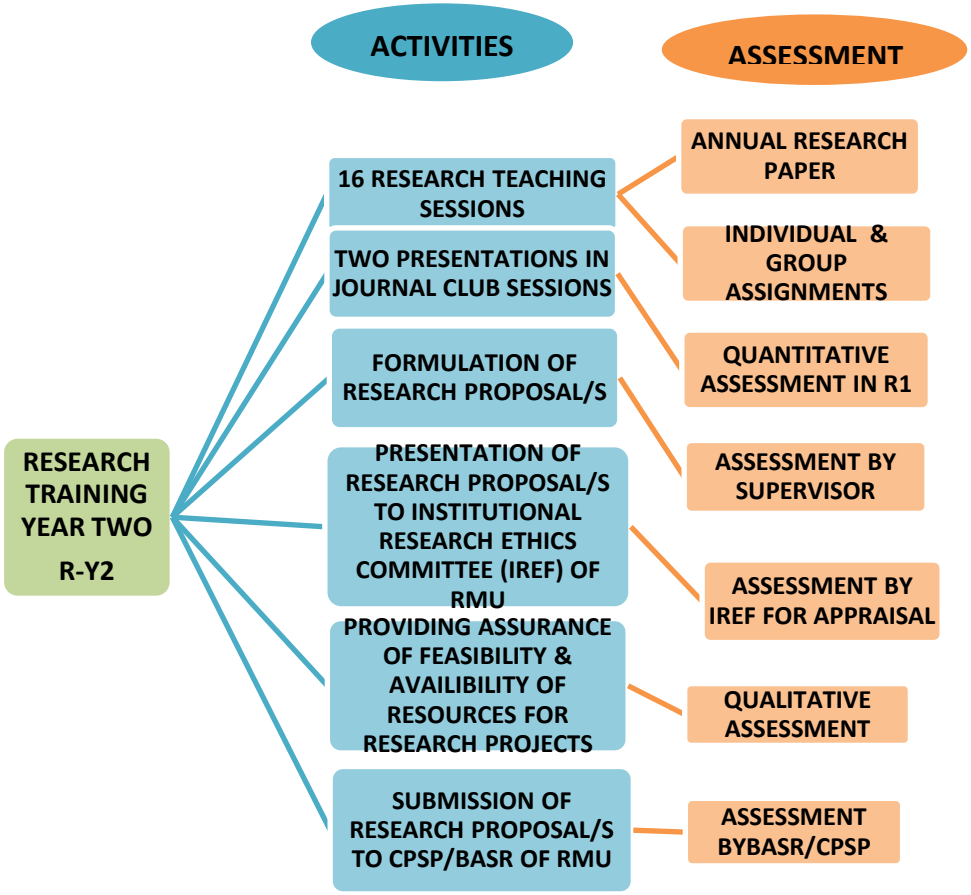


**Figure 4 (A) . A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y3 POST GRADUATE/MD TRAINEE OF RMU WHO WILL OPT FOR DISSERTATION WRITING**

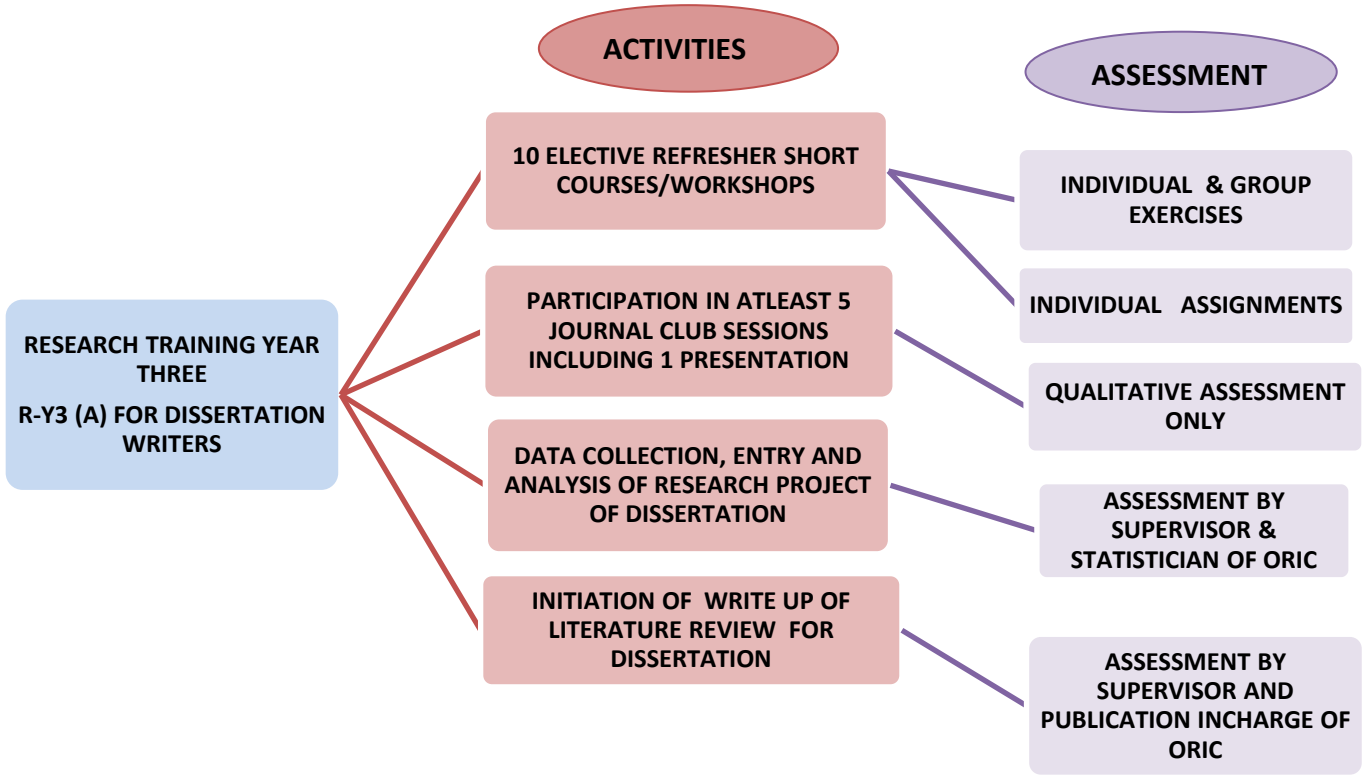


**Figure 4 (B) . A Flow Chart of Research Activities and Relevant Assessments**

**Of R-Y3 Post Graduate Trainees of RMU Opting for Publication Of Two Research Papers as Requisite to CCPSP Fellowship Degree**

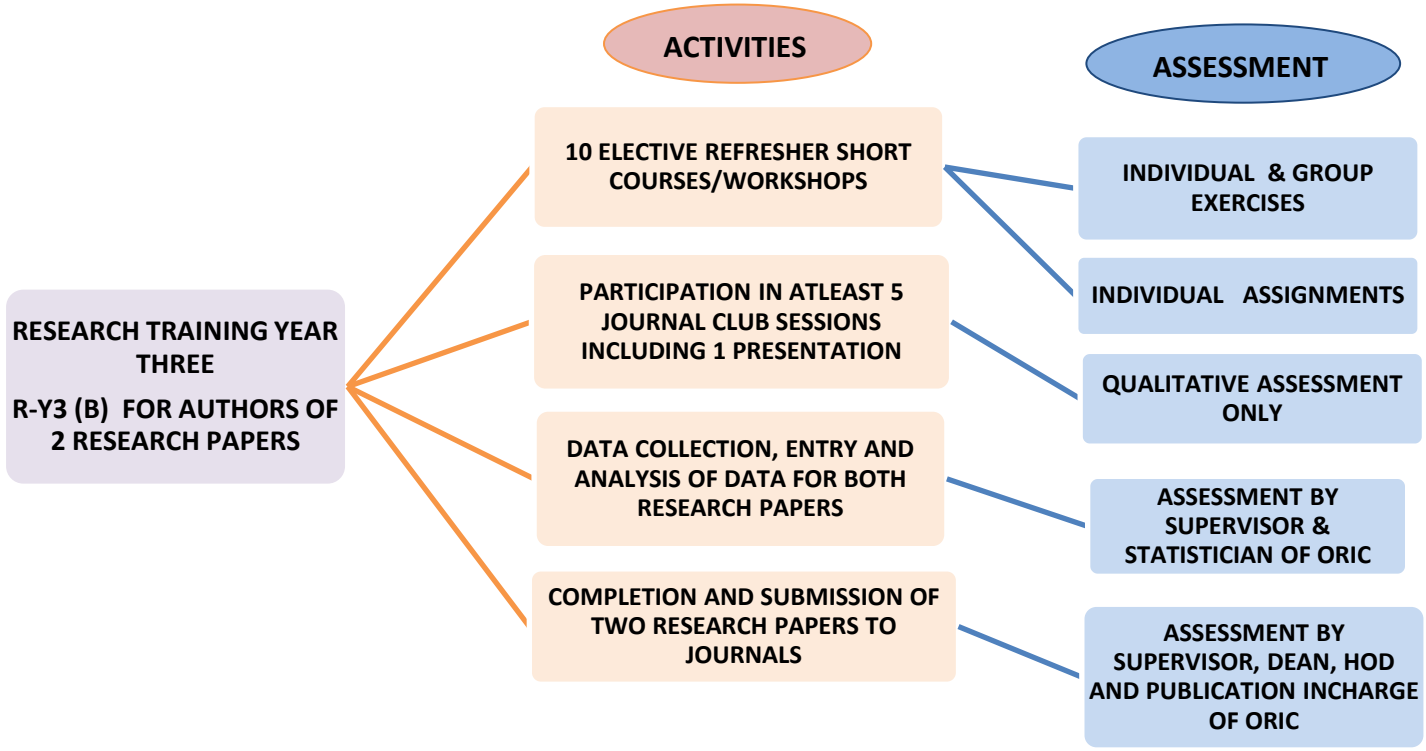


**Figure 5 (A) . A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y4 POST GRADUATE/MD TRAINEE OF RMU WHO WILL OPT FOR DISSERTATION WRITING**

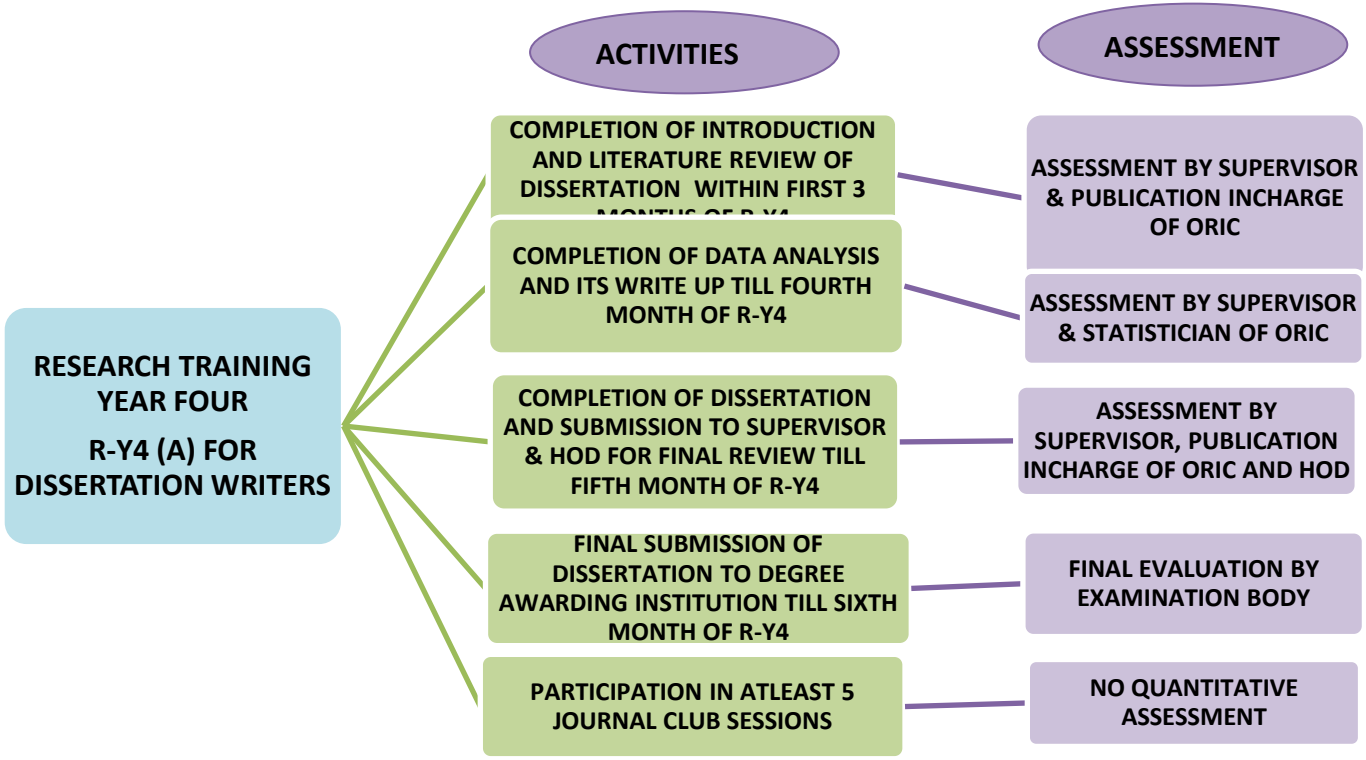
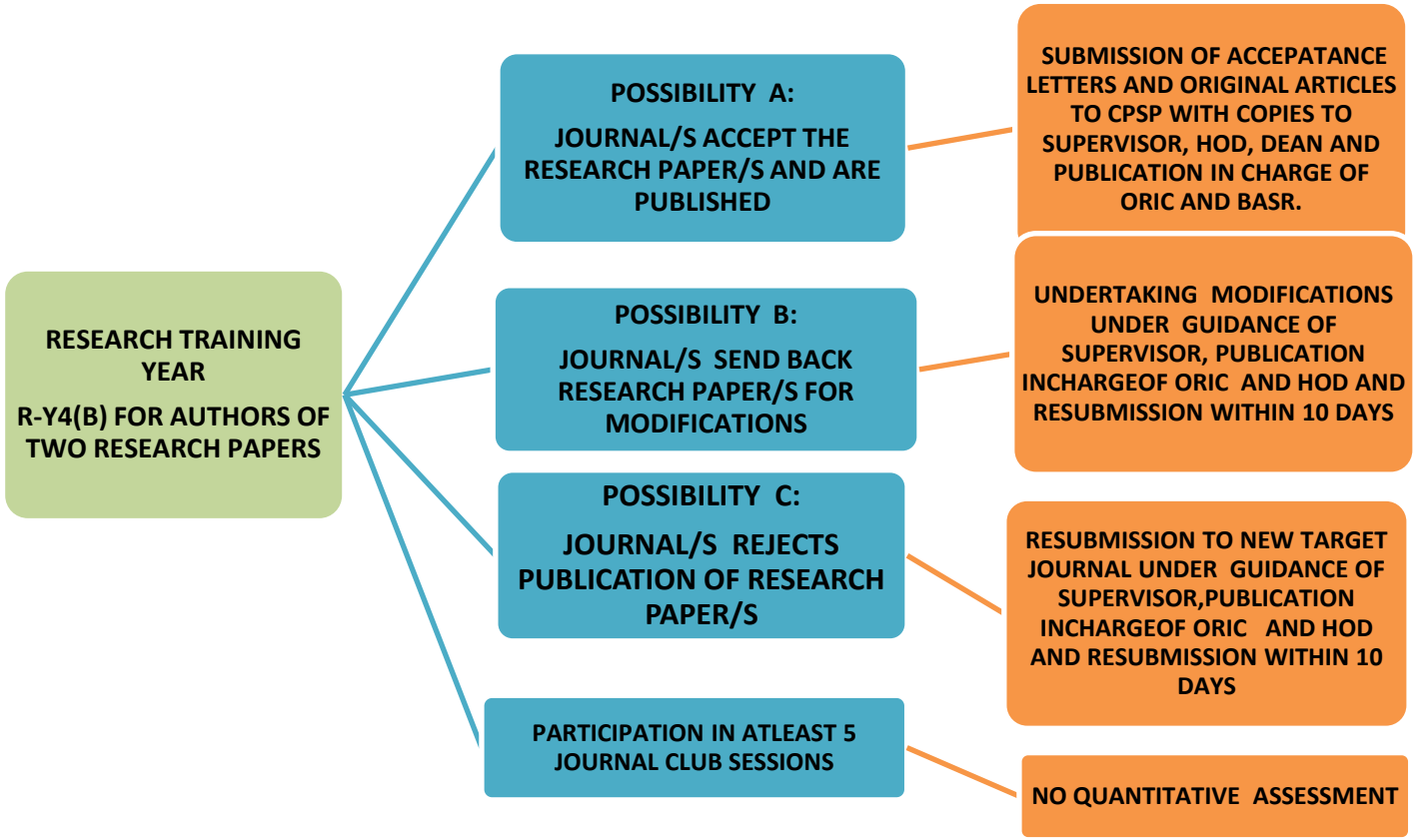
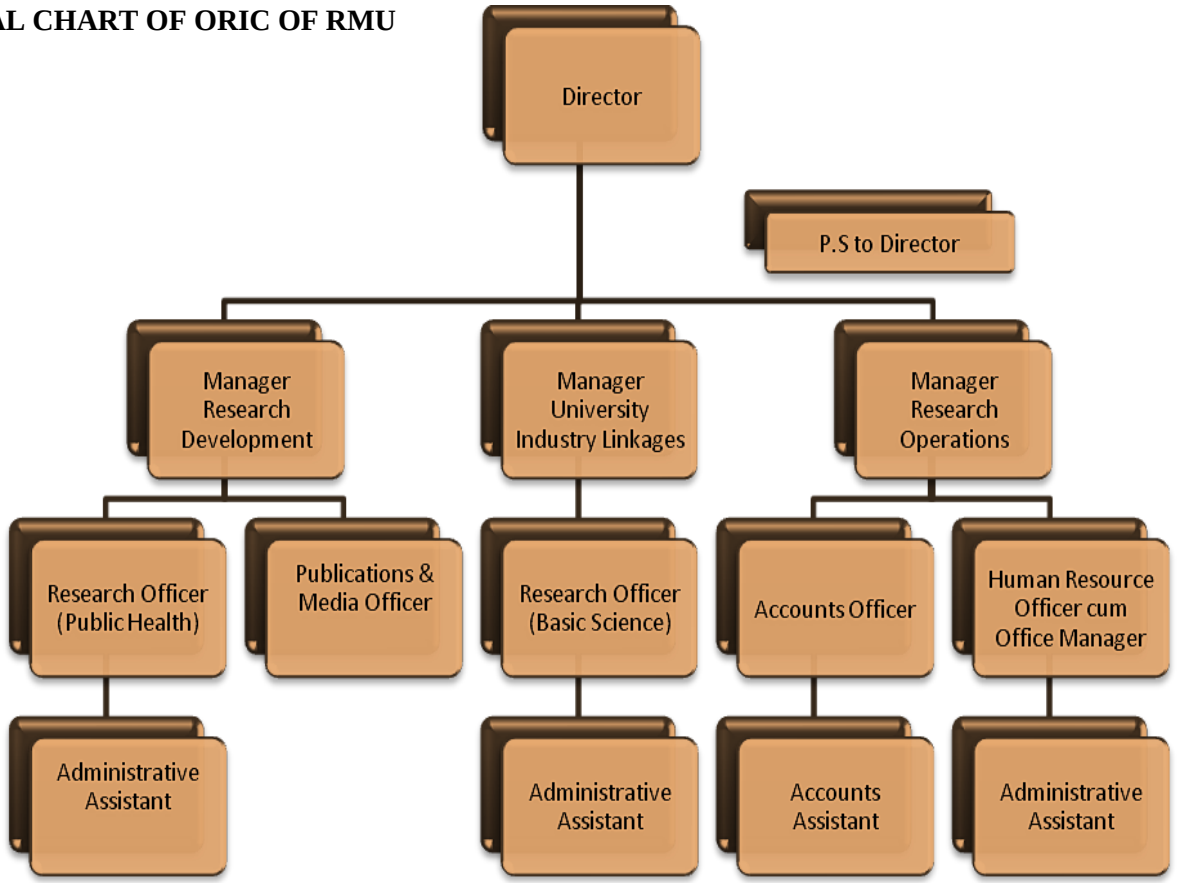


**Figure 6 (B). A FLOW CHART OF RESEARCH ACTIVITIES AND ASSESSMENTS OF R-Y4 POST GRADUATE OF RMU WHO WILL OPT FOR 2 RESEARCH PAPERS AS REQUISITE TO CPSP FELLOWS**



**THE ORGANIZAITONAL CHART OF ORIC OF RMU**



**Synopsis Submission**

- Residents must prepare their research synopsis in accordance with the Advanced Studies & Research Board's guidelines, available on the university website.
- The synopsis should be submitted by end of **First year** and approved by the end of the **second year** of the residency program.
- The synopsis shall be approved by the DRB, ERB and Board of Advanced Studies then the candidate can proceed with data collection.
- The candidate shall maintain the record of the data and will do the entries on research portal under the assigned URTMC ID

**2. Thesis Submission**

- The thesis must be prepared following the Thesis Format Guidelines approved by the University, which can be accessed on the university website.
- Thesis submission requires the supervisor's recommendation and must be accompanied by the prescribed university fee.

