

action, such as placing a resident on probation, or for terminating a resident whose performance is unsatisfactory. The procedures should be fair to the residents, to patients under their care, and to the training program. A copy should be provided to the residents at the beginning of training.

9. Upon any resident's departure from a program (including by graduation), the program director must prepare a letter describing the nature and length of the rotations for which the resident has been given credit. If a resident departs the program without receiving full credit for all educational experiences, the reasons for withholding credit must be specified in the letter. The resident must be given the letter, and a copy must be retained in the resident's permanent file.
10. When a resident leaves the program (including by graduation), the program director will affirm in the training record that there is no documented evidence of unethical or unprofessional behavior, nor any serious question regarding clinical competence. Where there is such evidence, it will be comprehensively recorded, along with the responses of the trainee. The evaluation should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the resident's permanent record maintained by the institution.
11. The program director must provide a **final evaluation** for each resident who completes the program. This evaluation must include a review of the resident's performance during the final period of education, and should verify that the resident has demonstrated sufficient professional ability to practice competently and independently. The final evaluation must be part of the resident's permanent record maintained by the institution.

## **General Objectives**

The program is designed to produce specialists in General Psychiatry with adequate knowledge and competency of the subspecialties including child and adolescent psychiatry, substance misuse, geriatric psychiatry, forensic psychiatry, etc., who will be the future consultants in psychiatry.

## **Specific Objectives**

1. To produce highly skilled, competent and ethical psychiatrists, to deal with most of the psychiatric problems and to have the right attitude to deal with patients and their families.
2. To promote research orientation and environment for academic research.

## **Admission Criteria**

1. Applicant should have B.Sc., or equivalent in Medical Sciences from a recognised medical training programme and a minimum grade of 'Good' or 3.00 GPA.
2. One year successful completion of internship
3. One year of G.P. experience in primary health care
4. Two recommendations letters.
5. Letter of sponsorship
6. Successful selection at personal interview and or MCQ Entrance Exam.

## **Structure of the Training Program**

The Psychiatry Residency Training is a four years long conjoint training programme based at the Sultan Qaboos University Hospital and Ibn Sina Hospital. Selected candidates will start at R1. In very special cases, transfers at the second-year postgraduate level (R2) may be permitted from another recognized programme in another country.

1.	General Psychiatry	19 ½ Blocks divided over 4 years
2.	Child and Adolescent Psychiatry	6 ½ Blocks
3.	Misuse and dependency on alcohol and other mind altering substance	6 ½ Blocks
4.	Liaison Psychiatry	6 ½ Blocks
5.	Rehabilitation and day care	3 Blocks + one week
6.	Neurology	3 Blocks + one week
7.	Elective(s)	6 ½ Blocks

**Mandatory Subspecialty Rotations:**

Substance Misuse (6½ Blocks), Child and Adolescent Psychiatry (6½ Blocks), Neurology (minimum 3½ Blocks), Rehabilitation and Day Care, Old Age Psychiatry (minimum 3½ Blocks)

**Elective Subspecialty Rotations:**

Old Age Psychiatry (additional 3½ Bocks), Forensic Psychiatry, Liaison Psychiatry, Community Psychiatry, Emergency Psychiatry, Child and Adolescent Psychiatry (additional elective for certification as a Child and Adolescent Psychiatrist).

**First year (R1)**

Devoted to give the resident a good background in basic general psychiatry (lectures, outpatients care, inpatient care, emergency and on

techniques that may include supervisory reports, videotapes, oral examinations, case reports, patient care observations, or other methods.

