

PSYCHIATRY RESIDENCY

TRAINING REQUIREMENTS

(A) INTRODUCTION

- **Definition and Scope of specialty**

Psychiatry is a medical specialty focused on the prevention, diagnosis, and treatment of mental, addictive, and emotional disorders. The graduates will possess sound clinical judgment, requisite skills, and a high order of knowledge about the diagnosis, treatment, and prevention of all psychiatric disorders, together with other common medical and neurological disorders related to the practice of psychiatry.

- **Duration of Training**

The education in Psychiatry is 5 years (R1 – R5), with an intermediate examination (MMed or MRCPsych) taken after the first three years of training.

(B) PROGRAMME OVERVIEW

The total duration of training that is accredited by ACGME-I is 4 years from R1 to R4 years.

The total duration of training that is accredited by JCST is 1 year – R5.

(C) TRAINING REQUIREMENTS R1 – R4

Clinical Experience

1. Residents must be provided with structured clinical experiences that are organized to provide opportunities to conduct initial evaluations, to participate in the subsequent diagnostic process, and to follow patients during the treatment phase and/or evolution of their psychiatric disorders/conditions.

2. Each resident must receive a minimum of two hours of direct supervision per week, at least one of which is individual.

3. A first year in psychiatry residency should include:

- a. A minimum of four-months in a primary clinical setting that provides comprehensive and continuous patient care in specialties such as internal medicine, general surgery, family medicine, and/or pediatrics.
- b. Neurology rotations may not be used to fulfill this four-month requirement.
- c. A month of this requirement may be fulfilled by either an emergency medicine or intensive care rotation, provided the experience is predominantly with medical evaluation and treatment and not surgical procedures, and
- d. No more than eight months in psychiatry.

4. Residents must have the following required clinical experiences:

- a. Neurology: At least two, but no more than three full-time equivalent months of supervised clinical experience. At least one month should occur in the first or second year of the program.
- b. Inpatient Psychiatry: At least six, but no more than 16 months full-time equivalent of inpatient psychiatry, of which there must be a minimum of six months of significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients.
- c. Outpatient Psychiatry: An organized, continuous, and supervised clinical experience in the assessment, diagnosis, and treatment of outpatients with a wide variety of disorders and treatment modalities, with experience in both in brief and long-term care of patients
- d. Child and Adolescent Psychiatry: Two months full-time equivalent organized clinical experiences.
- e. Geriatric Psychiatry: Adequate organized experience focused on the specific competencies in areas specific to the care of the elderly.
- f. Addiction Psychiatry: Adequate organized experience focused on the evaluation and clinical management of patients with substance abuse/dependence problems, including dual diagnosis.
- g. Consultation/Liaison: Two months full-time equivalent in which residents consult under supervision on other medical and surgical services.
- h. Forensic Psychiatry: Experience must include exposure to patients facing criminal charges, establishing competency to stand trial, criminal responsibility, commitment, and an assessment of their potential to harm themselves or others.
- i. Emergency Psychiatry: Experience must be conducted in an organized, 24-hour psychiatric emergency service where residents must be provided experiences in evaluation, crisis evaluation and management, and triage of psychiatric patients.

j. Community Psychiatry: Experience must provide residents the opportunity to consult with, learn about, and use community resources and services in planning patient care, as well as to consult and work collaboratively with case managers, crisis teams, and other mental health professionals.

k. Addiction (f), Community (j), Forensic (h), and Geriatric (e) psychiatry requirements can be met as part of the inpatient requirements above (II.B.4.b) for a minimum of six months

5. Under the supervision and guidance of a qualified clinical psychologist, residents should have experience with the interpretation of the psychological tests most commonly used, some of which should be experienced with their own patients.