**3. Thesis Evaluation and Defense**

- Thesis evaluation occurs during the first 6 months of **fourth year** of training and completion certificate is given by DME in the last 6 months of fourth year of training
- Eligibility for thesis evaluation is contingent upon passing the Midterm Examination and the Oral & Practical/Clinical component of the Exit Examination.
- The evaluation includes both a review of the written thesis and a defense examination.

**4. Examiner Appointment**

- The Vice Chancellor will appoint a panel of three external examiners, preferably including professionals from other universities or abroad, specializing in psychiatry.

- The thesis is sent to the examiners for review well in advance of the defense. Approval from all examiners is mandatory before the defense date is scheduled.

**5. Thesis Defense Examination**

- Conducted by two external examiners, with the supervisor serving as the coordinator.
- Examiners provide a report on the suitability of the candidate for the award of the degree.
- The defense is organized in collaboration with the Controller of Examinations, who oversees all arrangements.

**6. Additional Resources**

For further details regarding research requirements and curriculum, refer to the Research Curriculum document available on the Rawalpindi Medical University website.

# Section IV

# Workshops

## WORKSHOPS

| Workshops | | | |
|---|---|---|---|
| **S.NO** | **NAME OF THE WORKSHOP** | **LEARNING OBJECTIVES** | **TOPICS TO BE COVERED** |
| **1.** | **Biostatistics & Research Methodology (4 days)** | • To understand the basics of Bio-Statistics<br>• To critique why research is important?<br>• To discuss the importance of Selecting a Field for Research<br>• To prepare oneself for Participation in National and International Research<br>• To prepare oneself for Participation in Pharmaceutical Company Research | 1. Introduction to Bio-Statistics<br>2. Introduction to Bio- Medical Research Why research is important?<br>3. What research to do?<br>i. Selecting a Field for Research<br>ii. Drivers for Health Research<br>iii. Participation in National and International Research<br>iv. Participation in Pharmaceutical Company Research<br>v. Where do research ideas come from<br>vi. Criteria for a good research topic Ethics in Health Research<br>4. Writing a Scientific Paper |

| | | | |
|---|---|---|---|
| | | • To interpret the importance of research ideas & Criteria for a good research topic<br>• To discuss Ethics in Health Research<br>• To learn to write a Scientific Paper<br>• To learn to make a Scientific Presentation<br>• To learn to make a purposeful literature search | 5. Making a Scientific Presentation & Searching the Literature |
| **2.** | **Introduction to computer/Information Technology & Software (5 days)** | By the end of this workshop student should be able to:<br>• Appropriately start up and shut down your computer.<br>• Navigate the operating system and start applications.<br>• Perform basic functions of file management. | 1.Hardware and Software<br>• Understand the main components of a computer, including input and output devices.<br>• Understand the function of communication devices such as smartphones and tablets.<br>• Understand the role of Operating Systems, programs and apps.<br>2.Windows<br>• Turning on the computer and logging on. |

| | | | |
|---|---|---|---|
| | | • Perform basic functions in a word processor and spreadsheet.<br>• Manage print settings and print documents.<br>• Receive and send email.<br>• Use a web browser to navigate the Internet.<br>• work with windows, toolbars, and command menus<br>• perform basic word processing and graphic tasks<br>• make a Power Point presentation<br>• explore Web browsing basics<br>• back up files<br>• save, copy, and organize your work<br>• to enter data accurately in software of Statistical Package for Social Sciences | • The Windows screen.<br>• Running programs from the Start Menu.<br>• Minimising, maximising, moving, resizing and closing windows.<br>• Logging off and shutting down your computer.<br>3.Working with Programs<br>• Running multiple programs.<br>• Desktop icons and creating a desktop shortcut.<br>• Managing programs from the taskbar.<br>• Closing programs.<br>4.File Management<br>• Managing Windows Explorer.<br>• Creating, moving, renaming and deleting folders and files.<br>• Understandings file extensions.<br>• Viewing storage devices and network connections.<br>• Managing USB flash drives.<br>5.Word Processing<br>• Creating documents in Microsoft Word. |

| | | | |
|---|---|---|---|
| | | | • Typing text, numbers and dates into a document.<br>• Easy formatting.<br>• Checking the spelling in your document.<br>• Making and saving changes to your document.<br>•<br>6.Power Point<br>Making Power Point presentation<br>7.Spreadsheets<br>• Understanding spreadsheet functionality.<br>• Creating spreadsheets in Microsoft Excel.<br>• Typing text numbers and dates into a worksheet.<br>• Easy formulas.<br>• Easy formatting.<br>• Charting your data.<br>• Making and saving changes to your workbook.<br>• Printing a worksheet.<br>8.Printing<br>• Print preview.<br>• Print settings. |

| | | | |
|---|---|---|---|
| | | | • Managing the print queue.<br>9.Using Email<br>• The Outlook mail screen elements.<br>• Composing and sending an email message.<br>• Managing the Inbox.<br>10.Accessing the Internet<br>• Going to a specific website and bookmarking.<br>• Understanding how to search/Google effectively.<br>• Copy and paste Internet content into your documents and emails.<br>• Stopping and refreshing pages.<br>• Demystifying the Cloud.<br>• Understanding social media platforms such as Facebook and Twitter.<br>• Computer security best practices.<br>11.Statistical Package for Social Sciences<br>• general understanding for data entry |

| | | | |
|---|---|---|---|
| **3.** | **communication skills (3 days)** | • To learn to use Non-medicinal Interventions in Communication Skills of Clinical Practice<br>• To discuss the importance of counseling<br>• To role play as a counselor<br>• To learn to manage a conflict resolution<br>• To learn to break bad news<br>• To discuss the importance of Medical Ethics, Professionalism and Doctor-Patient Relationship Hippocratic Oath<br>• To learn to take an informed consent<br>• To illustrate the importance of confidentiality<br>• To summarize Ethical Dilemmas in a Doctor's Life | 1. Use of Non-medicinal Interventions in Clinical Practice Communication Skills<br>2. Counseling<br>3. Informational Skills<br>4. Crisis Intervention/Disaster<br>5. Management Conflict Resolution<br>6. Breaking Bad News<br>7. Medical Ethics, Professionalism and Doctor-Patient Relationship Hippocratic Oath<br>8. Four Pillars of Medical Ethics (Autonomy, Beneficence, Non-malficence and Justice)<br>9. Informed Consent and Confidentiality<br>10. Ethical Dilemmas in a Doctor's Life |

| | | | |
|---|---|---|---|
| **4.** | **Advanced Cardiac Life Support**<br>**(4 days)** | Upon successful completion of the workshop, the student will be able to:<br>• Recognize and initiate early management of pre-arrest conditions that may result in cardiac arrest or complicate resuscitation outcome<br>• Demonstrate proficiency in providing BLS care, including prioritizing chest compressions and integrating automated external defibrillator (AED) use<br>• Recognize and manage respiratory arrest<br>• Recognize and manage cardiac arrest until termination of resuscitation or transfer of care, including immediate post-cardiac arrest care | The workshop is designed to give students the opportunity to practice and demonstrate proficiency in the following skills used in resuscitation:<br>1. Systematic approach<br>2. High-quality BLS<br>3. Airway management<br>4. Rhythm recognition<br>5. Defibrillation<br>6. Intravenous (IV)/intraosseous (IO) access (information only)<br>7. Use of medications<br>8. Cardio version<br>9. Transcutaneous pacing<br>10. Team dynamics<br>11. Reading and interpreting electrocardiograms (ECGs) - Be able to identify—on a monitor and paper tracing—rhythms associated with brady cardiac, tachycardia with adequate perfusion, tachycardia with poor perfusion, and pulseless arrest. These rhythms include but are not limited to: |

| | | | |
|---|---|---|---|
| | | • Recognize and initiate early management of ACS, including appropriate disposition<br>• Recognize and initiate early management of stroke, including appropriate disposition<br>• Demonstrate effective communication as a member or leader of a resuscitation team and recognize the impact of team dynamics on overall team performance | ○ Normal sinus rhythm<br>○ Sinus bradycardia<br>○ Type I second-degree AV block<br>○ Type II second-degree AV block<br>○ Third-degree AV block<br>○ Sinus tachycardia<br>○ Supraventricular tachycardias<br>○ Ventricular tachycardia<br>○ Asystole<br>○ Ventricular fibrillation<br>○ Organized rhythm without a pulse<br>12. Basic understanding of the essential drugs used in:<br>○ Cardiac arrest<br>○ Bradycardia<br>○ Tachycardia with adequate perfusion<br>○ Tachycardia with poor perfusion<br>○ Immediate post–cardiac arrest care |

# Section V

# Milestones

## Milestones to be achieved by the Residents

**Remember to celebrate for the milestones as you prepare for the road ahead----Nelson Mandela.**

High-quality assessment of resident performance is needed to guide individual residents' development and ensure their preparedness to provide patient care. To facilitate this aim, reporting milestones are now required Psychiatry Residency programs. Milestones promote competency-based training in Psychiatry. Residency program directors may use them to track the progress of trainees in the 6 general competencies including **patient care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.** Mile stones inform decisions regarding promotion and readiness for independent practice. In addition, the milestones may guide curriculum development, suggest specific assessment strategies, provide benchmarks for resident self-directed assessment-seeking, assist remediation by facilitating identification of specific deficits, and provide a degree of national standardization in evaluation. Finally, by explicitly enumerating the profession's expectations for graduates, they may improve public accountability for residency training.

| Competency | Year 1 | Year 2 | Year 3 | Year 4 |
|---|---|---|---|---|
| **Patient Care** | Conducts thorough evaluations. Able to take Detailed history and perform mental state examination. | Resident should be able to develop differential diagnosis on the basis of the history and examination | Resident should be able to formulate differential a well as definite diagnosis on basis of the history and examination. Resident should be able to formulate a management plan for the patient. | Resident should be able to formulate the case. Resident should be able to handle the patient independently and formulate short and long-term management plan |
| **Medical Knowledge** | Resident builds a strong foundation in core psychiatry knowledge | Should have basic understanding of specific disorders and treatment modalities. | Should apply knowledge to complex clinical presentations. | Stays updated with new research and advancements |
| **Practice-Based Learning** | Actively seeks learning opportunities- | Critically appraising new information and integrating it into practice | Identifying personal learning needs and pursuing self-directed learning | Demonstrating a commitment to lifelong learning |
| **Interpersonal and communication skills** | Builds rapport and trust with patients. Able to communicate with team members | Effectively communicating diagnoses and treatment plans Demonstrates skills to engage the audience during presentations | Collaborating effectively with healthcare teams. | Fostering culturally competent communication |
| **Professionalism** | Demonstrates ethical and responsible behavior. | Upholds patient confidentiality. | Advocates for patients' rights and well-being. | Demonstrating leadership and mentorship qualities |
| **System-Based learning** | - Understands the healthcare system's impact on patient care. | Utilizes resources within the system to optimize care | -Identifies areas for improvement within the system | Advocates for changes to improve quality of care |

## Expected Clinical Activities in first and second years of Training:

The areas and minimum activities to be covered during the two years of training are as under:

| | | |
|---|---|---|
| 1. | Outpatients | 100 outpatient days |
| 2. | Inpatients | 100 patients |
| 3. | ECT | 50 applications |
| 4. | Emergency | 30 emergency duties |
| 5. | Medicine | 20 patients |
| 6. | Neurology and organic Psychiatry | 20 patients |
| 7. | Psychometric tests | 20 cases |
| 8. | Journal clubs/ Seminars | 10 journal clubs and 5 seminars |
| 9. | NPIs | 10 cases |
| 10. | Psychosocial rehabilitation | 5 patients |
| 11. | Supportive, group and behavior therapy | 30 cases |
| 12. | Specialized investigations (lab, radiological, electrophysiological) | 15 cases |

## Expected Clinical Activities in second and third years of Training:

The areas and minimum activities to be covered during the third and fourth years of training are as under:

| | | |
|---|---|---|
| **1.** | **Outpatients** | **150 out-patient days** |
| **2.** | Inpatients | 120 patients |
| **3.** | ECT | 30 Patients |
| **4.** | Psychiatric Emergency | 60 Patients |
| **5.** | Drug dependence, psychoactive substance abuse | 15 patients |
| **6.** | Geriatric, Adolescent and Child psychiatry | 36 patients |
| **7.** | Liaison psychiatry | 20 patients |
| **8.** | Organic psychiatry | 20 patients |
| **9.** | Psychosocial rehabilitation | 20 patients |
| **10.** | Forensic Assessments | 10 patients |
| **11.** | Public Mental Health | 5 activities |
| **12.** | Psychometric tests administered and interpreted | 30 cases |
| **13.** | Seminars/journal club | 20 Journal 5, Seminar |
| **14.** | Counselling Sessions | 20 Patients |
| **15.** | Supportive, Behaviour therapy/ Cognitive therapy or other evidence-based psychotherapies | 30 Cases |
| **16.** | Specialized Investigations (EEG, CT, MRI etc) | 15 |
| **17.** | Conferences/Workshops/symposia | 5 |
| **18.** | Administrative and Managerial tasks | 15 |
| **19.** | Ethical Issues and Dilemmas | 10 cases |

# SECTION VI

# Entrustable Professional Activities

## Framework of Entrustable Professional Activities

Entrustable Professional Activities (EPAs) are core tasks in psychiatry residency training that residents must competently perform independently, reflecting real-world clinical responsibilities. EPAs bridge the gap between theoretical knowledge and practical skills, ensuring residents are prepared for unsupervised practice. They emphasize competency-based education, enabling personalized feedback and targeted skill development. For psychiatry, EPAs address critical areas such as conducting psychiatric evaluations, developing treatment plans, and managing psychiatric emergencies. This framework fosters accountability, enhances patient safety, and aligns training with the demands of modern psychiatric practice. Adopting EPAs is essential for producing skilled, confident, and competent psychiatrists

| | PGY-1 | | PGY-2 | | PGY-3 | | PGY-4 | |
|---|---|---|---|---|---|---|---|---|
| | **EPA** | **No** | **EPA** | **No** | **EPA** | **No** | **EPA** | **No** |
| **Core Competencies** | | | | | | | | |
| **Understanding and application of standardized classification (DSM-V/ICD-11) and management of:** | | | | | | | | |
| Anxiety disorders | 1,2 | 13 | 3,4 | 12 | 4,5 | 15 | 5 | 15 |
| Depressive Disorder | 1,2 | 27 | 3,4 | 28 | 4,5 | 20 | 5 | 32 |
| Bipolar Affective Disorder | 1,2 | 16 | 3,4 | 20 | 4,5 | 30 | 5 | 25 |
| Schizophrenia | 1,2 | 15 | 3,4 | 16 | 4,5 | 20 | 5 | 20 |
| Somatoform disorder | 1,2 | 13 | 3,4 | 10 | 4,5 | 13 | 5 | 15 |
| Disorder of Intellectual Development | 1,2 | 3 | 3,4 | 6 | 4,5 | 7 | 5 | 8 |
| Personality disorders | 1,2 | 3 | 3,4 | 3 | 4,5 | 3 | 5 | 4 |
| Substance use disorder | 1,2 | 8 | 3,4 | 10 | 4,5 | 12 | 5 | 13 |
| Perinatal Psychiatry | - | - | 2,3 | - | 4 | 6 | 5 | 8 |
| Eating, sleep and sexual Disorders | 1,2 | 1 | 3,4 | 1 | 4 | 1 | 5 | 1 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Psychophysiological disorder | 1,2 | 4 | 3,4 | 3 | 4 | 4 | 5 | 3 |
| Organic psychosis | 3 | 3 | 3,4 | 5 | 4 | 4 | 5 | 5 |
| **Psychiatric emergencies** | | | | | | | | |
| EPS (drug induced) | 1,2 | 8 | 3,4 | 4 | 3,4 | 6 | 4,5 | 8 |
| Suicidal behavior/deliberate self-harm | - | - | 4 | 2 | 4 | 2 | 4,5 | 3 |
| Homicidal behavior/Aggression | - | - | 4 | 1 | 4 | 1 | 4,5 | 1 |
| Acute psychotic behavior | 1,2 | 3 | 3,4 | 4 | 4 | 5 | 4,5 | 7 |
| Catatonia | - | - | 3,4 | 1 | 3,4 | 2 | 4,5 | 4 |
| Lithium toxicity | - | - | 3,4 | 1 | 3,4 | 1 | 4,5 | 1 |
| Serotonin syndrome/ NMS | - | - | 3,4 | 2 | 3,4 | 3 | 4,5 | 4 |
| Conversion disorder | 1,2 | 2 | 3,4 | 3 | 4 | 5 | 4,5 | 5 |
| Stress reaction | 1,2 | 1 | 3,4 | 3 | 4 | 5 | 4,5 | 2 |
| Acute organic brain | 1,2 | 1 | 3,4 | 2 | 3,4 | 1 | 3,4,5 | 2 |
| Organic psychosis | - | - | 3,4 | 1 | 3,4 | 1 | 3,4 | 2 |
| **Procedure and skills** | | | | | | | | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ECT under GA | 1,2,3 | 10 | 3,4 | 40 | 5 | 15 | 5 | 15 |
| Psychosocial rehabilitation | 1,2 | 1 | 3,4 | 3 | 4 | 8 | 5 | 12 |
| Psychometric test (administration) (interpretation) | 1,2 | 5 (adm) | 3,4 | 15 (adm) | 4.5 | 15 (int) | 4,5 | 15 (int) |
| Counseling / NPI | 1,2 | 4 | 3,4 | 6 | 3,4 | 8 | 4,5 | 12 |
| Behavioral therapy | 1,2 | 10 | 3,4 | 20 | 3,4 | 15 | 5 | 15 |
| Psychotherapy | | | | | 1,2,3 | 4 | 3,4 | 6 |
| Specialized investigations | 1,2 | 5 | 3,4 | 10 | 4 | 5 | 4 | 10 |
| Rapid Tranquilization | - | - | - | - | 3,4 | 2 | 4,5 | 2 |
| Ethical issues and Dilemmas | - | - | - | - | 3,4 | 5 | 4,5 | 5 |
| Administrative and Managerial Tasks | - | - | - | - | 3,4 | 5 | 4,5 | 10 |
| **Neurology** | - | - | 1,2 ,3,4 | ≥20 | - | - | - | - |
| **Common medical conditions** | - | - | 3,4 | ≥ 15 | - | - | - | - |
| **Psychology, Social Sciences** | - | - | 1,2 | 30 | - | - | - | - |
| Liaison Psychiatry | - | - | 3,4 | ≥ 15 | 3,4 | 10 | 4 | 10 |
| Organic Psychiatry | | | | | 2,3 | 10 | 4 | 10 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Journal clubs | 1 | 5 | 1,2 | 5 | 2,3 | 5 | 4,5 | 5 |
| Research methodology | Prepare and submit synopsis. Object learning critique of paper. | | | | Submit thesis/ articles | | | |
| Forensic assessments | - | - | 1,2 | 5 | 1? | 4 | 4 | 6 |
| Geriatric, Adolescent and Child Psychiatry | - | - | - | - | 2,3 | 12 | 4 | 24 |
| Community Psychiatry | - | - | - | - | 4 weeks | | - | 20 |
| Public Mental Health Activity | World Mental Health Day, Anti-Narcotics Day, No Tobacco Day, Camps/ Visits | | | | | | | 4 |