5. The program must provide opportunity for and document regularly scheduled meetings between the resident and the program director or designated faculty members. These meetings should be of sufficient frequency, length and depth to ensure that the residents are continually aware of the quality of their progress toward attainment of professional goals and objectives. These evaluation sessions should be held at least semi-annually and preferably more frequently. The program should give residents opportunities to assess the program and the faculty in a manner that ensures resident confidentiality. Provision should be made for remediation in cases of unsatisfactory performance.
6. The program must formally examine the cognitive knowledge of each resident at least annually by conducting an organized examination at the end of study year during the 4 years of training. In a timely manner, the program must develop specific remedial plans for residents who do not perform satisfactorily. Residents must not advance to the next year of training, or graduate from the program, unless the outcome from the remedial plan results in the attainment of educational and clinical goals established for the program.
7. Residents should be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive scholarship and professional, educational, and clinical growth.
8. A written set of due-process procedures must be in place for resolving problems that occur when a resident's performance fails to meet required standards. These procedures must conform to those policies and procedures adopted by the sponsoring institution for the provision of due process to all residents training in sponsored programs, and must include the criteria for any adverse

## Evaluation

### A. Evaluation of Resident

The faculty must evaluate in a timely manner the residents whom they supervise. In addition, the residency program must demonstrate that it has an effective mechanism for assessing resident performance throughout the program, and for utilizing the results to improve resident performance.

1. Assessment should include the use of methods that produce an accurate assessment of residents' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.
2. Assessment should include the regular and timely performance feedback to residents that includes at least semi-annual written evaluations. Such evaluations are to be communicated to each resident in a timely manner, and maintained in a record that is accessible to each resident. These will be made available on review of the program. Regular, systematic, documented evaluation of the knowledge, skills, and professional growth of each resident, using appropriate criteria and procedures, must be maintained, including complete records of evaluations containing explicit statements on the resident's progress toward meeting educational objectives and his or her major strengths and weaknesses. Each evaluation should be communicated to the resident in an ongoing and timely manner.
3. Assessment should include the use of assessment results, including evaluation by faculty, patients, peers, self, and other professional staff, to achieve progressive improvements in residents' competence and performance.
4. The program must provide documented evidence to demonstrate that the proficiency/competence of each resident is assessed using

call duties) (Appendix 1). Trainees are expected to also devote time for personal studies in allied basic subjects.

The following objectives must be fulfilled by the trainee:

1. Taking good history (Competence in Psychiatric Interview)
2. Acquiring good knowledge to elicit important psychiatric symptoms and signs and establish clinical diagnoses (psychopathology).
3. To have good experience in the use of psychological and physical examination and relevant investigations
4. To gain good theoretical knowledge in psychopathology and aetiological factors
5. Learning the basic Principles of drug therapy, behavioural, cognitive and psychotherapy.
6. Follow up of stable cases and planning of care.

### Second year (R2)

The second year will be taken up by didactic lectures, tutorials, demonstrations, etc., in subjects basic to psychiatry (see Appendix 2). This year will also be devoted to broadening the clinical base of the resident in General Psychiatry and in the sub-specialities. The Residents in R2 are expected to continue personal studies of related disciplines. The specific objectives are:

1. To acquire adequate knowledge about the anatomical, physiological, biochemical and psychological basis of man's behaviour in health and disease.
2. To have enough information about the influence of psychotropic drugs on brain metabolism.
3. To provide the resident with expertise in carrying out a good mental state examination.

4. To provide the resident with experience in interviewing children and adolescents and helping families cope with maladjusted children.
5. To get the experience required in writing psychiatric reports.
6. To develop in the trainee maturity of clinical judgement.

### Third year (R3)

Special attention will be given to the sub-specialties of clinical psychiatry. The relationship between mental health and psychosocial factors will be closely examined. The third year resident will be awarded the status of senior resident-after clearing the OMSB Part-I.

Senior resident will perform additional duties as Senior Registrar and will conduct OPD Clinics and attend to patients referred from primary care clinics as well as from the accident and emergency departments.

R3 residents will be second on call for emergencies, including cases who come under Liaison Psychiatric Programme when going through that rotation.