6. At least three times during the resident's training, the program must formally conduct a clinical skill examination.

Regularly Scheduled Didactic Sessions

A. Regularly Scheduled Didactic Sessions:

1. The core curriculum must include a didactic program based upon the core knowledge content of psychiatry.

2. The didactic curriculum must include the following:

a. the major theoretical approaches to understanding the patient-doctor relationship;

b. the biological, genetic, psychological, socio-cultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development throughout the life cycle;

c. the fundamental principles of the epidemiology, etiologies, diagnosis, treatment, and prevention of all major psychiatric disorders in the current standard diagnostic statistical manual, including the biological, psychological, socio-cultural, and iatrogenic factors that affect the prevention, incidence, prevalence and long-term course and treatment of psychiatric disorders and conditions

d. comprehensive discussions of the diagnosis and treatment of neurologic disorders commonly encountered in psychiatric practice, such as neoplasm, dementia, headaches, traumatic brain injury, infectious diseases, movement disorders, multiple sclerosis, seizure disorders, stroke, intractable pain, and other related disorders;

e. the use, reliability, and validity of the generally accepted diagnostic techniques, including physical examination of the patient, laboratory testing, imaging, neurophysiologic and neuropsychological testing, and psychological testing;

- f. the use and interpretation of psychological testing;
- g. the history of psychiatry and its relationship to the evolution of medicine;
- h. the legal aspects of psychiatric practice, including when and how to refer;
- i. an understanding of the culture and subcultures, particularly those found in the patient community associated with the educational program, with specific focus for residents with cultural backgrounds that are different from those of their patients; and,
- j. use of case formulation that includes neurobiological, phenomenological, psychological, and socio-cultural issues involved in the diagnosis and management of cases.

Residents' Scholarly Activities

Residents must complete at least one of the following:

- a. journal article publication,
- b. oral or poster presentation at local or overseas conference, or
- c. presentation and discussion at hospital or departmental journal club.

For more details on the ACGME-I advanced specialty program requirements, please refer to: <http://www.acgme-i.org/web/requirements/specialtypr.html>

(D) TRAINING REQUIREMENTS R5

1. Foundational Requirements

The R5 year must be in compliance with ACGME-I's Foundational Requirements.

The Foundational requirements for Psychiatry can be found at:

<http://www.acgme-i.org/web/requirements/internationalfoundational.pdf>

2. Specialty Specific Requirements

a) Clinical and / or operative experience

b) Postings / rotations

Residents may choose up to 2 electives in the final year of residency as stated in Annex A.

c) Didactic sessions

Residents should have participated in regular didactic teaching sessions organized by the Residency. The training log should demonstrate regular attendance at teaching sessions within and outside the hospital.

d) Residents' scholarly activity

Residents must complete at least one of the following:

- a. journal article publication,
- b. oral or poster presentation at local or overseas conference, or
- c. presentation and discussion at hospital or departmental journal club.

3. Resident Competencies

	R5
1. Patient Care	<p>Resident has the competencies to:</p> <p>Obtain complete, relevant, and accurate patient history, including complicated and sensitive information; perform thorough and appropriate mental state exams that inform the diagnosis early in the process, in routine and complex circumstances.</p> <p>Efficiently and effectively manage patients with a broad spectrum of clinical disorders, and to offer management options in the context of patient preferences and overall health.</p> <p>Offer psychiatric consultation for patients under the care of physicians in other disciplines.</p> <p>Supervise junior doctors and other members of the health care team.</p>
2. Medical Knowledge	<p>Resident has the competencies to:</p> <p>Utilize knowledge to diagnose and treat both common and uncommon psychiatric conditions; to and solve complex clinical problems.</p> <p>Engage in ongoing expansion of knowledge to erase personal gaps in knowledge.</p> <p>Analyse and synthesise information in clinical decision-making; and to effectively communicate knowledge based clinical reasoning.</p> <p>Identify relevant new information in the care of particular patient problems; is able to demonstrate insight into limits of applicability of new information to particular patient problems.</p>