| MUST KNOW (60%) | SHOULD KNOW (30%) | GOOD TO KNOW (10%) |
|---|---|---|
| Comprehensive Psychiatric History and Examination | Illness anxiety disorders | Anthropology |
| **Mental State Examination** | Hypochondriasis | Social Psychiatry |
| **Stress related Disorders** | Medicine<br>*Cardiology<br>*Endocrinology<br>*Gastroenterology<br>*Autoimmune<br>*Respiratory | |
| **Mood Disorders** | Neurology<br>*CNS Infections<br>*Stroke<br>*Degenerative Diseases<br>*Epilepsy | |
| **Schizophrenia and schizoaffective disorders** | Sexual Disorders | |
| **Bio-Psycho-Social Model** | | |
| **Non-Pharmacological Interventions** | | |
| **Electroconvulsive Therapy** | | |
| **Neurocognitive disorders** | | |
| **Psychology** | | |
| **Substance use Disorders** | | |
| **Psychopharmacology** | | |
| **Phenomenology** | | |
| **Emergency Psychiatry** | | |
| **Forensic Psychiatry** | | |

# Section VII

# Assessment Strategies

## Framework of Evaluation and Assessment

**UNIVERSITY RESIDENCY PROGRAM OF RAWALPINDI MEDICAL UNIVERSITY: THE ASSESSMENT STRATEGIES FOR**

1. **What Is Competency?**

The ability to do something successfully or efficiently**.**

2. **What Is Competence?**

Competency is described what an individual is enable to do while performance should describe what an individual actually does in clinical practice. The terms "performance" and "competency" are often used interchangeably.

3. **What is performance-based assessment of curriculum?**

Performance based assessment measures students' ability to apply the skills & knowledge learned from a unit of study.

4. **What is work place-based assessment of curriculum**?

The apprenticeship model of medical training has existed for thousands of years: the apprentice learns from watching the master and the master in turn observe the apprentice's performance & helps them improve. Performance assessment not therefore a new concept higher work in modern healthcare environment with its discourse of accountability, performance assessment increasing role In ensuring that professionals develop and maintain the knowledge and skills required for practice. However now it will be done in a structured manner.

5. **What is a Formative Assessment?**

- Such an Assessment which creates learning itself, from one's deficiencies.
- It is non-threatening for the students because it does not decide pass or fail.
- Provision of Feed back to the students is essential component of Formative Assessment

6. **What is a Summative Assessment?**

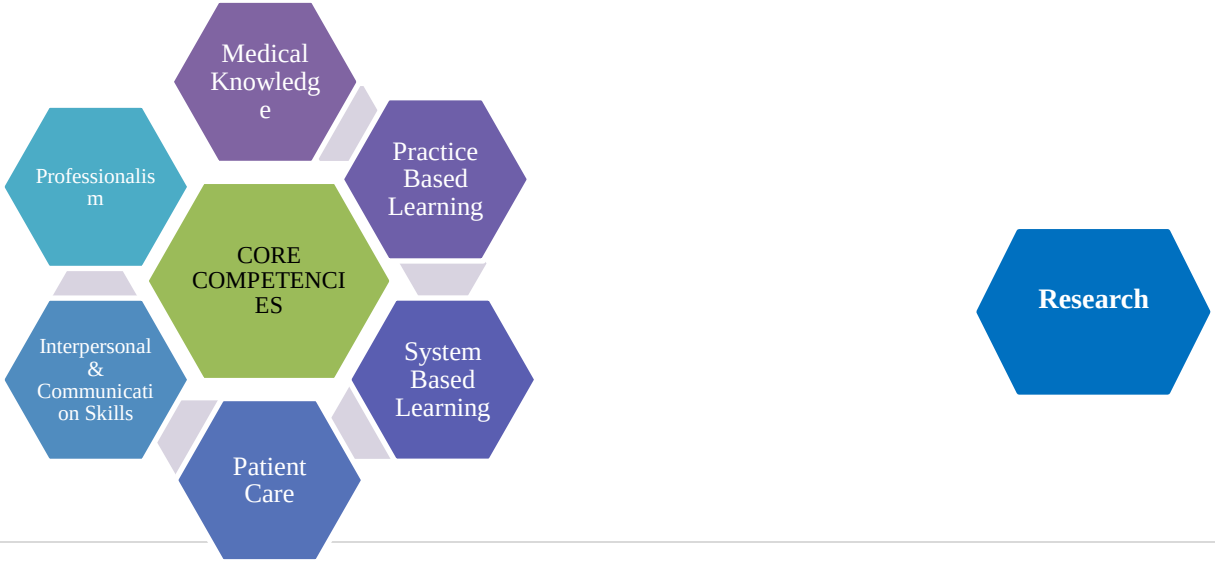
- Criteria Based High Stake Examinations
- Provision of Feedback to the students is not essential for Summative Examinations

**7. What is continuous Internal Assessment?**

A collection of Formative Assessments is called Continuous Internal Assessment

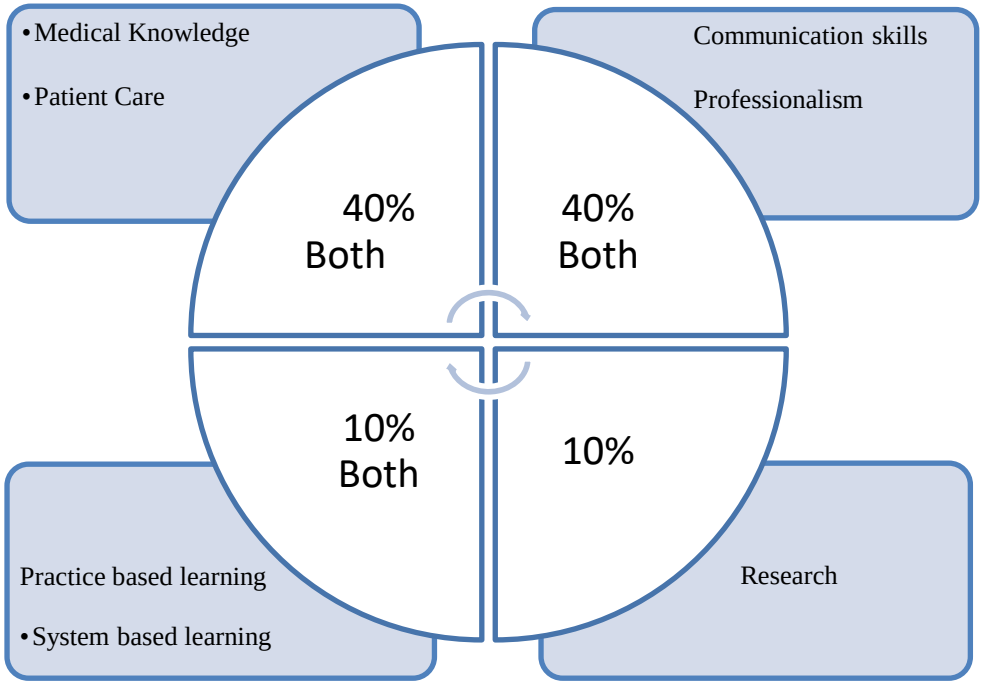
**What is the basis of curriculum and Assessment of MD Psychiatry of Rawalpindi Medical University Rawalpindi?**

The curriculum of MD Psychiatry of Rawalpindi Medical University Rawalpindi is derived from **Accreditation Council for Graduate Medical Education** which is competency / performance-based system depends upon six following competencies.



**Model of examination for MD Psychiatry Rawalpindi Medical University:**

**Distribution of weightage (if we consider total marks as 100) among various desired competencies of RMU MD Psychiatry curriculum:**



## Assessment

### Formative

- 360 Degree Evaluation
- Work Place-Based Assessment
- First year In-training Assessment
- Third year In-training Assessment

### Summative

- Mid training assessment
- Final Training Assessment

## Assessment Planner:

| Assessment | Conduction |
|---|---|
| 360 Degree Evaluation | After every 6 months |
| In-Training First year exam | After 1st year of training |
| Mid-training Assessment | At end of second year |
| In-Training Third year exam | At end of 3rd year of training |
| Final Term Assessment | After 4 years of training |
| Work-place Based Assessment | After every 4 months |

**A crisp detail about modern Tools of Assessment intended to be used for the course**

**• 360-DEGREE EVALUATION INSTRUMENT-MULTI-SOURCE FEEDBACK (MSF):**

360-degree evaluations consist of measurement tools completed by multiple people in a person's sphere of influence. Evaluators completing rating forms in a 360-degree review usually are superiors, peers, subordinates, and patients and families. A 360-degree evaluation can be used to assess interpersonal and communication skills, professional behavior, and some aspects of patient care and systems-based practice

**CHART-STIMULATED RECALL ORAL EXAMINATION (CSR)**

In a chart-stimulated recall (CSR) examination, patient cases of the examinee (resident) are assessed using a standardized oral examination. A trained and experienced physician examiner questions the examinee about the care provided, probing for reasons behind the work-up, diagnoses, interpretation of clinical findings, and treatment plans. The examiners rate the examinee using a well-established protocol and scoring procedure. Each patient case (test item) takes 5 to 10 minutes of inefficiently designed CSR oral exams. A typical CSR exam is two hours with one or two physicians as examiners per 30- or 60-minute session. These exams assess clinical decision-making and the application or use of medical knowledge with actual patients.

**CHECKLIST EVALUATION**

Checklists consist of essential or desired specific behaviors, activities, or steps that make up a more complex competency or competency component. Typical response options on these forms are a check (✓) or "yes" to indicate that the behavior occurred or options to indicate the completeness (complete, partial, or absent) or correctness (total, partial, or incorrect) of the action. The forms provide information about behaviors, but to judge the adequacy of the overall performance, standards need to be set that indicate, for example, pass/fail or excellent, good, fair, or poor performance. Checklists are useful for evaluating

any competency and competency component can be broken down into specific behaviors or actions.

**GLOBAL RATING OF LIVE OR RECORDED PERFORMANCE**

Global rating forms are distinguished from other rating forms in that (a) a rater judges general categories of ability (e.g., patient care skills, medical knowledge, interpersonal and communication skills) instead of specific skills, tasks, or behaviors and (b) the ratings are completed retrospectively based on general impressions collected over a period (e.g., end of a clinical rotation) derived from multiple sources of information (e.g., direct observations or interactions; input from other faculty, residents, or patients; review of work products or written materials). All rating forms contain scales that the evaluator uses to judge knowledge, skills, and behaviors listed on the form.

**OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)**

In an objective structured clinical examination (OSCE), one or more assessment tools are administered at 12 to 20 separate standardized patient encounter stations, each station lasting 10 to 15 minutes. All candidates move from station to station in sequence on the same schedule. Standardized patients are the primary assessment tool used in OSCEs. Still, OSCEs have included other assessment tools, such as data interpretation exercises using clinical cases and scenarios with dummies, to assess technical skills.

**PATIENT SURVEYS**

Surveys of patients to assess satisfaction with hospital, clinic, or office visits typically include questions about the physician's care. The questions often assess satisfaction with general aspects of the physician's care (e.g., time spent with the patient, overall quality of care, physician competency (skills and knowledge), courtesy, and interest or empathy). More specific aspects of care can be assessed, including the physician's explanations, listening skills, and provision of information about examination findings, treatment steps, and drug side effects.

**PORTFOLIOS**

A portfolio is a collection of products the resident prepares that provides evidence of learning and achievement related to a learning plan. A portfolio typically contains written documents but can include video or audio recordings, photographs, and other forms of information. Reflecting upon what has been learned is important to constructing a portfolio. In addition to products of learning, the portfolio can include statements about what has been learned, its application, remaining learning needs, and how they can be met in graduate medical education. Teaching experiences, morning reports, patient rounds, individualized studies, or research projects are learning experiences that lend themselves to using portfolios to assess residents.

**RECORD REVIEW**

Trained staff in an institution's medical records department or clinical department review patients' paper or electronic records. The staff uses a protocol and coding form based upon predefined criteria to abstract information from the records, such as medications, tests ordered, procedures performed, and patient outcomes. The patient record findings are summarized and compared to accepted patient care standards. Residents often

confer with other clinical team members before documenting patient decisions. Therefore, the documented care may not be directly attributed to a single resident but to the clinical team.

**SIMULATIONS AND MODELS**

Simulations used to assess clinical performance closely resemble reality and attempt to imitate but not duplicate real clinical problems. Key attributes of simulations are that they incorporate a wide array of options resembling reality, allow examinees to reason through a clinical problem with little or no cueing, permit examinees to make life-threatening errors without hurting a real patient, provide instant feedback so examinees can correct a mistaken action, and rate examinees' performance on clinical problems that are difficult or impossible to evaluate effectively in other circumstances.

**STANDARDIZED ORAL EXAMINATION**

The standardized oral examination is a performance assessment using realistic patient cases with a trained physician examiner questioning the examinee. The examiner begins by presenting a clinical problem in the form of a patient case scenario to the examinee and asks the examinee to manage the case. Questions probe the reasoning for requesting clinical findings, interpretation of findings, and treatment plans. Inefficiently designed exams, each case scenario takes three to five minutes. Exams last approximately 90 minutes to two and one-half hours with two to four separate 30 or 60-minute sessions.

**STANDARDIZED PATIENT EXAMINATION (SP)**

Standardized patients (SPs) are persons trained to simulate a medical condition in a standardized way or patients trained to present their condition in a standardized way. A standardized patient exam consists of multiple SPs presenting a different condition in a 10-12-minute patient encounter. The resident being evaluated examines the SP as if (s) he were a real patient, using a checklist or a rating form; a physician observer or the SPs assess the resident's performance on appropriateness, correctness, and completeness of specific patient care tasks and expected behaviors.

**WRITTEN EXAMINATION (MCQ)**

A written or computer-based MCQ examination comprises multiple-choice questions (MCQ) selected to sample medical knowledge and understanding of a defined body of knowledge, not just factual or easily recalled information. Each question or test item contains an introductory statement followed by four or five options on a coded answer sheet. Only one option is keyed as the correct response. The introductory statement often presents a patient case and clinical findings or displays data graphically. A separate booklet can be used to display pictures and other relevant clinical information. In computer-based examinations, the test items are displayed on a computer monitor one at a time, and photographs and graphical images are displayed directly on the monitor.

In a computer-adaptive test, fewer test questions are needed because test items are selected based on statistical rules programmed into the computer to measure the examinee's ability quickly. MCQ examinations can measure medical knowledge and understanding.

**Mini-Clinical Evaluation Exercise (mini-CEX)**

This tool evaluates a clinical encounter with a patient to indicate competence in skills essential for good clinical care, such as history taking, examination, and clinical reasoning. The trainee receives immediate feedback to aid learning. They can be used at any time and in any setting when there is a trainee and patient interaction, and an assessor is available.

**Direct Observation of Procedural Skills (DOPS)**

A DOPS is an assessment tool designed to evaluate a trainee's performance in undertaking a practical procedure against a structured checklist. The trainee receives immediate feedback to identify strengths and areas for development.

**Case-based Discussion (CbD)**

The CBD assesses a trainee's performance in their patient management to indicate competence in areas such as clinical reasoning, decision-making, and application of medical knowledge about patient care. It also serves as a method to document conversations about and presentations of cases by trainees. The CbD should focus on a written record (such as case notes, out-patient letters, and discharge summaries). A typical encounter might be when presenting newly referred patients in the outpatient department.

**Audit Assessment (AA)**

The Audit Assessment tool assesses a trainee's competence in completing an audit. It can be based on reviewing audit documentation OR presenting the audit at a meeting. If possible, multiple assessors should assess the trainee on the same audit.

**Teaching Observation (TO)**

The Teaching Observation form is designed to provide structured, formative feedback to trainees on their teaching competence. The Form can be based on any formalized teaching by the trainee who has been observed by the assessor. The process should be trainee-led (identifying appropriate teaching sessions and assessors).