R3 residents will be assigned teaching responsibilities to undergraduate students

### Fourth year (R4)

The fourth year is designed to increase the experience of the resident in General Psychiatry and the sub-specialties. Rehabilitation of the disabled, Mental Health Administration and involvement of the Community will receive due emphasis. The resident shall be involved in teaching first and second year residents. During this final year, residents will be encouraged to continue to be involved in ongoing research in the Department as from R2. Part of R4 will be devoted to an approved elective rotation.

### EVALUATION

<ul style="list-style-type: none"> <li>• To be conducted by two committees (minimum of two examiners including one independent/external examiner in each committee).</li> <li>• Each candidate will be examined for 30 minutes in each committee.</li> </ul> <p>Maximum of 5 attempts to resit the exam will be allowed.</p>	<p>clinical + oral mark)</p> <p>Overall clinical + oral mark will constitute <b>60%</b> of the FINAL mark.</p>
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### Research:

The research work is a prerequisite for the final board exam. It can be started after R1, and presented at an appropriate time during the residency program, NO LATER than six months prior to the date of final board examination. The topics chosen must be relevant to the Omani population. They can be done for the patients in the hospital (retrospective, prospective or combined), or in the community (schools, different centres) as surveys. The research paper must include:

- Introduction
- Methods
- Results
- Discussion
- Conclusion
- References

Case reports are not considered as research. The research must be:

- presented publicly
- evaluated by three Scientific committee members
- the passing mark is 60%

In case of getting less 60%, a period of six months is given to complete the work and another trial is allowed.

	<p>only one single correct answer and there is <b>no</b> negative marking.</p> <ul style="list-style-type: none"> <li>• <b>15 short essay questions</b> for two hours (40%)</li> </ul> <p>The candidate is eligible to sit for the exam <b>only</b> after passing the second year (R2). The minimum passing mark is <b>60%</b>.</p> <p>The candidate has total of <b>three</b> attempts to sit for the exam. The fourth attempt may be granted by the Board Trustees. However, passing the Part I exam. Is not considered as mandatory for progress through the third and fourth year of training.</p>	<p>mark</p> <p><b>40%</b> of the total mark</p>	<p>attempted at six – monthly intervals.</p>
<b>Final Board Exam (Part II)</b>	<p>The final examination is a comprehensive exam assessing the knowledge, skills and attitude of the candidate. Candidates will be examined in all subjects (theory and clinical) attained throughout the training years.</p> <p>Candidate is eligible to sit for this exam only after passing the overall annual assessments and Final board Part I exam.</p> <p>The minimum passing mark is <b>60% in each part</b>. It is divided into three parts:</p> <p><b>1. Theory part</b> consisting of</p> <ul style="list-style-type: none"> <li>• <b>150 MCQs/EMQ</b> focused on the clinical aspects. It is for three hours.</li> <li>• <b>15 short essay</b> questions for two hours.</li> <li>• <b>Patient management problem</b> paper for one hour.</li> </ul> <p>It is essential for the candidate to pass the theory exam with minimum 60% of total theory mark in order to proceed into the clinical exam. Theory part is to be re-attempted, maximum of 5 attempts in case the candidate failed the clinical.</p>	<p><b>50%</b> of the total theory mark</p> <p><b>30%</b> of the total theory mark</p> <p><b>20%</b> of the total theory mark</p> <p>Overall THEORY mark will constitute <b>40%</b> of the FINAL mark.</p>	<p><b>End of R4</b>, end of October.</p>
	<p><b>2. Clinical part</b> consisting of :</p> <ul style="list-style-type: none"> <li>• <b>Long case</b> for one hour.</li> <li>• <b>5-10 OSCE</b> stations, average of 10 minutes per station.</li> </ul>	<p>(75% of overall clinical + oral mark)</p> <p><b>50%</b> of the total clinical mark</p> <p><b>50%</b> of the total clinical mark</p>	
	<p><b>3. Oral exam:</b></p>	<p>(25% of overall</p>	

The evaluation of the resident (strengths and weakness) will be a continuous process throughout the four year programme and the following will be considered:

1. Satisfactory completion of each of the clinical rotations with regard to academic knowledge, attitude, clinical competence, maintains patient confidentiality and professional behaviour.
2. Satisfactory attendance and active participation at lecture, tutorials, teaching skills (peers), ability for self directed learning, seminars and other academic activities.
3. Satisfactory evidence of competence to carry out good psychiatric interview including standardized mental state examination, interpretation and differential diagnosis, decision making and management plan, verbal and written communication, provides comprehensive care, ability to manage emergency conditions, consultation skills, physical method of treatment (use of drug and electroconvulsive therapy), individual and group psychotherapy, ability to assess children and adolescents.
4. Performance at annual examinations conducted at the end of each training year, for the first three years written examination. Disciplinary action for unsatisfactory performance or behaviour will be taken according to the rules and regulations of OMSB Psychiatric Residency Board.

### Final Fellowship Examination

This examination is held annually. To be eligible for entry for the examination, the candidate must successfully complete the four year programme and pass successfully the annual examinations. The examination will consist of:

Written examination, Clinical examination and Oral examination

The candidate is allowed to re-sit for any of the annual or final examinations for a maximum of three times in three successive years.

Upon successful completion of the four year programme and on passing the final examination, the candidate shall be awarded the Fellowship of Oman Medical Speciality Board in Psychiatry (FOMSB-Psych).

## EXAMINATION SUB-COMMITTEE

Proposal of the sub-committee for OMSB examinations in Psychiatry:-

The trainees are evaluated during their training in psychiatric OMSB programme through comprehensive assessment methods:

- Rotational assessments by the Educational Supervisor/Consultant, including assessment of knowledge, skills and attitude.
- Annual examination at the end of R1, R2 and R3.
- Final Board examinations, Parts I and II.
- Research\* (membership to be awarded after passing final board exams and upon completing a research project).

Each method of assessment is highlighted in the following table:

Method of Assessment	Subjects / Description	Marking	Timing
Rotational Assessments	<p>Aims to assess the candidate's performance during the clinical rotations. It focuses mainly on their knowledge, attitude and skills. The assessment is done through the following tools/ methods (the passing mark will be 60% of the overall examinations collectively):</p> <ol style="list-style-type: none"> <li>1. <b>Monthly &amp; End of rotation assessments</b> (copy attached).</li> <li>2. <b>Case presentation:</b> 2 comprehensive case presentations per rotation and of satisfactory standard (total 4 cases per year)</li> <li>3. <b>Critical appraisal/journal club presentation;</b> one per rotation and of satisfactory standard (total 2 presentations per year)</li> </ol>	<p>It constitutes <b>50%</b> of the total annual evaluation; divided accordingly:</p> <p><b>20%</b> of total annual marks</p> <p><b>20%</b> of total annual marks</p> <p><b>10%</b> of total annual marks</p>	<p>Monthly and end of each six month's rotation</p>
Annual Exam	<p>The exam aims to assess the knowledge of the candidate at the end of years R1,R2 and R3.</p> <p>It consists of <b>100 MCQs / EMQs</b> for two hours.</p> <p>The minimum passing mark is <b>60%</b> and it is essential for the candidate to pass the exam in order to progress into the following study year.</p> <p>The candidate has total of <b>three</b> attempts to resit for the exam. The fourth attempt may be granted by the Board Trustees.</p>	<p>It constitutes <b>50%</b> of the annual evaluation</p>	<p><b>End of September</b> of year (R1,R2,R3).</p> <p>The resit exam to be undertaken every 6 months</p>
Final Board Exam (Part I)	<p>Aims to assess the knowledge of the candidate covering all the basic subjects. It consists of:</p> <ul style="list-style-type: none"> <li>• <b>150 MCQs/EMQs</b> for three hours (60%).</li> </ul> <p>Each question consisting of <b>five choices</b> with</p>	<p><b>60%</b> of the total</p>	<p>To be undertaken as from the end of second year (R2) and re-</p>