<p>3. Practice-based Learning and Improvement</p>	<p>Resident has the competencies to:</p> <p>Engage in improvement activities that seek out and incorporate feedback and improvement data into daily practice; and to identify areas with potential for improvement in patient care outcomes, and engage in activities to improve the quality of care for his/her patients.</p>
<p>4. Interpersonal and Communication Skills</p>	<p>Resident has the competencies to:</p> <p>Communicate to build rapport with patients and/or families; to use a wide range of communication skills to optimize care in stressful or contentious situations and able to build rapport to allay the fears and effectively address the concerns of patients and/or families.</p> <p>Effectively and sensitively deliver difficult or bad news to patients and/or families even in complex and unusual circumstances.</p> <p>Communicate in a way that shows respect for all members of the health care team even in difficult and contentious situations.</p> <p>Anticipate and prevent or resolve conflict in team based care effectively.</p> <p>Coordinate and communicate with other providers and resources.</p>
<p>5. Professionalism</p>	<p>Resident:</p> <p>Is truthfulness to all members of the health care team; accepts personal responsibility, and always puts the needs of patients above his/her own interests.</p> <p>Shows compassion and empathy with patients and family members; shows kindness and respect for patients, family members, and all members of the health care team.</p> <p>Is able to effectively manage multiple competing tasks.</p> <p>Is able to give and receive feedback; and actively seeks feedback to improve performance;</p> <p>Is sensitive to differences related to culture, ethnic gender, racial, age, and religion dynamics in the patient/family encounter and uses this skill effectively to build trust with patients and families</p>

6. Systems-based Practice	Resident has the competencies to: Use resources efficiently and cost-effectively in the care of patients in all clinical settings. Engage in improvement activities that seek to identify and address errors and unsafe conditions in daily practice. Effectively coordinate activities with other professionals at the unit of care. Effect transition processes to ensure continuity of care; and instil this sense of responsibility in junior members of the team. Understand and use a range of community resources for patients under his/her care and promote patient access to community resources, taking into account the financial and other resources and support available.

(E) LOG OF OPERATIVE / CLINICAL EXPERIENCE

All residents must keep a log of their operative / clinical experience in the logbook to the standard required by the RAC.

(F) ASSESSMENT

I. Supervisors Assessment

The supervisor’s evaluation of the resident should be performed at the end of every rotation and then submitted to the RAC for review.

II. Feedback

Residents should perform a yearly evaluation of teaching faculty and the training programme using the designated forms. These forms must be submitted to the RAC and kept absolutely confidential.

III. Formative Assessments

R1	R2	R3	R4	R5
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(G) CHANGES IN TRAINEESHIP PERIOD AND LEAVE OF ABSENCE

I. Changes in Training Period

Residency should be continuous. If a training programme is interrupted for any reason whatsoever, the RAC may at its discretion, require the resident to undergo a further period of training in addition to the minimum requirements of the programme or terminate the residency altogether. All residents are required to conform to the residency training plan as approved by the RAC and complete all the exit and training requirements within the maximum candidature.















II. Leave Of Absence






All residents are to comply with the prevailing MOH policy on Leave of Absence.

III. Overseas Postings

Overseas attachment during Senior Residency training is not permitted with the exception of Radiation Oncology and Neurosurgery (*refer to JCST Circular 114/14*).

Elective postings in R5**12 months**

Hospital	Posting	
CGH/IMH	Geriatric Psychiatry	 R5 ELECTIVE GERIATRIC PSY - CGH  R5 Elective in Geriatric Psychiatry
CGH/IMH/NUHS	Adolescent Psychiatry	 R5 ELECTIVE ADOLESCENT PSY - C  R5 IMH Child and Adolesc Elective - IM  R5 Elective NUHS Child and Adolescer
CGH	Ambulatory Psychiatry	 R5 ELECTIVE AMBULATORY PSY - C
CGH/NUHS/IMH	Consultation Liaison Psychiatry	 R5 ELECTIVE CONSULTATION LIAI  R5 Elective Liaison Psychiatry - NUHS.doc  R5 elective CL - SGH.docx
CGH	General Adult Psychiatry	 R5 ELECTIVE GENERAL ADULT PSY
SGH	Eating Disorders in Psychiatry	 R5 elective ED - SGH.docx
IMH	Addiction Medicine	 R5 Elective addictions - IMH.do
IMH	General Psychiatry	 R5 General Psychiatry Elective - 1
IMH	Psychotherapy	 R5 elective psychotherapy - IMH

IMH	Early Psychosis Intervention	 R5 EPIP Elective Handbook - IMH.doc
NUH	Academic Psychiatry	 R5 Elective Academic Psychiatry
NUH	Ageing Psychiatry	 R5 Elective Ageing Psychiatry - NUHS.doc
NUH	Mood & Anxiety Disorders Program	 R5 Elective Mood and Anxiety Disorder
KKH	Perinatal	 Residency 5th year elective programme