**Decisions on progress (ARCP)**

The Annual Review of Competence Progression (ARCP) is the formal method of monitoring and recording trainees' progression through their training program. It is not an assessment—it is the review of evidence of training and evaluation.

| Examination | |
|---|---|
| **In-Training Assessment--- 1st Year** | After 1 year of training |
| **Mid Training Assessment MTA** | At end of Second year |
| **In-Training Assessment --- 3rd Year** | At end of third year of training |
| **Final Training Assessment** | After 4 years of training |
| **First Year in-training Written Exam --- 100 one best Question with OSPE**<br>**Mid Training Written Exam ---- 100 MCQs in each exam with OSPE**<br>**Third year In Training written Exam --- 100 MCQs with OSPE**<br>**Final Training Assessment written exam ---- 100 MCQs in each exam with OSPE and thesis defense** | |
| **Work Place Based Assessment** | |
| **Work place Based Assessment shall be conducted after every three months of all MD Residents by the department** | |

**Continuous Internal Assessment:**

| Competencies included CIA | Phases of CIA | Time Line for end of various phases of CIA | Weightage of CIA | Tools for Assessment of CIA |
|---|---|---|---|---|
| 1. **Medical knowledge**<br>2. **Patient care (40% both)**<br>3. **Interpersonal & communication skills**<br>4. **Professionalism (40% both)**<br>5. **Practice based learning**<br>6. **System based learning (10% both)**<br>7. **Research 10%)** | Phase -1<br>➢ CIA Year 1<br>➢ CIA Year 2 | till end of Year 2 | Equal to or more than 75% of the total marks of all formative assessments/<br>360º Evaluations | • Multi source feedback/360-degree evaluation<br>• MCQs for knowledge<br>• Mini-CEX<br>• Case based discussion<br>• CPC presentations<br>• TOACS/OSCE<br>• Charts stimulated recall<br>• Teaching rounds<br>• Directly observed procedures<br>• Research activities |
| | Phase -2<br>➢ CIA Year 3<br>➢ CIA Year 4 | till end of Year 4th year training program | Equal to or more than 75% of the total marks of all formative assessments/<br>360º Evaluations | |

**Details about various competencies required for MD Psychiatry along with brief details of Teaching Strategies, Type of Assessment, weightage given to the competency & Tools of Assessment:**

| Sr. No | Competency to be assessed | Teaching & learning strategies | Type of Assessment for the competency to be assessed | % weightage of the competency | Tools of Assessment |
|---|---|---|---|---|---|
| **1.** | Medical knowledge | Case based discussion & problem-based learning, large group interactive session, self-directed learning, teaching rounds, and literature search. | Formative Assessment leading to continue internal assessment and also summative assessment in high stake exams | 40% for both Knowledge and Patient Care both | MCQs, Directly observe procedure, mini clinical examinations, charts, OSCE, teaching ward rounds, case discussion, seminars, topic presentation |
| **2.** | Patient care | Case based discussion, teaching rounds, morbidity & mortality meetings, $360^0$ feedback evaluation, DOPS, long case/ short case discussions OPDs, | Formative assessment leading to continue internal assessment and also summative assessment in high stake exams | | Teaching rounds, case base discussion, presentations, CPC participations, clinical management, problem base learning, peer assisted learning, dealing with paramedics & patient attendants |

| | | | | | |
|---|---|---|---|---|---|
| | | emergency indoor workshops, hands on trainings. | | | |
| **3.** | Professionalism | Teaching rounds, known conferences, workshops, hands on training, CPC, morbidity & mortality meetings, journal club | Formative assessment leading to continue internal assessment | 40% for both | Working in OPDs, wards, emergency DOPs, clinical case discussion, dealing with paramedics, meeting with supervisor & mentors, mini clinical examination |
| **4.** | Interpersonal & communication skills | Teaching rounds, hands on training, workshops related to research methodology, SPSS, data entry, LGIS, session with supervisor & mentors, session with research units, SDL, | Formative assessment leading to continuous internal assessment | | Multi source & 360-degree evaluation. |
| **5.** | Practice based learning | Case based discussion, teaching rounds, known conferences, morbidity & | Formative assessment leading to continuous internal assessment Multi source & 360 | 10% both | Working in OPDs, wards, emergency DOPs, clinical case discussion, dealing with |

| | | | | | |
|---|---|---|---|---|---|
| | | mortality meetings, OPDs, emergency indoor workshops, hands on trainings. | degree evaluation (Logbook & portfolio) | | paramedics, meeting with supervisor & mentors, mini clinical examination |
| **6.** | System based learning | Working in wards, OPDs, Emergency | Formative assessment leading to continuous internal assessment Multi source & 360 degree evaluation (Logbook & portfolio) | | Working in OPDs, wards, emergency DOPs, clinical case discussion, dealing with paramedics, meeting with supervisor & mentors, mini clinical examination |
| **7.** | Research | Large group Interactive sessions on Research, hands on training & workshops, practical work of research including literature search, finding research question, synopsis writing, data collection, data analysis, thesis writing | Formative leading to continuous internal assessment Multi source & 360 degree evaluation (Logbook & portfolio)&also Summative assessment | 10% | Approval of research topic and synopsis & thesis from URTMC, Board of Advanced studies and Research and ethical review board,<br>Requirement of Completion certificate of research workshops as eligibility criteria for examinations,<br>Defense of Thesis examination |

**Summary of All Assessments in Four Year Training Program of MD Psychiatry**

**First Year Assessment**

| 1st Year | Marks Distribution | Units/ Topics | No. of MCQs | Eligibility for Exam | Research |
|---|---|---|---|---|---|
| | Written- (100 MCQs) 100 Marks<br><br>Pass Percentage is 60% | **Paper I- MCQs** | | Completion of 1 year training<br>ii. Workshops completion<br>• Communication skills ----------3days<br>• Computer & IT skills ----------3days<br>• Synopsis writing ----------3days<br>• BLS/ACLS ----------1 days<br><br>iv. CIS- Minimum 75% marks-Certification by DME and Supervisor/s | Research<br>• Allotment of Thesis topic by supervisor<br>• Publication of one article in Resident Research Journal OR Statistical report of one disease |
| | | History and Mental State Examination | 05 | | |
| | | Phenomenology | 10 | | |
| | | Classification | 05 | | |
| | | Bio-Psycho-Social Model | 05 | | |
| | | Non Pharmacological Interventions | 05 | | |
| | | Ethics | 10 | | |
| | | Biological basis of human behavior | 05 | | |
| | | Psychology and psychometrics | 20 | | |
| | | Anthropology | 05 | | |

| | | | | | |
|---|---|---|---|---|---|
| | | Common Psychiatric Disorders | 20 | **Special note:** Students with less than 75% CIS, such cases will be referred to relevant academic review committee which will work under the umbrella of DME/ UTMC | |
| | | Sociology | 10 | | |
| | | **Total MCQs** | **100** | | |

**Mid Term Assessment**

| 2nd Year | Marks Distribution | Units/ Topics | No. of MCQs | Eligibility for Exam | Research |
|---|---|---|---|---|---|
| | Written and Clinical- Total Marks 300<br><br>Written- Two Papers (75 MCQs each) – 150 Marks<br><br>Clinical OSCE- 150 Marks<br><br>Written Exam should be passed to appear in OSCE exam | **Paper I- MCQs** | | *Completion of 2 year training<br><br>*Passed Year One examination<br><br>*Three rotations to be completed in<br>•Psychology<br>•Medicine<br>•Neurology | Research Formulation of research synopsis with approval of ERB & BASR by the end of 2nd year<br><br>CIA- Minimum 75% marks-<br>Certification by DME and |
| | | Stress related and Anxiety Disorders | 15 | | |
| | | Mood Disorders | 15 | | |
| | | Schizophrenia and schizoaffective disorders | 15 | | |
| | | Phenomenology | 05 | | |
| | | Bio-Psycho-Social Model | 02 | | |
| | | Non Pharmacological Interventions | 03 | | |

| | | | | | |
|---|---|---|---|---|---|
| | Pass Percentage in each component is 60% | Electroconvulsive Therapy | 05 | | Supervisor/s. |
| | | Medicine<br><br>*Cardiology<br>*Endocrinology<br>*Gastroenterology<br>*Autoimmune<br>*Respiratory | 15<br><br>03<br>04<br>03<br>03<br>02 | Log Book of year 2 (25% cases)<br><br>WPBA<br>Multisource feedback<br>360º Performa<br>DOPS<br>Mini CEX | |
| | | **Total MCQs** | **75** | | |
| | | **Paper II - MCQs** | | | |
| | | Neurocognitive disorders (Dementia, Delirium etc) | 05 | | |
| | | Psychology | 15 | | |
| | | Substance use Disorders | 12 | | |
| | | Psychopharmacology | 20 | | |
| | | Emergency Psychiatry (Neuroleptic malignant syndrome, Serotonin syndrome, Substance intoxication, withdrawal, overdose | 08 | | |

| | | | | | |
|---|---|---|---|---|---|
| | | of psychotropic and poisoning) | | | |
| | | Neurology<br><br>*CNS Infections<br>*Stroke<br>*Degenerative Diseases<br>*Epilepsy | 15<br><br>05<br>03<br>03<br><br>04 | | |
| | | **Total MCQs** | **75** | | |
| | | **Clinical** | | | |
| | | OSCE Stations | 15 | | |

## SCHEME FOR OSCE- MID TERM ASSESSMENT

1. Total number of stations- 15
2. Time allocation for each station- 5 minutes
3. Marks allocation for each station- 10 marks

### Topic Wise Distribution of OSCE Stations

| Station No. | Station Description | Details | C | P | A |
|---|---|---|---|---|---|
| **1.** | Assessment of patient presenting to the outpatient department | With reference to the scenario given, the candidate will interact with the patient to take a short history and perform the relevant mental state examination. | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| | Mood disorders, stress and anxiety related disorder, schizophrenia, substance use disorder, personality disorder, dementia etc. | | | | |
| **2** | Mental state examination | Candidate should be able to elicit relevant psychopathology through detailed mental state examination | C3 | P3 | A3 |
| **3.** | Assessment of patient presenting to the emergency<br><br>Intoxication/ withdrawal/ overdose, neuroleptic malignant syndrome, Serotonin syndrome, extrapyramidal symptoms. | With reference to the scenario given, the candidate will interact with the patient and perform the relevant physical and mental state examination, discuss his findings, and further the management plan with the examiner. | C3 | P3 | A3 |
| **4.** | Risk Assessment<br><br>Deliberate self-harm, attempted suicide, assessment of violent patient | The candidate should be able to interview and evaluate the patient and make a relevant risk assessment. | C3 | P3 | A3 |
| **5.** | Liaison Psychiatry<br>(Chronic medical illness with psychiatric comorbidities) | Assessment (physical examination, mental state examination) of patients with primary medical / organic disorders. | C3 | P3 | A3 |
| **6.** | Medicine<br>GPE, systemic examination, thyroid examination, Catatonia etc | The candidate will be asked to perform a focused clinical examination for assessment of knowledge, skill, and attitude. | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| | | Examiners will observe and ask questions pertaining to correct findings, logical interpretation and management etc. | | | |
| **7.** | Neurology<br><br>Motor and sensory system examination, cerebellar examination, cranial nerves, frontal, parietal, temporal, occipital lobe exam, examination of abnormal movements etc. | The candidate will be asked to perform a focused clinical examination for assessment of knowledge, skill and attitude.<br>Examiners will observe and ask questions pertaining to correct findings, logical interpretation and management etc. | C3 | P3 | A3 |
| **8.** | Diagnostic Investigations<br>CSF R/E, EEG interpretation etc | Lab reports will be shown to the candidate.<br>Questions will focus on relevant findings, diagnosis, etiology, and treatment where relevant | C3 | P3 | A3 |
| **9.** | Advanced Radiology<br>CT or MRI Brain, X-ray, PET scan, etc | CT/ MRI will be shown to the candidate.<br>Questions will focus on relevant findings, diagnosis, etiology, and treatment where relevant. | C3 | P3 | A3 |
| **10.** | Psychometric test (Scales)<br><br>HAMD, BDI, BAI, BPRS, PANSS, MMSE, SPM, ASSIST, YMRS, BSI etc | Candidate will identify the scale provided and will apply one of its portion on simulator/ patient. Candidate will be evaluated for identification of the given scale, scores interpretation, indications and performance skills on the simulator/patient. | C3 | P3 | A3 |
| **11.** | Psycho Education related to illness<br><br>Depression, bipolar affective disorder, schizophrenia, Obsessive compulsive disorder, generalized anxiety disorder, post-traumatic | Candidate will provide detailed information to the patient/ family member about his diagnosis, etiology, management, prognosis, restrictions, transmission and functionality. | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| | stress disorder, postpartum depression and psychosis, delirium, dementia, dissociative disorder etc. | | | | |
| **12.** | Psych education regarding common psychotropic medications and procedures<br>Atypical and typical antipsychotics, mood stabilizers , antidepressants, anxiolytics, hypnotics, ant dementia drugs and Electro Convulsive Therapy | With reference to scenario given, candidate will psychoeducate the patient about the dose, response, monitoring, side effects, treatment duration and drug drug interaction of the prescribed treatment. | C3 | P3 | A3 |
| **13.** | Non pharmacological interventions<br><br>Counselling, breaking bad news, informational care, breathing exercise, progressive muscle relaxation, conflict resolution, sleep hygiene, anger management, systemic desensitization, exposure and response prevention, motivational interviewing etc | In the scenario provided, candidate's ability to demonstrate the steps of different non pharmacological interventions will be assessed with the involvement of patient/simulator | C3 | P3 | A3 |
| **14.** | Procedures<br><br>Electroconvulsive therapy, repetitive transcranial magnetic stimulation, injecting depots, physically restraining patient, etc | Candidate will be asked to perform one of the procedures and relevant skills will be evaluated. | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| **15.** | Old age Psychiatry<br>(Dementia, Pseudo dementia, delirium, psychosis and depression etc.) | Candidate should be able to demonstrate the interview and evaluation skills for assessment of cognitive abilities. | C3 | P3 | A3 |

## Table of specification Psychiatry
## Calgary Method MTA Paper A

| Topic | Impact | Frequency | IxF | Weightage | Totl no of mcq 75 | C1 | C2 | C3 | Assessment method | Mark distribution |
|---|---|---|---|---|---|---|---|---|---|---|
| Mood Disorders | 2 | 3 | 6 | 0.105 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Stress Related and Anxiety Disorders | 2 | 3 | 6 | 0.105 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Schizophrenia and schizoaffective disorders | 2 | 6 | 6 | 0.105 | 8 | 0 | 4 | 4 | MCQ | MCQ=1 |
| Phenomenology | 3 | 3 | 9 | 0.157 | 12 | 0 | 9 | 3 | MCQ | MCQ=1 |
| Bio-Psycho-Social Model | 3 | 3 | 9 | 0.157 | 12 | 0 | 11 | 1 | MCQ | MCQ=1 |
| Non Pharmacological Interventions | 3 | 3 | 9 | 0.157 | 12 | 0 | 9 | 3 | MCQ | MCQ=1 |
| Electroconvulsive Therapy | 3 | 3 | 9 | 0.157 | 12 | 1 | 8 | 3 | MCQ | MCQ=1 |
| Medicine | 1 | 3 | 3 | 0.054 | 3 | 0 | 3 | 0 | MCQ | MCQ=1 |
| Total | | | 57 | 0.997 | 75 | | | | MCQ | 75 |
| **Topic** | **Impact** | **Frequency** | **IxF** | **Weightage** | **Total no of mcq:75** | **C1** | **C2** | **C3** | **Assessment method** | **Mark distribution** |
| Mood Disorders | 2 | 3 | 6 | 0.105 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Stress Related and Anxiety Disorders | 2 | 3 | 6 | 0.105 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Schizophrenia and schizoaffective disorders | 2 | 6 | 6 | 0.105 | 8 | 0 | 4 | 4 | MCQ | MCQ=1 |
| Phenomenology | 3 | 3 | 9 | 0.157 | 12 | 0 | 9 | 3 | MCQ | MCQ=1 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Bio-Psycho-Social Model | 3 | 3 | 9 | 0.157 | 12 | 0 | 11 | 1 | MCQ | MCQ=1 |
| Non Pharmacological Interventions | 3 | 3 | 9 | 0.157 | 12 | 0 | 9 | 3 | MCQ | MCQ=1 |
| Electroconvulsive Therapy | 3 | 3 | 9 | 0.157 | 12 | 1 | 8 | 3 | MCQ | MCQ=1 |
| Medicine | 1 | 3 | 3 | 0.054 | 3 | 0 | 3 | 0 | MCQ | MCQ=1 |
| Total | | | 57 | 0.997 | 75 | | | | MCQ | 75 |

## Paper B

| Topic | Impact | Frequency | IxF | Weightage | Total no of mcq 75 | C1 | C2 | C3 | Assessment method | Mark distribution |
|---|---|---|---|---|---|---|---|---|---|---|
| Substance use Disorders | 2 | 3 | 6 | 0.133 | 10 | 0 | 07 | 03 | MCQ | MCQ=1 |
| Neurocognitive disorders | 2 | 3 | 6 | 0.133 | 10 | 0 | 06 | 04 | MCQ | MCQ=1 |
| Psychology | 3 | 3 | 9 | 0.2 | 15 | 0 | 10 | 05 | MCQ | MCQ=1 |
| Emergency Psychiatry (Neuroleptic malignant syndrome, Serotonin syndrome, Substance intoxication, withdrawal, overdose of psychotropic and poisoning) | 3 | 3 | 9 | 0.2 | 15 | 0 | 09 | 06 | MCQ | MCQ=1 |
| Psychopharmacology | 3 | 3 | 9 | 0.2 | 15 | 0 | 07 | 03 | MCQ | MCQ=1 |
| Neurology | 3 | 2 | 6 | 0.133 | 10 | 0 | 05 | 05 | MCQ | MCQ=1 |
| Total | | | 45 | 0.999 | 75 | | | | MCQ | 75 |

## Scheme For OSCE Psychiatry In Mid Term Assessment

1. Total number of stations- 15
2. Time allocation for each station- 5 minutes
3. Marks allocation for each station- 10 marks

| Station no | Station description | Unit |
|---|---|---|
| **1** | Assessment of patient presenting to the outpatient department | Mood disorders, stress and anxiety related disorder, schizophrenia, substance use disorder, personality disorder, dementia etc. |
| **2** | Assessment of patient presenting to the emergency | Intoxication/ withdrawal/ overdose, neuroleptic malignant syndrome, Serotonin syndrome, extrapyramidal symptoms. |
| **3** | Risk Assessment | Deliberate self-harm, attempted suicide, assessment of violent patient |
| **4** | Liaison Psychiatry | Chronic medical illness with psychiatric comorbidities |
| **5** | Medicine | GPE, systemic examination, thyroid examination, Catatonia |
| **6** | Neurology | Motor and sensory system examination, cerebellar examination, cranial nerves, frontal, parietal, temporal, occipital lobe exam, examination of abnormal movements |
| **7** | Diagnostic Investigations | CSF R/E, EEG interpretation |

| | | |
|---|---|---|
| **8** | Advanced Radiology | CT or MRI Brain, X-ray, PET scan |
| **9** | Psycho Education related to illness | Depression, bipolar affective disorder, schizophrenia, Obsessive compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, postpartum depression and psychosis, delirium, dementia, dissociative disorder |
| **10** | Non pharmacological interventions | Counselling, breaking bad news, informational care, breathing exercise, progressive muscle relaxation, conflict resolution, sleep hygiene, anger management, systemic desensitization, exposure and response prevention, motivational interviewing |
| **11** | Procedures | Electroconvulsive therapy, repetitive transcranial magnetic stimulation, injecting depots, physically restraining patient |
| **12** | Old Age Psychiatry | Dementia, Pseudo dementia, delirium, psychosis and depression |
| **13** | Mental State Examination | Mood disorders, stress and anxiety related disorder, schizophrenia, substance use disorder, personality disorder, dementia |
| **14** | Psychometric Scales | HAMD, BDI, BAI, BPRS, PANSS, MMSE, SPM, ASSIST, YMRS, BSI etc |
| **15** | Psych education regarding common psychotropic medications and procedures | Atypical and typical antipsychotics, mood stabilizers , antidepressants, anxiolytics, hypnotics, ant dementia drugs and Electro Convulsive Therapy |

## Third Year Assessment

| 3rd Year | Marks Distribution | Units/ Topics | No. of MCQs | Eligibility for Exam | Research |
|---|---|---|---|---|---|
| | Written- Two Papers (100 MCQs each) 200 Marks<br><br>Pass Percentage is 60% | **Paper I- MCQs** | | *Completion of 3 year training<br><br>*Passed Mid Term examination<br><br>*Three rotations to be completed in<br>•Psychology<br>•Medicine<br>•Neurology<br><br>Log Book of year 3 (25% cases)<br><br>WPBA<br>Multisource feedback<br>360° Performa<br>DOPS | Research<br>Formulation of research synopsis with approval of ERB & BASR<br><br>CIA- Minimum 75% marks-<br>Certification by DME and Supervisor/s. |
| | | Stress related and Anxiety Disorders | 20 | | |
| | | Mood Disorders | 20 | | |
| | | Schizophrenia and schizoaffective disorders | 20 | | |
| | | Phenomenology | 10 | | |
| | | Bio-Psycho-Social Model | 02 | | |
| | | Non-Pharmacological Interventions | 03 | | |
| | | Electroconvulsive Therapy | 05 | | |
| | | Medicine<br><br>*Cardiology<br>*Endocrinology<br>*Gastroenterology<br>*Autoimmune<br>*Respiratory | 20<br><br>04<br>05<br>04<br>04<br>03 | | |

| | | | | | |
|---|---|---|---|---|---|
| | | **Total MCQs** | **100** | Mini CEX | |
| | | **Paper II - MCQs** | | | |
| | | Neurocognitive disorders (Dementia, Delirium etc) | 10 | | |
| | | Psychology | 15 | | |
| | | Substance use Disorders | 20 | | |
| | | Psychopharmacology | 20 | | |
| | | Emergency Psychiatry (Neuroleptic malignant syndrome, Serotonin syndrome, Substance intoxication, withdrawal, overdose of psychotropic and poisoning) | 15 | | |
| | | Neurology<br><br>*CNS Infections<br>*Stroke<br>*Degenerative Diseases<br>*Epilepsy | 20<br><br>08<br>04<br>04<br><br>04 | | |
| | | **Total MCQs** | **100** | | |

## Final Term Assessment

| 4th Year | Marks Distribution | Units/ Topics | No. of MCQs | Eligibility for Exam | Research |
|---|---|---|---|---|---|
| | **WRITTEN & CLINICAL- TOTAL MARKS 750**<br><br>**Written- Two papers**<br>Paper 1 & 2 will comprise 100 single best answer type Multiple Choice Questions in each paper. 1 marks each for each MCQ. (1hour and 30mins)<br><br>**Both papers will be conducted on two separate days.**<br><br>*Written exam should be passed (pass marks=60%) to appear in clinical exam.* | **Paper I- MCQs** | | 1. Completion of 4 year training<br><br>2. Year One, MTA, Year three Assessment should be passed.<br><br>3. All internal and external rotations to be completed.<br><br>4. Cumulative score of 75% in Continuous Internal assessments of all training years.<br><br>5. No dues certificate. | Thesis should be accepted |
| | | Mood Disorders | 25 | | |
| | | Anxiety disorders | 12 | | |
| | | Obsessive compulsive disorder (OCD) and related disorders | 07 | | |
| | | Disorders due to Substance Use or addictive disorders | 20 | | |
| | | Neurocognitive Disorders | 08 | | |
| | | Disorders of bodily distress or bodily experience / Somatization | 02 | | |
| | | Personality Disorders | 10 | | |
| | | Factitious disorders | 01 | | |
| | | Medicine | 05 | | |

| | | | | | |
|---|---|---|---|---|---|
| | **Clinical:**<br>OSCE=150 marks<br>(15 stations 10 Marks each) 5 min for each station<br><br>Short cases- 200 marks (4 cases 50 marks each)<br>12 min each<br><br>Long case- 100 marks (1 long case)<br>45 minutes: History taking and Examination<br>10 minutes :Formulation<br>15 minutes: Discussion<br>Total time:70 minutes<br><br><br><br>**Thesis = 100 marks**<br>Presentation – 30 Marks<br>Discussion- 70 Marks<br><br>Pass percentage=<br>Accumulative pass percentage is 60% with separate at least 55% in | *Cardiology<br>*Endocrinology<br>*Gastroenterology<br>*Autoimmune<br>*Respiratory | | | |
| | | Neurology<br><br>*CNS Infections<br>*Stroke<br>*Degenerative Diseases<br>*Epilepsy | 05 | | |
| | | Forensic aspects of Psychiatry (Mental health ordinance, fitness to stand trial and capacity) | 05 | | |
| | | | | | |
| | | | | | |
| | | **Total MCQs** | **100** | | |
| | | **Paper II – MCQs** | | | |
| | | Schizophrenia and primary psychotic disorders / Catatonia | 25 | | |
| | | Stress-related disorders | 15 | | |

| | | | | | |
|---|---|---|---|---|---|
| | each component( i.e paper 1,2,OSCE, short cases, long cases) Written papers should be passed separately.<br>OSCE must be passed separately.<br>Short cases and long cases must be passed separately.<br>Thesis must has 60% score to qualify. | Mental and behavioural disorders associated with pregnancy, childbirth or puerprium | 03 | | |
| | | Dissociative Disorders | 02 | | |
| | | Neurodevelopmental Disorders (Autism spectrum disorders, Intellectual disability, ADHD) | 10 | | |
| | | Impulse Control disorders | 03 | | |
| | | Disruptive behaviour or dissocial disorders | 02 | | |
| | | Feeding and Eating disorders | 03 | | |
| | | Sleep disorders | 03 | | |
| | | Paraphilia and Sexual disorders | 05 | | |
| | | Emergency Psychiatry (Neuroleptic malignant syndrome, Serotonin syndrome, Substance intoxication, withdrawal, overdose | 11 | | |

| | | | | | |
|---|---|---|---|---|---|
| | | of psychotropic and poisoning) | | | |
| | | Psychopharmacology | 10 | | |
| | | Community Psychiatry (Mental Health Gap action Program, psychological first aid etc) | 06 | | |
| | | Research | 02 | | |
| | | **Total MCQs** | **100** | | |
| | | **Clinical** | | | |
| | | OSCE Stations<br>Short Cases<br>Long case<br>Thesis | 15<br>04<br>01<br>01 | | |

## SCHEME FOR OSCE- FINAL TERM ASSESSMENT

1. Total number of stations- 15
2. Time allocation for each station- 5 minutes
3. Marks allocation for each station- 10 marks

### Topic Wise Distribution of OSCE Stations

| Station No. | Station Description | Details | C | P | A |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| **1.** | Assessment of patient presenting to the outpatient department<br><br>Mood disorders, stress and anxiety related disorder, schizophrenia, substance use disorder, personality disorder, dementia etc. | With reference to the scenario given, the candidate will interact with the patient to take a short history and perform the relevant mental state examination. | C3 | P3 | A3 |
| **2.** | Assessment of patient presenting to the emergency<br><br>Intoxication/ withdrawal/ overdose, neuroleptic malignant syndrome, Serotonin syndrome, extrapyramidal symptoms. | With reference to the scenario given, the candidate will interact with the patient and perform the relevant physical and mental state examination, discuss his findings, and further the management plan with the examiner. | C3 | P3 | A3 |
| **3.** | Risk Assessment<br><br>Deliberate self-harm, attempted suicide, assessment of violent patient | The candidate should be able to interview and evaluate the patient and make a relevant risk assessment. | C3 | P3 | A3 |
| **4.** | Liaison Psychiatry<br>(Chronic medical illness with psychiatric comorbidities) | Assessment (physical examination, mental state examination) of patients with primary medical / organic disorders. | C3 | P3 | A3 |
| **5.** | Medicine<br>GPE, systemic examination, thyroid examination, Catatonia etc | The candidate will be asked to perform a focused clinical examination for assessment of knowledge, skill, and attitude.<br>Examiners will observe and ask questions pertaining to correct findings, logical interpretation and management etc. | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| **6.** | Neurology<br><br>Motor and sensory system examination, cerebellar examination, cranial nerves, frontal, parietal, temporal, occipital lobe exam, examination of abnormal movements etc. | The candidate will be asked to perform a focused clinical examination for assessment of knowledge, skill and attitude.<br>Examiners will observe and ask questions pertaining to correct findings, logical interpretation and management etc. | C3 | P3 | A3 |
| **7.** | Diagnostic Investigations<br><br>CSF R/E, EEG interpretation etc | Lab reports will be shown to the candidate. Questions will focus on relevant findings, diagnosis, etiology, and treatment where relevant | C3 | P3 | A3 |
| **8.** | Advanced Radiology<br><br>CT or MRI Brain, X-ray, PET scan, etc | CT/ MRI will be shown to the candidate. Questions will focus on relevant findings, diagnosis, etiology, and treatment where relevant. | C3 | P3 | A3 |
| **9.** | Psycho Education related to illness<br><br>Depression, bipolar affective disorder, schizophrenia, Obsessive compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, postpartum depression and psychosis, delirium, dementia, dissociative disorder etc. | Candidate will provide detailed information to the patient/ family member about his diagnosis, etiology, management, prognosis, restrictions, transmission and functionality. | C3 | P3 | A3 |
| **10.** | Non pharmacological interventions<br><br>Counselling, breaking bad news, informational care, breathing exercise, progressive muscle relaxation, conflict resolution, sleep hygiene, anger management, systemic desensitization, exposure | In the scenario provided, candidate's ability to demonstrate the steps of different non pharmacological interventions will be assessed with the involvement of patient/simulator | C3 | P3 | A3 |

| | | | | | |
|---|---|---|---|---|---|
| | and response prevention, motivational interviewing etc | | | | |
| **11.** | Procedures<br><br>Electroconvulsive therapy, repetitive transcranial magnetic stimulation, injecting depots, physically restraining patient, etc | Candidate will be asked to perform one of the procedures and relevant skills will be evaluated. | C3 | P3 | A3 |
| **12.** | Old age Psychiatry<br>(Dementia, Pseudo dementia, delirium, psychosis and depression etc.) | Candidate should be able to demonstrate the interview and evaluation skills for assessment of cognitive abilities. | C3 | P3 | A3 |
| **13.** | Child and adolescent psychiatry | OPD assessment, evaluation, and formulation of a management plan of common childhood psychiatric disorders. | | | |
| **14.** | Forensic Psychiatry | Assessment of competence and capacity of a patient and application of relevant sections of the mental health ordinance | | | |
| **15.** | Community Psychiatry | The candidate will be asked to explain and demonstrate salient principles of Mental health awareness for the general public, and non-mental health professionals at various forums. | | | |

**Calgary Method**

**Table of specification Psychiatry, FTA Paper A**

| Topic | Impact | Frequency | IxF | Weightage | Total no of mcq 100 | C1 | C2 | C3 | Assessment method | Mark distribution |
|---|---|---|---|---|---|---|---|---|---|---|
| Mood Disorders | 2 | 3 | 6 | 0.11 | 12 | 1 | 6 | 5 | MCQ | MCQ=1 |
| Anxiety Disorders | 2 | 3 | 6 | 0.11 | 12 | 1 | 5 | 6 | MCQ | MCQ=1 |
| Obsessive compulsive disorder (OCD) and related disorders | 2 | 2 | 4 | 0.07 | 7 | 1 | 4 | 2 | MCQ | MCQ=1 |
| Disorders due to Substance Use or addictive disorders | 2 | 3 | 6 | 0.11 | 12 | 1 | 9 | 2 | MCQ | MCQ=1 |
| Neurocognitive Disorders | 2 | 3 | 6 | 0.11 | 11 | 1 | 7 | 3 | MCQ | MCQ=1 |
| Disorders of bodily distress or bodily experience / Somatization | 2 | 2 | 4 | 0.07 | 7 | 1 | 5 | 1 | MCQ | MCQ=1 |
| Personality Disorders | 2 | 3 | 6 | 0.11 | 11 | 1 | 8 | 2 | MCQ | MCQ=1 |
| Factitious disorders | 1 | 1 | 1 | 0.01 | 1 | 0 | 1 | 0 | MCQ | MCQ=1 |
| Medicine | 1 | 3 | 3 | 0.05 | 5 | 1 | 4 | 0 | MCQ | MCQ=1 |
| Neurology | 3 | 2 | 6 | 0.11 | 11 | 2 | 7 | 2 | MCQ | MCQ=1 |
| Forensic aspects of Psychiatry (Mental health ordinance, fitness to stand trial and capacity) | 2 | 3 | 6 | 0.11 | 11 | 3 | 8 | 0 | MCQ | MCQ=1 |
| Total | | | 54 | 0.97 | 100 | | | | MCQ | 100 |

## Paper B

| Topic | Impact | Frequency | IxF | Weightage | Total no of mcq 100 | C1 | C2 | C3 | Assessment method | Mark distribution |
|---|---|---|---|---|---|---|---|---|---|---|
| Schizophrenia and primary psychotic disorders / Catatonia | 2 | 3 | 6 | 0.075 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Stress-related disorders | 2 | 3 | 6 | 0.075 | 8 | 0 | 4 | 4 | MCQ | MCQ=1 |
| Mental and behavioural disorders associated with pregnancy, childbirth or puerprium | 2 | 3 | 6 | 0.075 | 8 | 0 | 6 | 2 | MCQ | MCQ=1 |
| Dissociative Disorders | 2 | 3 | 6 | 0.075 | 7 | 0 | 6 | 1 | MCQ | MCQ=1 |
| Neurodevelopmental Disorders (Autism spectrum disorders, Intellectual disability, ADHD) | 2 | 3 | 6 | 0.075 | 8 | 0 | 5 | 3 | MCQ | MCQ=1 |
| Impulse Control disorders | 2 | 2 | 4 | 0.05 | 5 | 0 | 4 | 1 | MCQ | MCQ=1 |
| Disruptive behaviour or dissocial disorders | 2 | 2 | 4 | 0.05 | 5 | 0 | 4 | 1 | MCQ | MCQ=1 |
| Feeding and Eating disorders | 3 | 1 | 3 | 0.037 | 4 | 0 | 1 | 3 | MCQ | MCQ=1 |
| Sleep disorders | 2 | 3 | 6 | 0.075 | 7 | 0 | 4 | 3 | MCQ | MCQ=1 |
| Paraphilia and Sexual disorders | 2 | 2 | 4 | 0.05 | 5 | 0 | 4 | 1 | MCQ | MCQ=1 |
| Emergency Psychiatry (Neuroleptic malignant syndrome, Serotonin syndrome, Substance intoxication, withdrawal, overdose of psychotropic and poisoning) | 3 | 3 | 9 | 0.113 | 11 | 0 | 8 | 3 | MCQ | MCQ=1 |
| Psychopharmacology | 3 | 3 | 9 | 0.113 | 11 | 0 | 10 | 1 | | |
| Community Psychiatry | 2 | 2 | 4 | 0.05 | 5 | 0 | 5 | 0 | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Research | 3 | 2 | 6 | 0.075 | 8 | 0 | 6 | 2 | | |
| Total | | | 79 | 0.988 | 100 | | | | MCQ | 100 |

## Scheme For OSCE Psychiatry In Final Term Assessment

4. Total number of stations- 15
5. Time allocation for each station- 5 minutes
6. Marks allocation for each station- 10 marks

| Station no | Station description | Unit |
|---|---|---|
| **1** | Assessment of patient presenting to the outpatient department | Mood disorders, stress and anxiety related disorder, schizophrenia, substance use disorder, personality disorder, dementia etc. |
| **2** | Assessment of patient presenting to the emergency | Intoxication/ withdrawal/ overdose, neuroleptic malignant syndrome, Serotonin syndrome, extrapyramidal symptoms. |
| **3** | Risk Assessment | Deliberate self-harm, attempted suicide, assessment of violent patient |
| **4** | Liaison Psychiatry | Chronic medical illness with psychiatric comorbidities |
| **5** | Medicine | GPE, systemic examination, thyroid examination, Catatonia |

| | | |
|---|---|---|
| **6** | Neurology | Motor and sensory system examination, cerebellar examination, cranial nerves, frontal, parietal, temporal, occipital lobe exam, examination of abnormal movements |
| **7** | Diagnostic Investigations | CSF R/E, EEG interpretation |
| **8** | Advanced Radiology | CT or MRI Brain, X-ray, PET scan |
| **9** | Psycho Education related to illness | Depression, bipolar affective disorder, schizophrenia, Obsessive compulsive disorder, generalized anxiety disorder, post-traumatic stress disorder, postpartum depression and psychosis, delirium, dementia, dissociative disorder |
| **10** | Non pharmacological interventions | Counselling, breaking bad news, informational care, breathing exercise, progressive muscle relaxation, conflict resolution, sleep hygiene, anger management, systemic desensitization, exposure and response prevention, motivational interviewing |
| **11** | Procedures | Electroconvulsive therapy, repetitive transcranial magnetic stimulation, injecting depots, physically restraining patient |
| **12** | Old Age Psychiatry | Dementia, Pseudo dementia, delirium, psychosis and depression |
| **13** | Child and Adolescent Psychiatry | Neurodevelopmental Disorders |
| **14** | Forensic Psychiatry | Mental Health ordinance, Competency and capacity to Stand Trial |

| | | |
|---|---|---|
| **15** | Community Psychiatry | Public Mental Health, Crises Intervention, community based Rehabilitation, Prevention programs |

# Section VIII

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# Section IX

# Appendicies

**List of Appendices**

1. Workplace Based Assessments-Multi source feedback profoma- 360º evaluation ----Appendix " A"
2. Proforma for feedback by Nurse for core competencies of the resident ----------"Appendix B"
3. Proforma for patient Medication Record ------"Appendix C"
4. Workplace Based Assessments- guidelines for assessment of Generic & specialty specific Competencies ------ Appendix " D"
5. Supervisor's Annual Review Report------- Appendix " E"
6. Supervisors evaluation Proforma for continuous internal assessments---------Appendix " F"
7. Evaluation of resident by the faculty---------- Appendix " G"
8. Evaluation of faculty by the resident---------- Appendix " H"
9. Evaluation of program by the faculty---------- Appendix " I"
10. Evaluation of program by the resident---------- Appendix " J"
11. Guidelines for program evaluation---------- Appendix " K"
12. Evaluation of Project Director by the residents-------- Appendix " L"

**Workplace Based Assessments-Multi Source Feedback profoma- 360ºEvaluation**

**Appendix "A"**

**Rawalpindi Medical University**

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Senior)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

## Performance ratings

Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating:

| | | |
|---|---|---|
| 1=Never | 2= Rarely | 3= Occasionally |
| 4= Frequently | 5= Always | 6= Not Applicable |

1. Patients Care

Implements the highest standards of practice in the effective and timely treatment of all patients regardless of gender, ethnicity, location, or socioeconomic status.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

2. Medical Knowledge

Keeps current with research and medical knowledge in order to provide evidence-based care.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

3. Interpersonal and Communication Skills

Works vigorously and efficiently with all involved parties as patient advocate and/or consultant.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

4. Practice based Learning and Improvement

Assesses medical knowledge and new technology and implements best practices in clinical setting.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

5. Professionalism

Displays personal characteristics consistent with high moral and ethical behaviour.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

6. Systems Based Practice

Efficiently utilizes health-care resources and community systems of care in the treatment of patients.

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Reference: Competencies identified by ACGME & ABMS

ACGME Accreditation Council for graduate medical education

ABMS American Board of Medical Specialties

# Rawalpindi Medical University

## Quality Enhancement Cell

360 Degree Evaluation Proforma (by Colleague)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

Performance ratings Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating:

1=Never 2= Rarely 3= Occasionally

4= Frequently 5= Always 6= Not Applicable

1. He/she is often late to work?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

2. He/she meets his deadlines oftenly?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

3. He/she is willing to admit the mistakes?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

4. He/she communicates well with others?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

5. He/she adjusts quickly to changing Priorities?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

6. He/she is hardworking?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

7. He/she works well with the other colleague?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

8. He/she co-worker behave professionally?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

9. He/she co-worker treat you, respect fully?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

10. He/she co-worker handles criticism of his work well?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

11. He/she follow up the patient's condition quickly?

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Reference: http://www.surveymonkey.com/r//360-Degree-Employee-Evaluation-Template

# Rawalpindi Medical University

## Quality Enhancement Cell

360 Degree Evaluation Proforma (Self-Assessment)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

Performance ratings Assessment Date: _____

The following guidelines are to be used in selecting the appropriate rating:

1=Poor 2= Less than Satisfactory 3= Satisfactory

4= Good 5= Very Good 6= Don't know

1. Clinical knowledge

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

2. Diagnosis

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

3. Clinical decision making

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

4. Treatment (including practical procedures)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

5. Prescribing

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

6. Medical record keeping

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

7. Recognizing and working within limitations

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

8. Keeping knowledge and skills up to date

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

9. Reviewing and reflecting on own performance

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

10. Teaching (student, trainees, others)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

11. Supervising colleagues

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

12. Commitment to care and wellbeing of patients

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

13. Communication with patients and relatives

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

14. Working effectively with colleagues

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

15. Effective time management

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

Reference: www.gmc-uk.org

# Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Paramedical Staff)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

Performance ratings Assessment Date: _____

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

1۔مریض کی تشخیص بالکل ٹھیک کرتا/ کرتی ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

2۔دستاویزات وقت پر تیار ہوتے ہے اور اُس پر عمل کرنے میں آسانی ہوتی ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

3۔ٹیم ورک کو اہمیت دیتا/دیتی ہے۔

# Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Attendant)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

Performance ratings Assessment Date: _____

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

1۔ ڈاکٹر نے مریض کی صورتحال تشخیص و تفصیل سے بتائی ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

2۔ ڈاکٹر نے اپنی پریشانی بتانے کے لئے مجھے حوصلہ دیا۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

3۔ ڈاکٹر نے عزت سے میرا علاج کیا۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

# Rawalpindi Medical University

Quality Enhancement Cell

360 Degree Evaluation Proforma (by Patient)

PGT, MO, HO Proforma

| Reviewer | | Evaluation for | |
|---|---|---|---|
| Name: | | Name: | |
| Designation: | | Designation: | |

Performance ratings Assessment Date: _____

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

1۔ڈاکٹر نے آپ کا معائنہ عزت اور احترام سے کیا ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

2۔ڈاکٹر نے آپ کی بیماری کے متعلق آپ کو روکے ٹوکے بغیر تسلی سے سنا۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

3۔ڈاکٹر نے آپ کی بات بہت توجہ سے سنی۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

4۔ڈاکٹر نے آپ کی زندگی کے متعلق تفصیل سے سوالات کیے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

5۔ڈاکٹر نے آپ کے خدشات کو اچھی طرح سمجھا ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

6۔ڈاکٹر نے مجھے بیماری سے متعلق تفصیل اور وضاحت سے آگاہ کیا ہے۔

کبھی نہیں ☐ کم سے کم ☐ کبھی کبھار ☐ اکثر ☐ ہمیشہ ☐ لاگو نہیں ☐

## Resident Evaluation by Nurse/ Staff for core competencies Appendix "B"

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions.

Name of Resident_____

Location of care or interaction_____

(For example OPD/Ward/Emergency/Endoscopy Department)

Your position (for example: nurse, ward servant, endoscopy attendant)_____

| S # | Professionalism | Poor | Fair | Good | V.Good | Excellent | Insufficient Contact |
|---|---|---|---|---|---|---|---|
| 1 | Resident is Honest and trustworthy | | | | | | |
| 2 | Resident treats patients and families with courtesy, compassion and respect | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3 | Resident treats me and other member of the team with courtesy and respect | | | | | | |
| 4 | Resident shows regard for my opinions | | | | | | |
| 5 | Resident maintains a professional manner and appearance | | | | | | |
| Interpersonal and communication skills | | | | | | | |
| 6 | Resident communicates well with patients, families, and members of the healthcare team | | | | | | |
| 7 | Resident provides legible and timely documentation | | | | | | |
| 8 | Resident respect differences in religion, culture, age, gender, sexual orientation and disability | | | | | | |
| System based practice | | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | Resident works effectively with nurses and other professionals to improve patient care | | | | | | |
| Patient Care | | | | | | | |
| 10 | Resident respects patient preferences | | | | | | |
| 11 | Resident take care of patient comfort and dignity during procedures | | | | | | |
| Practice based learning and improvement | | | | | | | |
| 12 | Resident facilitates the learning of students and other professionals | | | | | | |
| Comments | | | | | | | |
| 13 | Please describe any praises or concerns or information about specific incidents | | | | | | |
| Thanks you for your time and thoughtful input. You play a vital role in the education and training of the internal medicine resident | | | | | | | |

**Poor: 0, Fair: 1, Good: 2, V.**

**Good: 3, Excellent: 4**

**Total Score_____/52**

## Evaluation of Patient Medical Record/ Chart Evaluation Proforma Appendix "C"

Name of Resident _____

Location of Care or Interaction_____

(OPD/Ward/Emergency/Endoscopy Department)

| S# | | Poor | Fair | Good | V. Good | Excellent |
|---|---|---|---|---|---|---|
| 1. | Basic Data on Front Page Recorded | O | O | O | O | O |
| 2. | Presenting Complaints written in chronological order | O | O | O | O | O |
| 3. | Presenting Complaints Evaluation Done | O | O | O | O | O |
| 4. | Systemic review Documented | O | O | O | O | O |

| | | | | | | |
|---|---|---|---|---|---|---|
| 5. | All Components of History Documented | O | O | O | O | O |
| 6. | Complete General Physical Examination done | O | O | O | O | O |
| 7. | Examination of all systems documented | O | O | O | O | O |
| 8. | Differential Diagnosis framed | O | O | O | O | O |
| 9. | Relevant and required investigations documented | O | O | O | O | O |
| 10. | Management Plan framed | O | O | O | O | O |
| 11. | Notes are properly written and eligible | O | O | O | O | O |
| 12. | Progress notes written in organized manner | O | O | O | O | O |
| 13. | Daily progress is written | O | O | O | O | O |
| 14. | Chart is organized no loose paper | O | O | O | O | O |
| 15. | Investigations properly pasted | O | O | O | O | O |

| | | | | | | |
|---|---|---|---|---|---|---|
| 16. | Abnormal findings in investigations encircled. | O | O | O | O | O |
| 17. | Procedures done on patient documented properly | O | O | O | O | O |
| 18. | Medicine written in capital letter | O | O | O | O | O |
| 19. | I/v fluids orders are proper with rate of infusion mentioned | O | O | O | O | O |
| 20. | All columns of chart complete | O | O | O | O | O |

**Poor**: 0, **Fair**: 1, **Good**: 2, **V**.**Good**: 3, **Excellent**: 4

**TOTAL SCORE _____/8**

## Appendix "D"

# Workplace Based Assessments - Guidelines for Supervisors for Assessment of Generic& Specialty Specific Competency

The Candidates of all MD programs will be trained and assessed in the following five generic competencies and also specialty specific competencies.

## A. Generic Competencies:

### i. Patient Care.

a. Patient Care competency will include skills of history taking, examination, diagnosis, counseling Plan care through ward teaching departmental conferences, morbidity and mortality meetings core curriculum lectures and training in procedures and operations.

b. The candidate shall learn patient care through ward teaching departmental conferences, morbidity and mortality meetings, care curriculum lectures and training in procedures and operations.

c. The Candidate will be assessed by the supervisor during presentation of cases on clinical ward rounds, scenario based discussions on patients management multisource feedback evaluation, Direct observation of Procedures (DOPS) and operating room assessments

d. These methods of assessments will have equal weightage.

### ii. Medical knowledge and Research

a. The candidate will learn basic factual knowledge of illnesses relevant to the specialty through lectures/discussions on topics selected from the syllabus, small group tutorials and bed side rounds
b. The medical knowledge/skill will be assessed by the teacher during
c. The candidate will be trained in designing research project, data collection data analysis and presentation of results by the supervisor.
d. The acquisition of research skill will be assessed as per regulations governing thesis evaluation and its acceptance.

**iii. <u>Practice and System Based Learning</u>**

a. This competency will be learnt from journal clubs, review of literature policies and guidelines, audit projects medical error investigation, root cause analysis and awareness of health care facilities,.
b. The assessment methods will include case studies, personation in mobility and mortality review meetings and presentation of audit projects if any.
c. These methods of assessment shall have equal weight-age

**iv. <u>Communication Skills</u>**

a. These will be learn it from role models, supervisor and workshops.

b. They will be assessed by direct observation of the candidate whilst interacting with the patients, relatives, colleagues and with multisource feedback evaluation.

**v. Professionalism as per Hippocratic oath**

a. This competency is learnt from supervisor acting as a role model ethical case conferences and lectures on ethical issues such as confidentially informed consent end of life decisions, conflict of interest, harassment and use of human subjects in research.

b. The assessment of residents will be through multisource feedback evaluation according to preforms of evaluation and its scoring method.

## B. Specialty Specific Competences.

i. The candidates will be trained in operative and procedural skills according to a quarterly based schedule.

ii. The level of procedural Competency will be according to a competency table to be developed by each specialty

iii. The following key will be used for assessing operative and procedural competencies:

a. **Level 1 Observer status**

b. The candidate physically present and observing the supervisor and senior colleagues

c. **Level 2 Assistant status** The candidate assisting procedures and operations

d. **Level 3 Performed under supervision** The candidate operating or performing a procedure under direct supervision

e. **Level 4 Performed independently** The candidate operating or performing a procedure without any supervision

vi. **Procedure Based Assessments (PBA)**

a. Procedural competency will assess the skill of consent taking, preoperative preparation and planning, intraoperative general and specific tasks and postoperative management
b. Procedure Based assessments will be carried out during teaching and training of each procedure.
c. The assessors may be supervisors, consultant colleagues and senior residents.
d. The standardized forms will be filled in by the assessor after direct observation.
e. The resident's evaluation will be graded as satisfactory, deficient requiring further training and not assessed at all.
f. Assessment report will be submitted
g. A satisfactory score will be required to be eligible for taking final examination.

# Appendix "E"

## Supervisor's Annual Review Report.

This report will consist of the following components: -

I. Verification and validation of Log Book of operations & procedures according to the expected number of operations and procedures performed (as per levels of competence) determined by relevant board of studies.
II. A 90% attendance in academic activities is expected. The academic activities will include: Lectures, Workshops other than mandatory workshops, journal Clubs Morbidity & Mortality Review Meetings and Other presentations.
III. Assessment report of presentations and lectures
IV. Compliance Report to meet timeline for completion of research project.
V. Compliance report on personal Development Plan.
VI. Multisource Feedback Report, on relationship with colleagues, patients.
VII. Supervisor will produce an annual report based on assessments as per proforma in appendix-G and submit it to the Examination Department.
VIII. 75% score will be required to pass the Continuous Internal Assessment on annual review.

## Supervisor's Evaluation of the Resident (Continuous Internal Assessment) Appendix "F"

**Resident's Name:** _____

**Evaluator's Name(s):** _____

**Hospital Name:** _____

**Date of Evaluation:** _____

| | |
|---|---|
| **1** | Unsatisfactory |
| **2** | **Below Average** |
| **3** | **Average** |
| **4** | **Good** |
| **5** | **Superior** |

**Please circle the appropriate number for each item using the scale above.**

| Patient Care | Scale | | | | |
|---|---|---|---|---|---|
| 1. Demonstrates sound clinical judgment | **1** | **2** | **3** | **4** | **5** |
| 2. Presents patient information case concisely without significant omissions or digressions | **1** | **2** | **3** | **4** | **5** |
| 3. Able to integrate the history and physical findings with the clinical data and identify all of the patient's major problems using a logical thought process | **1** | **2** | **3** | **4** | **5** |
| 4. Develops a logical sequence in planning for diagnostic tests and procedures and Formulates an appropriate treatment plan to deal with the patient's major problems | **1** | **2** | **3** | **4** | **5** |

| | | | | | |
|---|---|---|---|---|---|
| 5. Able to perform commonly used office procedures | 1 | 2 | 3 | 4 | 5 |
| 6. Follows age appropriate preventative medicine guidelines in patient care | 1 | 2 | 3 | 4 | 5 |
| **Medical Knowledge** | **Scale** | | | | |
| 1. Uses current terminology | 1 | 2 | 3 | 4 | 5 |
| 2. Understands the meaning of the patient's abnormal findings | 1 | 2 | 3 | 4 | 5 |
| 3. Utilizes the appropriate techniques of physical examination | 1 | 2 | 3 | 4 | 5 |
| 4. Develops a pertinent and appropriate differential diagnosis for each patient | 1 | 2 | 3 | 4 | 5 |
| 5. Demonstrates a solid base of knowledge of ambulatory medicine | 1 | 2 | 3 | 4 | 5 |
| 6. Can discuss and apply the applicable basic and clinically supportive sciences | 1 | 2 | 3 | 4 | 5 |
| **Professionalism** | **Scale** | | | | |
| 1. Demonstrates consideration for the patient' s comfort and modesty | 1 | 2 | 3 | 4 | 5 |
| 2. Arrives to clinic on time and follows clinic policies and procedures | 1 | 2 | 3 | 4 | 5 |
| 3. Works effectively with clinic staff and other health professionals | 1 | 2 | 3 | 4 | 5 |
| 4. Able to gain the patient's cooperation and respect | 1 | 2 | 3 | 4 | 5 |
| 5. Demonstrates compassion and empathy for the patient | 1 | 2 | 3 | 4 | 5 |
| 6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities | 1 | 2 | 3 | 4 | 5 |
| 7. Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate | 1 | 2 | 3 | 4 | 5 |
| **Interpersonal and Communication Skills** | **Scale** | | | | |
| 1. Demonstrates appropriate patient/physician relationship | 1 | 2 | 3 | 4 | 5 |
| 2. Uses appropriate and understandable layman's terminology in discussions with patients | 1 | 2 | 3 | 4 | 5 |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3. | Patient care documentation is complete, legible, and submitted in timely manner | 1 | 2 | 3 | 4 | 5 |
| 4. | Recognizes need for behavioral health services and understands resources available | 1 | 2 | 3 | 4 | 5 |
| **Systems-based Practice** | | **Scale** | | | | |
| 1. | Spends appropriate time with patient for the complexity of the problem | 1 | 2 | 3 | 4 | 5 |
| 2. | Able to discuss the costs, risks and benefits of clinical data and therapy | 1 | 2 | 3 | 4 | 5 |
| 3. | Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan | 1 | 2 | 3 | 4 | 5 |
| 4. | Demonstrates effective coordination of care with other health professionals | 1 | 2 | 3 | 4 | 5 |
| 5. | Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc. | 1 | 2 | 3 | 4 | 5 |
| 6. | Demonstrates knowledge of risk management issues associated with patient's case | 1 | 2 | 3 | 4 | 5 |
| 7. | Works effectively with other residents in clinic as if a member of a group practice | 1 | 2 | 3 | 4 | 5 |
| **Osteopathic Concepts** | | **Scale** | | | | |
| 1. | Demonstrates ability to utilize and document structural examination findings | 1 | 2 | 3 | 4 | 5 |
| 2. | Integrates findings of osteopathic examination in the diagnosis and treatment plan | 1 | 2 | 3 | 4 | 5 |
| 3. | Successfully uses osteopathic manipulation for treatment where appropriate | 1 | 2 | 3 | 4 | 5 |
| 4. | Practices Patient Centered Care with a "whole person" approach to medicine. | 1 | 2 | 3 | 4 | 5 |
| **Practice-Based Learning and Improvement** | | **Scale** | | | | |
| 1. | Locates, appraises, and assimilates evidence from scientific studies | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| 2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan | 1 | 2 | 3 | 4 | 5 |
| 3. Uses information technology to access information to support diagnosis and treatment | 1 | 2 | 3 | 4 | 5 |

| Comments |
|---|
| |

**Resident's Signature _____ Date _____**

**Supervisor's Signature_____ Date_____**

**FACULTY EVALUATION OF RESIDENT (PSYCHIATRY)** **Appendix "G"**

**Abbreviations for six Core Competencies**

- PC = Patient Care
- MK = Medical Knowledge
- ICS = Interpersonal / Communication Skills
- PBL = Practice-Based Learning and Improvement
- P = Professionalism
- SBP = Systems-Based Practice

**Interpersonal and Communication Skills**

Note content is appropriate and complete (ICS) (Question 1 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 ☐ |

Interpersonal skills with patients, families and staff is appropriate and skilled (ICS) (Question 2 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

Presents cases in clear, concise manner (ICS) (Question 3 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

**Medical Knowledge**

Demonstrates understanding of clinical problems and their pathophysiology (MK) (Question 4 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Develops appropriate differential diagnosis (MK) (Question 5 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Evaluates scientific basis of diagnostic tests used (MK) (Question 6 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Reads service specific literature (MK) (Question 7 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

**Patient Care**

Obtains accurate clinical history (PC) (Question 8 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Demonstrates appropriate physical exam (PC) (Question 9 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Identifies and reviews relevant existing patient data (PC) (Question 10 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Prioritizes problems and treatment plans appropriately (PC) (Question 11 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Effectively uses consultation services (PC) (Question 12 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

**Practice-Based learning and improvement**.

Identifies areas for improvement and applies it to practice PBL (Question 13 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Applies lesions learned from medical errors into practice PBL (question 14 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Shows Interest in learning from complex care issues PBL (Question 15 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

**Professionalism**

Displays a professional attitude and demeanor (P) (Question 16 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Attends rounds on time. Handles criticism of self in pro-active way (P) (Question 17 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

Cross-covers colleagues when necessary (P) (Question 18 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | 8 ☐ | 9 |

**System-Based Practices**

Understands the different types of medical practice and delivery systems, and alternative methods of controlling health care costs and allocating resources (SBP) (Question 19 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

Effectively Utilizes ancillary services SBP ( Questions 20 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

Uses Patient care venues appropriately SBP (Questions 21 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

Advocates for quality patient care and assists patients in dealing with system complexities SBP (Questions 22 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

**Overall / Summary**

Did resident meet course objectives? (Questions 23 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ | 6 ☐ | 7 ☐ | ☐ | 9 |

Comments (Please provide Strengths, Weaknesses and Areas for Improvement) (Question 24 of 24)

| No Interaction | Unsatisfactory | Failing | Less than Marginal | Below Average | Average | Above Average | Advanced | Outstanding | Superior |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 ☐ | ☐ | 4 ☐ | 5 ☐ | 6 ☐ | ☐ | ☐ | 9 |

# RESIDENT EVALUATION OF FACULTY TEACHING SKILLS **Appendix "H"**

Faculty Member_____ Department: _____

Period of Evaluation_____ Location_____

Direction: please take a moment to assess the clinical faculty members teaching skills using this scale

**1= Poor** **2=Fair** **3= Very Good** **4= Excellent**

**A. Leadership**

| | | | | | |
|---|---|---|---|---|---|
| Discussed expectations, duties and assignments for each team member and reviewed learning objectives and evaluation process | 1☐ | 2☐ | 3☐ | 4☐ | N/A☐ |
| Treated each tea, member in a cutout and peaceful manner | 1☐ | 2☐ | 3☐ | 4☐ | N/A☐ |

Was usually prompt for teaching assignments and was always Available and accessible as a supervisor ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

Showed respect for the physician in other specialties / Subspecialties as well as for other health care professionals ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

**Comments**

_____

_____

_____

**B. Role of modeling**

Demonstrated positive in interpersonal communication skills with patients, family members and staff ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

Enthusiasm and interest in teaching residents ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A

Recognized own limitations and used these Situation as opportunities to demonstrate how he / she learn 1☐ 2☐ 3☐ 4☐ N/A☐

Used Medical / scientific literature to support clinical decisions ☐ 1☐ 2☐ 3☐ 4☐ N/A

**Comments**

_____

_____

_____

**C. Patient Care /Teaching and & Feedback**

Demonstrate how to handle “difficult” patients encounters 1☐ 2☐ 3☐ 4☐ N/A☐

Demonstrated how to perform special physical exam techniques and / or procedures and observed me during my initials attempt 1☐ 2☐ 3☐ 4☐ N/A☐

Asked thought provoking questions to help me develop my critical thinking skills and clinical judgment 1☐ 2☐ 3☐ 4☐ N/A☐

Share his/her own thought process when discussing patient workups and patients care decisions with the team 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Highlighted important aspects of a patient case and often generalized to boarder medical concepts and principles 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Integrated social / ethical aspects of medical (cost containment, patents right , humanism) into discussion of patient care 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Provided guidance and specific “instructive feedback to help me correct mistakes and / or increase my knowledge base 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

**Comments:**

_____

_____

_____

**D. Didactic (Classroom) Instructions**

Was usually prompt for teaching sessions, kept interruptions to minimum and kept discussion focused on case or topic 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Gave lecture presentations that were well organized and "Interactive" () i.e., and review pertinent topics 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Provided references or other materials that stimulated me to road, research and review pertinent topics 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

**Comments**

_____

_____

**E. Evaluation**

Reviewed my overall clinical performance at the end of the rotation pointed out my strengths and areas for improvement 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

Demonstrated "fairness" by adhering to established criteria, explaining reasons for the scores and following me to respond 1 ☐ 2 ☐ 3 ☐ 4 ☐ N/A ☐

**Comments**

_____

_____

_____

**Overall, I would rate this faculty member's clinical teaching skills as**

POOR ☐ FAIR ☐ VERY GOOD ☐ EXCELLENT ☐

**Would you recommend that faculty member continue to teach in this programm?** Yes N ☐ ☐

COMMENTS, COMMENDATIONS OR CONCERNS

_____

_____

## RESIDENT EVALUATION OF FACULTY (FOR CORE COMPETENCIES)Appendix "I"

### A. Interpersonal and Communication Skills

Interpersonal and Communication Skills (Question 1 of 22)

**Asks question in a non-threatening manner**

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Interpersonal and Communication Skills (Question 2 of 22)

**Emphasizes problem-solving (thought processes leading to decisions)**

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Interpersonal and Communication Skills (Question 4 of 22)

**Effectively communicates knowledge**

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

### B. Medical Knowledge

Medical Knowledge (Question 5 of 22)

Knowledge of specialty

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Medical Knowledge (Question 6 of 22)

Applies knowledge of specialty to patient problems

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Patient Care (Question 7 of 22)

Applies comprehensive high quality care

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

### C. Patient Care

Patient Care (Question 8 of 22)

Explains diagnostic decisions

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Patient Care (Question 9 of 22)

Clinical Judgment

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Patient Care (Question 10 of 22)

Clinical Skills

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

### D. Practice-Based Learning and Improvement

Practice-Based Learning and Improvement (Question 11 of 22)

Encourages self-education

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Practice-Based Learning and Improvement (Question 12 of 22)

Encourages evidence-based approaches to care

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

### E. Professionalism

Professionalism (Question 13 of 22)

Sensitive caring respectful attitude towards patients

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Professionalism (Question 14 of 22)

Uses time with patients and residents effectively

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Professionalism (Question 15 of 22)

Sufficient resident teaching on rounds/clinics

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Professionalism (Question 16 of 22)

Respects all members of the health care team

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Professionalism (Question 17 of 22)

Demonstrates Integrity

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

Professionalism (Question 18 of 22)

Attains credibility and rapport with patients and their family

| Cannot Evaluate | Unsatisfactory | Marginal | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | (Comment Required) | (Comment Required) | | | |
| 0 | 1 | 2 | 3 | 4 | 5 |

### F. Systems- Based Practice

Systems- Based Practice (Question 19 of 22)

Provides useful feedback including constructive criticism to team members

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

System Base Practice (Question 20 of 22)

Discusses availability cost and utility of system resources in providing medical care.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

**Overall/Summary (Question 21 of 22)**

Overall contributions to your training

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 |

**Comments: (Question 22 of 22)**

_____

_____

_____

## Faculty Evaluation of the Residency / Fellowship Program

## Appendix "J

Please use this scale to answer question1-10:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |

1. **PATIENT/CASE VOLUME:** There are a sufficient number and variety of patients/cases to facilitate high quality resident/fellow education.
2. **CURRICULUM:** The residency/fellowship program curriculum provides the appropriate education experiences for residents/fellows to analyze investigate and improve patient care practices.
3. **PROGRAM DIRECTOR:** The program director effectively communicates with program faculty members to understand their role in resident/fellow education and development.
4. **ADMINISTRATIVE SUPPORT:** There is adequate administrative support service to facilitate faculty participation in resident/fellow education.
5. **SUPERVISION:** The Program resident/fellow supervision policy has been clearly communicated to program faculty and is used by the program.

6. **TRANSITION OF CARE:** The program transition of care/hand-off policy and tools have been distributed to program faculty and they are used.
7. **EVALUATION:** Program faculty receives regular and timely feedback about their teaching and supervisors skills.
8. **FACULTY DEVELOPMENT:** There are beneficial resources available for program faculty to improve their teaching and supervision skills.
9. **SCHOLARLY ACTIVITY:** Program faculties have the adequate resources to participate in scholarly activates.
10. **FACULTY:** The program faculty provides the diversity of experience and expertise to accomplish the goals and objectives of the program

## RESIDENT EVALUATION OF RESIDENCY PROGRAM

## Appendix "K

### A. Program Goals and Objectives (Question 1 of 35)

The goals and objectives for each rotation are clearly communicated to residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

### B. Evaluation (Question 2 of 35)

The evaluation process of the residents is constructive (computerized faculty evaluations of residents, daily clinical feedback to residents, yearly PRITE, and Director's semi-annual resident meeting with resident).

| Cannot Evaluate | Unsatisfactory (Comment | Marginal (Comment | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | Required) | Required) | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**C.**

**D. Research (Question 3 of 35)**

Residents are provided ample opportunity to develop an interest an in research.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Research (Question 4 of 35)

Residents are encouraged to participate in research.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Research (Question 5 of 35)

Residents are provided the education to develop an understanding of research.

.

| Cannot Evaluate | Unsatisfactory (Comment | Marginal (Comment | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | Required) | Required) | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**E. Faculty (Question 6 of 35)**

The size, diversification and availability of faculty is adequate for the training program.

.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Faculty (Question 7 of 35)

The Knowledge of the faculty is current and appropriate.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**F. Facilities (Question 8 of 35)**

The available resources necessary (library and computer) to obtain current medical information and scientific evidence are adequate and accessible.

.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Facilities (Question 9 of 35)

On-call rooms, when needed, are adequate to ensure rest, safety, convenience and privacy.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Facilities (Question 10 of 35)

The facilities are adequate with regard to support services (nurses, clinic aides) and space for teaching and patient care.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**G. Leadership and Logistics (Question 11 of 35)**

The Program Director communicates effectively with residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 12 of 35)

The Associate Program Director communicates effectively with residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 13 of 35)

The Chief Residents communicates effectively with residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 14 of 35)

The Program Coordinator communicates effectively with residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 15 of 35)

The Program Director provides effective leadership of the residency.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 16 of 35)

There is adequate departmental support for residency education.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 17 of 35)

There is adequate departmental support for residency education.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 18 of 35)

The program is responsive regarding scheduling, course materials and other logistical concerns.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Leadership and Logistics (Question 19 of 35)

The evaluation system (E-Value) is easy to use.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**H. Training (Question 20 of 35)**

Faculty adequately supervises residents' care of patients.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 21 of 35)

Training sites present a wide range of psychiatric clinical problems.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 22 of 35)

Residents see an appropriate number of patients.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 23 of 35)

Residents are given sufficient responsibility for decision-making and direct patient care.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 24 of 35)

Rounds and staffing are conducted professionally.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 25 of 35)

Rounds and staffing are conducted efficiently.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 26 of 35)

Faculty teaches and supervises in ways that facilitate learning.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 27 of 35)

The program is responsive to safety concems at training.

| Cannot Evaluate | Unsatisfactory (Comment | Marginal (Comment | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | Required) | Required) | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 28 of 35)

The program is responsive to feedback from residents.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 29 of 35)

Residents experience an appropriate balance of educational and clinical responsibilities.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 30 of 35)

The didactic sessions provide core knowledge of the field.

| Cannot Evaluate | Unsatisfactory | Marginal | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|

| | | | | | |
|---|---|---|---|---|---|
| | (Comment Required) | (Comment Required) | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 31 of 35)

The morale of the residents is good.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 32 of 35)

The morale of the faculty is good.

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Training (Question 33 of 35)

**Overall, I am very satisfied with the training our program provides.**

| Cannot Evaluate | Unsatisfactory (Comment Required) | Marginal (Comment Required) | Satisfactory | Very Good | Excellent |
|---|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**Recommendations (Question 34 of 35)**

What changes in the training program would you suggest to better prepare residents for their careers?

**Additional Comments (Question 35 of 35)**

# Guidelines for program Evaluation Appendix “L”

**Program Evaluation Committee** (PEC)

**Background**

The purpose of this committee is to conduct and document a formal, system aticevaluation of the program &curriculum on an annual basis.

**Membership**

ThechairandmembershipofthecommitteeareappointedbytheProgramDirector.ThemembershipofthecommitteeconsistsofatleasttwomembersofthE program faculty and at least one resident/subspecialty resident.

**Meeting Frequency**

The committee meets, at a minimum, annually.

**Responsibilities of the PEC**

- The PEC actively participates in planning, developing, implementing and evaluating the educational activities of the program.
- ThePECreviewsandmakesrecommendationsforrevisionofcompetency-basedgoalsand objectives.
- Addresses areas of non-compliance with the standards; and reviews the program annually using written evaluations of faculty, residents, and others.

**Required Documentation of PEC Activities**

The PEC provides the GMEC with a written Annual Program Evaluation (APE)in the form at that is appended to this document. This document details a written plan of action to document initiatives to improve performance based on monitoring of activities described below.

The APE document provides evidence that the PEC is monitoring the following areas, at a minimum:

1. Resident performance
2. Faculty development
3. Graduate performance including performance of program graduates on the certifying examination
4. Assessment of program quality through:

A n n u a l confidential and formal feedback from residents and faculty about the program quality;

Assessment of improvements needed based on program evaluation feedback from faculty, residents, and others

5. Continuation of progress made on prior year’ section plan

6. Prepare and submit a written plan of action to

**a.** document initiatives to improve performance in one of more of there as identified,
**b.** D e l i n e a t e how they will be measured and monitored
**c.** Document continuation of progress made on the prior year's action plan
**d.** Template for Documentation of Annual Program Evaluation and Improvement

Date of annual program evaluation meeting: _____

**Attendees:**

i. Program Director: _____
ii. Program Coordinator: _____
iii. Associate/Assistant PD: _____
iv. Faculty Members: _____
v. Residents:_____

| | **Reviewed √** | **Discussion, Follow up, Action Plan** |
|---|---|---|
| 1. Current Program Requirements & Institutional Requirements | | |
| 2. Most recent Internal Review Summary to ensure all recommendations are addressed | | |
| 3. Review Curriculum<br>a. effective mechanism in place to distribute Goals & Objectives (G&O) to residents and faculty<br>b. overall program educational goals<br>c. up-to-date competency-based G&O for each assignment<br>d. up-to-date competency-based G&O for each level of training<br>e. G&O contain delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents | | |
| 4. Evaluation System<br>a. Resident formative evaluation meets or exceeds program requirement<br>b. Resident summative evaluation meets or exceeds program requirement | | |

| | | |
|---|---|---|
| c. Faculty evaluation meets or exceeds program requirement<br>d. program evaluation meets or exceeds program requirement. | | |
| 5. Didactic Curriculum<br>a. includes recognizing the signs of fatigue and sleep deprivation<br>b. the didactic curriculum meets program requirements<br>c. the didactic curriculum meets residents needs | | |
| 6. Clinical Curriculum – the effectiveness of in-patient and ambulatory teaching experience (structure, case mix, meets resident's needs) | | |
| 7. Volume and variety of patients and procedures (case log data) meets requirements and residents' needs | | |
| 8. Summary of written program evaluations completed by both faculty and residents | | |
| 9. Resident supervision complies with Program Requirement | | |
| 10. Recruiting results | | |
| 11. Duty hour monitoring results | | |
| 12. Track all research and scholarly activities of faculty and residents/fellows | | |
| 13. Educational outcomes: is the program achieving its educational objectives? What aggregate data (residents as a group) can be used to show the program is achieving its objectives? Board scores, in-service training exam scores, graduate surveys, employer surveys, etc. | | |
| 15. Clinical outcomes – specialty-specific metrics aligned with dept./division QI initiatives, disease outcomes, patient safety initiatives (describe resident involvement), QI projects (describe resident involvement) | | |

**Note:**

**If deficiencies are found during this process, the program should prepare a written plan of action to document initiatives to improve performance in the areas that have been identified. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.**

Annual Program Evaluation (APE)

Minutes & Action Plan

**Date of the APE meeting:**

**Date; Minutes & Action Plan were viewed and Approved by teaching faculty:**

Please attach the minutes of the meeting where the Minutes & Action Plan were viewed and approved.

**Academic Year are viewed:**

Faculty Members of the PEC in attendance

Other Members of the PEC in attendance:

Areas reviewed:

1. Resident performance
    - Supporting documents:
2. Faculty development
    - Supporting documents:
3. Graduate performance
    - Supporting documents:
4. Program quality
    - Supporting documents:
5. Policies, Protocols & Procedures
    - Supporting documents:

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## MENTOR / SUPERVISOR EVALUATION OF TRAINEE

**Resident's Name:** _____

**Evaluator's Name(s):** _____

**Hospital Name:** _____

**Date of Evaluation:** _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

| | |
|---|---|
| 1 | Unsatisfactory |
| 2 | Below Average |
| 3 | Average |
| 4 | Good |
| 5 | Superior |

*Please circle the appropriate number for each item using the scale above.*

| Patient Care | Scale | | | | |
|---|---|---|---|---|---|
| 1. Demonstrates sound clinical judgment | 1 | 2 | 3 | 4 | 5 |
| 2. Presents patient information case concisely without significant omissions or digressions | 1 | 2 | 3 | 4 | 5 |
| 3. Able to integrate the history and physical findings with the clinical data and identify all of the patient's major problems using a logical thought process | 1 | 2 | 3 | 4 | 5 |
| 4. Develops a logical sequence in planning for diagnostic tests and procedures and Formulates an appropriate treatment plan to deal with the patient's major problems | 1 | 2 | 3 | 4 | 5 |
| 5. Able to perform commonly used office procedures | 1 | 2 | 3 | 4 | 5 |
| 6. Follows age appropriate preventative medicine guidelines in patient care | 1 | 2 | 3 | 4 | 5 |
| **Medical Knowledge** | **Scale** | | | | |
| 1. Uses current terminology | 1 | 2 | 3 | 4 | 5 |
| 2. Understands the meaning of the patient's abnormal findings | 1 | 2 | 3 | 4 | 5 |
| 3. Utilizes the appropriate techniques of physical examination | 1 | 2 | 3 | 4 | 5 |
| 4. Develops a pertinent and appropriate differential diagnosis for each patient | 1 | 2 | 3 | 4 | 5 |
| 5. Demonstrates a solid base of knowledge of ambulatory medicine | 1 | 2 | 3 | 4 | 5 |
| 6. Can discuss and apply the applicable basic and clinically supportive sciences | 1 | 2 | 3 | 4 | 5 |
| **Professionalism** | **Scale** | | | | |
| 1. Demonstrates consideration for the patient' s comfort and modesty | 1 | 2 | 3 | 4 | 5 |
| 2. Arrives to clinic on time and follows clinic policies and procedures | 1 | 2 | 3 | 4 | 5 |
| 3. Works effectively with clinic staff and other health professionals | 1 | 2 | 3 | 4 | 5 |
| 4. Able to gain the patient's cooperation and respect | 1 | 2 | 3 | 4 | 5 |
| 5. Demonstrates compassion and empathy for the patient | 1 | 2 | 3 | 4 | 5 |
| 6. Demonstrates sensitivity to patient's culture, age, gender, and disabilities | 1 | 2 | 3 | 4 | 5 |
| 7. Discusses end-of-life issues (DPOA, advanced directives, etc.) when appropriate | 1 | 2 | 3 | 4 | 5 |

| Interpersonal and Communication Skills | Scale | | | | |
|---|---|---|---|---|---|
| 1. Demonstrates appropriate patient/physician relationship | 1 | 2 | 3 | 4 | 5 |
| 2. Uses appropriate and understandable layman's terminology in discussions with patients | 1 | 2 | 3 | 4 | 5 |
| 3. Patient care documentation is complete, legible, and submitted in timely manner | 1 | 2 | 3 | 4 | 5 |
| 4. Recognizes need for behavioral health services and understands resources available | 1 | 2 | 3 | 4 | 5 |
| **Systems-based Practice** | **Scale** | | | | |
| 1. Spends appropriate time with patient for the complexity of the problem | 1 | 2 | 3 | 4 | 5 |
| 2. Able to discuss the costs, risks and benefits of clinical data and therapy | 1 | 2 | 3 | 4 | 5 |
| 3. Recognizes the personal, financial, and health system resources required to carry out the prescribed care plan | 1 | 2 | 3 | 4 | 5 |
| 4. Demonstrates effective coordination of care with other health professionals | 1 | 2 | 3 | 4 | 5 |
| 5. Recognizes the patient's barriers to compliance with treatment plan such as age, gender, ethnicity, socioeconomic status, intelligence, dementia, etc. | 1 | 2 | 3 | 4 | 5 |
| 6. Demonstrates knowledge of risk management issues associated with patient's case | 1 | 2 | 3 | 4 | 5 |
| 7. Works effectively with other residents in clinic as if a member of a group practice | 1 | 2 | 3 | 4 | 5 |
| **Practice-Based Learning and Improvement** | **Scale** | | | | |
| 1. Locates, appraises, and assimilates evidence from scientific studies | 1 | 2 | 3 | 4 | 5 |
| 2. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies to assess diagnostic and therapeutic effectiveness of treatment plan | 1 | 2 | 3 | 4 | 5 |
| 3. Uses information technology to access information to support diagnosis and treatment | 1 | 2 | 3 | 4 | 5 |

**Comments**

Total Score _____/165

_____ _____ _____ _____

**Resident's Signature** **Date** **Evaluator's Signature** **Date**

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## Patient Medical Record / Chart Evaluation Proforma

Name of Resident

Location of Care or Interaction
(OPD/Ward/Emergency/Endoscopy Department)

| S# | | Poor | Fair | Good | V. Good | Excellent |
|---|---|---|---|---|---|---|
| 1. | Basic Data on Front Page Recorded | O | O | O | O | O |
| 2. | Presenting Complaints written in chronological order | O | O | O | O | O |
| 3. | Presenting Complaints Evaluation Done | O | O | O | O | O |
| 4. | Systemic review Documented | O | O | O | O | O |
| 5. | All Components of History Documented | O | O | O | O | O |
| 6. | Complete General Physical Examination done | O | O | O | O | O |
| 7. | Examination of all systems documented | O | O | O | O | O |
| 8. | Differential Diagnosis framed | O | O | O | O | O |
| 9. | Relevant and required investigations documented | O | O | O | O | O |
| 10. | Management Plan framed | O | O | O | O | O |
| 11. | Notes are properly written and eligible | O | O | O | O | O |
| 12. | Progress notes written in organized manner | O | O | O | O | O |
| 13. | Daily progress is written | O | O | O | O | O |
| 14. | Chart is organized no loose paper | O | O | O | O | O |
| 15. | Investigations properly pasted | O | O | O | O | O |
| 16. | Abnormal findings in investigations encircled. | O | O | O | O | O |
| 17. | Procedures done on patient documented properly | O | O | O | O | O |
| 18. | Medicine written in capital letter | O | O | O | O | O |
| 19. | I/v fluids orders are proper with rate of infusion mentioned | O | O | O | O | O |
| 20. | All columns of chart complete | O | O | O | O | O |

*Poor: 0, Fair: 1, Good: 2, V.Good: 3, Excellent: 4*

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**Preview Form**

## RESIDENT EVALUATION BY NURSE / STAFF

Please take a few minutes to complete this evaluation form. All information is confidential and will be used constructively. You need not answer all the questions

**Name of Resident***

**Location of care or interaction:** *(OPD/Ward/Emergency/Endoscopy Department)*

Your position (Nurse, Ward Servant, Endoscopy Attendant)

| S# | PROFESSIONALISM | Poor | Fair | Good | V Good | Excellent | Insufficient Contact |
|---|---|---|---|---|---|---|---|
| 1. | Resident is Honest and Trustworthy | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 2. | Resident treats patients and families with courtesy, compassion and respect | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 3. | Resident treats me and other member of the team with courtesy and respect | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 4. | Resident shows regard for my opinions | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 5. | Resident maintains a professional manner and appearance | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| | **INTERPERSONAL AND COMMUNICATIONS SKILLS** | | | | | | |
| 6. | Resident communicates well with patients, families, and members of the healthcare team | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 7. | Resident provides legible and timely documentation | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 8. | Resident respect differences in religion, culture age, gender sexual orientation and disability | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| | **SYSTEMS BASED PRACTICE** | | | | | | |
| 9. | Resident works effectively with nurses and other professionals to improve patient care. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| | **PATIENT CARE** | | | | | | |
| 10. | Resident respects patient preferences | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 11. | Resident is reasonable accessible to patients | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| 12. | Resident take care of patient comfort and dignity during procedures. | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| | **PRACTICE BASED LEARNING AND IMPROVEMENT** | | | | | | |
| 13. | Resident facilitates the learning of students and other professionals | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |
| | **COMMENTS** | | | | | | |
| 14. | Please describe any praises or concerns or information about specific incidents | ❍ | ❍ | ❍ | ❍ | ❍ | ❍ |

THANK YOU for your time and thoughtful input. You play a vital role in the education and training of the internal medicine residents.

***Poor: 0, Fair: 1, Good: 2, V. Good: 3, Excellent: 4***

**Total Score _____/56**

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**4**

## Patient Evaluation of Trainee

**Trainee Name:** _____

**Date of Evaluation:** _____

| | |
|---|---|
| 1 | Strongly Disagree |
| 2 | Disagree |
| 3 | Neutral |
| 4 | Agree |
| 5 | Strongly Agree |

***Please circle the appropriate number for each item using this scale. Please provide any relevant comments on the back of this form.***

| | This Trainee: | Scale | | | | |
|---|---|---|---|---|---|---|
| 1. | Introduces him/herself and greets me in a way that makes me feel comfortable.<br>ڈاکٹر صاحب نے خود کو متعارف کرایا اور خوش اسلوبی سے پیش آئے | 1 | 2 | 3 | 4 | 5 |
| 2. | Manages his/her time well and is respectful of my time.<br>ڈاکٹر صاحب نے میرے اور اپنے وقت کا خیال رکھا۔ | 1 | 2 | 3 | 4 | 5 |
| 3. | Is truthful, upfront, and does not keep things from me that I believe I should know.<br>ڈاکٹر صاحب نے میرے مرض کی صورتحال پوری سچائی سے بیان کی۔ | 1 | 2 | 3 | 4 | 5 |
| 4. | Talks to me in a way that I can understand, while also being respectful.<br>ڈاکٹر صاحب نے میرے احساسات کا خیال رکھا اور عزت سے میرا علاج کیا۔ | 1 | 2 | 3 | 4 | 5 |
| 5. | Understands how my health affects me, based on his/her understanding of the details of my life.<br>ڈاکٹر صاحب نے میرے علاج میں میری صحت پر ذاتی زندگی کو مدنظر رکھا۔ | 1 | 2 | 3 | 4 | 5 |
| 6. | Takes time to explain my treatment options, including benefits and risks.<br>ڈاکٹر صاحب نے میرے مرض کے علاج کے فوائد اور نقصانات کو تفصیلاً بیان کیا۔ | 1 | 2 | 3 | 4 | 5 |

Total Score _____/30

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## Resident/Fellow Evaluation of Faculty Teaching

Evaluator: _____

Evaluation of: _____

Date:_____

**Evaluation information entered here will be anonymous and made available only in aggregated form.**

| S# | | Strongly Disagree | Disagree Moderately | Disagree Slightly | Agree Slightly | Agree Moderately | Strongly Agree |
|---|---|---|---|---|---|---|---|
| | **PATIENT CARE** | | | | | | |
| 1. | Teaches current scientific evidence for daily patient management* | | | | | | |
| 2. | Explains rationale behind clinical judgements/decisions* | | | | | | |
| 3. | Teaches clear diagnostic algorithms* | | | | | | |
| 4. | Teaches clear treatment algorithms* | | | | | | |
| | **PATIENT CARE - OPERATIVE AND PROCEDURAL SKILLS** | | | | | | |
| 5. | Teaches operative/procedural skills during cases* | | | | | | |
| 6. | Allows learners to perform operative/procedural skills when appropriate* | | | | | | |
| | **MEDICAL KNOWLEDGE** | | | | | | |
| 7. | Teaches relevant pathophysiology needed to evaluate patient medical conditions* | | | | | | |
| 8. | Teaches how/when to use-order-perform procedures/tests* | | | | | | |
| 9. | Teaching content adds significantly to my medical knowledge | | | | | | |
| 10. | Teaches the use of literature / evidence based medicine to support clinical decisions/teaching points* | | | | | | |

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| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **PRACTICE-BASED LEARNING & IMPROVEMENT/TEACHING** | | | | | | | |
| 11. | Asks questions about differential diagnosis* | | | | | | | |
| 12. | Teaches trainees when to consider referrals/consults with other specialists* | | | | | | | |
| 13. | Actively teaches trainees in clinical settings/labs* | | | | | | | |
| | **INTERPERSONAL & COMMUNICATION SKILLS** | | | | | | | |
| 14. | Motivates learners to expand medical knowledge* | | | | | | | |
| 15. | Stimulates critical thinking* | | | | | | | |
| 16. | Encourages questions* | | | | | | | |
| 17. | Teaches at the appropriate level for the trainee* | | | | | | | |
| 18. | Provides feedback specific enough to be helpful* | | | | | | | |
| | **PROFESSIONALISM** | | | | | | | |
| 19. | Demonstrates respect for trainees of all levels* | | | | | | | |
| 20. | Does not belittle/ publicly humiliate learners* | | | | | | | |
| 21. | Teaches professional behavior with respect to patient care.* | | | | | | | |
| 22. | Exhibits professional behavior with respect to patient care* | | | | | | | |
| 23. | Role models professional behavior* | | | | | | | |
| | **SYSTEMS-BASED PRACTICE** | | | | | | | |
| 24. | Teaches cost/benefit decision making* | | | | | | | |
| 25. | Teaches how to call on resources in the system to provide optimal health care* | | | | | | | |
| 26. | Role models the necessity of working in inter-professional teams to enhance patient safety/outcomes.* | | | | | | | |

Strongly Disagree: 0, Disagree Moderately: 1, Disagree Slightly: 2, Agree Slightly: 3, Agree Moderately: 4, Strongly Agree: 5

**Total Score** _____ / 130

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## FINAL Evaluation Scoring Sheet

| Name of Resident | Name of Supervisor | Year of Training |
|---|---|---|
| | | |

Date _____

Duration of Assessment _____

Specialty _____

Hospital _____

Unit _____

| | Faculty #1 (165) | Faculty #2 (165) | Faculty #3 (165) | Average Score | Patient # 1 (30) | Patient # 2 (30) | Patient # 3 (30) | Medical Record Performa #1 (80) | Medical Record Performa #2 (80) | Medical Record Performa #3 (80) | Staff # 1 (56) | Staff #2 (56) | Staff #3 (56) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical Patient Care (30) | | | | ___/30 | | | | | | | | | |
| Medical Knowledge (30) | | | | ___/30 | | | | | | | | | |
| Professionalism (35) | | | | ___/35 | | | | | | | | | |
| Interpersonal and Communication Skills (20) | | | | ___/20 | | | | | | | | | |
| System Based Practice (35) | | | | ___/35 | | | | | | | | | |
| Practice Based Learning and Improvement (15) | | | | ___/15 | | | | | | | | | |
| Overall Rating | | | | | | | | | | | | | |
| Average: | _____/165 | | | | ___/30 | | | ___/80 | | | ___/56 | | |

**Grand Total** _____/331

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*Logbook* *complete* ☐ *incomplete* ☐

*Portfolio* *complete* ☐ *incomplete* ☐

*Leave /absentees:* _____

**Comments**

_____

_____

_____

_____

*Supervisor Name (1)* _____ *Supervisor Name (2)* _____ *Head of Unit* _____

*Sign & Stamp* _____ *Sign & Stamp* _____ *Sign & Stamp* _____

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## RAWALPINDI MEDICAL UNIVERSITY

## RESIDENT SELF-ASSESSMENT PROFORMA

**Resident Name**_____ **Date** _____

**Year of Training** _____ **Hospital Name**_____ **Unit** _____

| ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
|---|---|---|---|---|
| Not Applicable | I rarely demonstrates (<25% of the time) | I do this Sometimes (25-50% of the time) | I do this most of the time (50-75% of the time) | I do this all the time (>75% of time) |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. | I am able to acquire accurate and relevant histories from my patients in an efficient, prioritized and hypothesis driven fashion. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 2. | I am able to seek and obtain appropriate, verified, and prioritized data from secondary sources (e.g. family, records and pharmacy) | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 3. | I am able to perform accurate physical examinations that are appropriately targeted to the patient's complaints. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 4. | I am able to synthesize all available data, including interview, physical exam, and preliminary lab data to define each patient's central clinical problem. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 5. | I am able to develop prioritized differential diagnoses, evidence based diagnostic and therapeutic plans for common conditions in Internal Medicine patients. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 6. | I am able to recognize situations with a need for urgent or emergent medical care, including life threatening conditions. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 7. | I am able to recognize when to seek additional guidance. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 8. | I am able to provide appropriate preventive care. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 9. | I am able to manage patients with common clinical disorders in the practice of outpatient internal medicine with minimal supervision. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 10. | I have performed several invasive procedures and documented them in my New Innovations log. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 11. | I demonstrate sufficient knowledge to diagnose and treat common conditions that require hospitalization. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 12. | I understand the indications for and the basic interpretation of common diagnostic tests. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 13. | I have reviewed my in service exam scores and believe my medical knowledge is where it should be for my level of training. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 14. | I am able to identify clinical questions as they emerge | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |

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| | | | | | | |
|---|---|---|---|---|---|---|
| | in patient care activities. | | | | | |
| 15. | I am responsive to feedback from all members of the healthcare team including faculty, residents, students, nurses, allied health professionals, patients and their advocates. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 16. | I am an active participant in teaching rounds and intern report. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 17. | I effectively use verbal and non verbal skills to create rapport with patients and their advocates. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 18. | I communicate effectively with other caregivers to ensure safe transitions in care. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 19. | My patient presentations on rounds are organized, complete and succinct. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 20. | I am able to communicate the plan of care to all the members of the healthcare team. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 21. | My documentation in the medical record is accurate, complete and timely. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 22. | I accept personal errors and honestly acknowledge them. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 23. | I demonstrate compassion and respect to all patients. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 24. | I complete my clinical, administrative and academic tasks promptly. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 25. | I maintain patient confidentiality | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 26. | I log my duty hours regularly and make every effort not to violate the rules | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 27. | When I feel I am too fatigued to work safely, I understand that I can call the chief medical residents for back-up. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 28. | I understand the unique roles and services provided by the workers in the local health delivery system (social workers, case managers, dept of public health etc...) | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 29. | I am able to identify, reflect on, and learn from critical incidents and preventable medical errors. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |
| 30. | I do my best to minimize unnecessary care including tests, procedures, therapies and consultations. | ❑ NA | ❑ 1 | ❑ 2 | ❑ 3 | ❑ 4 |

**Please identify three specific clinical skills that you have improved over the past six months:**

**Please set three specific goals for the next six months:**

**Signature** _____ **Date** _____

# Rawalpindi Medical University

**8**

## DIRECT OBSERVATION OF PROCEDURAL SKILLS (DOPS)

**Please complete the questions using a cross ☒ Please use black ink and CAPITAL LETTERS**

**Doctor's Name:** _____

**PMDC Number:** _____

**Clinical setting:** A&E ☐ OPD ☐ In-patient ☐ Acute Admission ☐ Other ☐

**Procedure number** ☐☐

**Assessors position:** Consultant ☐ SpSR ☐ SpR ☐ Specialty doctor ☐ Nurse ☐ Other ☐

**Number of previous DOPS observed by assessor with any trainee** 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5-9 ☐ >9 ☐

**Number of times procedure performed by trainee:** 0 ☐ 1-4 ☐ 5-9 ☐ >10 ☐ **Difficulty of procedure:** Low ☐ Average ☐ High ☐

| Please grade the following areas | Well below expectations | Below Expectations | Borderline | Meets Expectations | Above Expectations | Well above expectations | U/C* |
|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 Demonstrate understanding of indications, relevant anatomy, technique of procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 Obtains informed consent | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 Demonstrates appropriate preparation pre-procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 Appropriate analgesia or preparation pre-procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 Technical ability safe sedation | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 Aseptic technique | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 Seeks help where appropriate | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 Post procedure management | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 Communication skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 Consideration of Patient/professionalism | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11 Overall ability to perform procedure | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

* U/C Please mark this if you have not observed the behaviour and therefore feel unable to comment.

**Please use this space to record areas of strength or any suggested development**

**Anything especially good?**

**Suggestions for development:**

Have you had training in the use of this assessment tool? ☐ Face to face ☐ Have read guidelines ☐ Web/ CD-Rom

Time taken for observation: (in minutes) ☐☐

Time taken for feedback ☐☐

**Assessors signature:**

Date (mm/yy) ☐☐ / ☐☐

**Assessor's Name:** _____

*if appropriate

Please note failure of return of all completed forms to your administrator is a probity issue

Acknowledgement: Adapted with permission of the American Board of Internal Medicine

SpSR - Specialty Senior Registrar
SpR - Specialty Registrar

## RAWALPINDI MEDICAL UNIVERSITY

**9**

## CASE BASED CLINICAL EVALUATION OF TRAINEE

**Resident's Name:** _____

**Evaluator's Name(s):** _____

**Hospital Name:** _____

**Date of Evaluation:** _____

☐ Traditional Track (10% Clinic) ☐ Primary Care Track (20% Clinic)

| | |
|---|---|
| 1 | Unsatisfactory |
| 2 | Below Average |
| 3 | Average |
| 4 | Good |
| 5 | Superior |

***Please circle the appropriate number for each item using the scale above.***

| History | Scale | | | | |
|---|---|---|---|---|---|
| 1. Introduces himself and greet the patient. | 1 | 2 | 3 | 4 | 5 |
| 2. Listen to the patient problems. | 1 | 2 | 3 | 4 | 5 |
| 3. Shows politeness and empathy | 1 | 2 | 3 | 4 | 5 |
| 4. Gathers proper information of present and past history | 1 | 2 | 3 | 4 | 5 |
| **Physical Examination** | **Scale** | | | | |
| 1. Physical examination done correctly | 1 | 2 | 3 | 4 | 5 |
| 2. Pick physical signs correctly | 1 | 2 | 3 | 4 | 5 |
| 3. Relevant examination done in detail | 1 | 2 | 3 | 4 | 5 |
| 4. Interpret physical signs correctly | 1 | 2 | 3 | 4 | 5 |
| **Assessment Plans** | **Scale** | | | | |
| 1. Can list a logical differential diagnosis | 1 | 2 | 3 | 4 | 5 |
| 2. Defend the diagnosis logically | 1 | 2 | 3 | 4 | 5 |
| 3. Identifies patient active problems | 1 | 2 | 3 | 4 | 5 |
| **Interpretation and Correlation of Laboratory and Imaging Data** | **Scale** | | | | |
| 1. Can order logical and relevant investigations | 1 | 2 | 3 | 4 | 5 |
| 2. Correctly interpret investigations (Laboratory and Imaging) | 1 | 2 | 3 | 4 | 5 |
| 3. Formulate a logical management plan | 1 | 2 | 3 | 4 | 5 |
| 4. Treatment plan is logical and relevant | 1 | 2 | 3 | 4 | 5 |
| 5. Able to write a proper prescription | 1 | 2 | 3 | 4 | 5 |

Email: ioprmu@gmail.com