

**Oman Medical
Specialty Board**



المجلس العماني
للإختصاصات الطبية

PSYCHIATRY RESIDENCY PROGRAM

Resident's Log Book

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Section 1.1 INTRODUCTION

PSYCHIATRY AS A CAREER

- ❖ The specialized branch of medicine which deals with the evaluation, diagnosis and treatment of emotional disturbances and mental disorders.
- ❖ Psychiatry integrates biological/organic factors with the psychological/dynamic dimensions in the social and cultural context.
- ❖ Psychiatric treatment combines the psychotherapeutic approach in a balanced interaction with pharmacological agents for defined psychiatric disorders.

A PSYCHIATRIST

A qualified medical practitioner who has received further rigorous specialist training in mental illness and its treatment

CAREERS IN PSYCHIATRY PROVIDE

1. VARIETY:

- ❖ **CONSULTATION-LIAISON**
- ❖ **GENERAL PSYCHIATRY**
- ❖ **CHILD AND ADOLESCENT**
- ❖ **RESEARCH**
- ❖ **REHABILITATION**
- ❖ **PSYCHO GERIATRICS**
- ❖ **DRUG AND ALCOHOL**
- ❖ **FORENSIC PSYCHIATRY**
- ❖ **ADMINISTRATION**
- ❖ **PSYCHOTHERAPIES**
- ❖ **NEUROPSYCHIATRY**
- ❖ **OTHER AREAS**

2. SATISFACTION:

- ❖ Psychiatric disorders are amongst the most common medical problems, and can affect all people
- ❖ Psychiatric treatments are useful and can alleviate a great deal of suffering to patients, their families and the community in general
- ❖ Psychiatrists have the opportunity to help people of all ages, circumstances and cultures
- ❖ The breadth of psychiatry allows practitioners the opportunity to develop a variety of skills
- ❖ Employment prospects are healthy and varied

3. INTEREST:

- ❖ Psychiatry is a relatively new specialty, and an area which is expanding rapidly, becoming less stigmatized and more accepted, and is developing in many different directions
- ❖ There are opportunities for research, professional development and role expansion
- ❖ Working closely with other people, both professionals and patients, is rewarding and satisfying
- ❖ Intellectually, work in psychiatry is always interesting

OMSB- Psychiatry Training rules

1. Overview of training Program:

- ❖ 4 years training in recognized training hospitals
- ❖ training should include at least 2 years of general adult psychiatry and rotations in specialty areas including Child Psychiatry, Addiction Psychiatry, Consultation Liaison Psychiatry and Old Age Psychiatry
- ❖ Candidate should complete training requirements and examination requirement to be certified by the Arab Board Psychiatry Board

2. Training rules:

- ❖ Proficiency in Arabic Language
- ❖ Licensed to practice medicine
- ❖ Degree of medicine from a recognized college
- ❖ Completed 1 year following internship
- ❖ Submission for registration to the Arab board and OMSB Psychiatry committee
- ❖ Satisfactory completion of rotations on Six Monthly basis with assessment by the consultant in charge of the unit
- ❖ Direct involvement in patient care as determined by the stage of residency
- ❖ Regular on call duties as per training hospital duty roster
- ❖ Resident must attend training activities and lectures as per requirement of the board
- ❖ The resident leave during attachment Should be approved by OMSB and training hospital

3. Examinations:

- ❖ Part One : Written Examination given after 1-2 years of training , paper-I 3 1/2 Hrs 200 Questions, Paper-II 2 1/2 Hrs 100 Questions
- ❖ Exam is conducted twice every year April/October
- ❖ Part Two: at end of 4 years of Training consists of written, clinical and Oral Examination Written in October and clinical in December

4. Training Requirements

1. Satisfactory Completion of 4 yrs Training consisting of 6 months Rotations
2. Participation in Seminars or lectures every year
3. Participation in Continuous Medical Education Activities every year
4. Participation in Case Presentations every year
5. Translation of 3 Scientific Papers during training
6. 10 Case write-ups
 - i. • 2 long Cases
 - ii. • 8 short Cases

1.2 Check-list for individual training posts

A record form (section 1.3) should be filled out for each training post. Further blank copies will be available from your Tutor. The **educational objectives** to be achieved should be discussed at the start of the attachment and agreed between the trainee and the Educational Supervisor. These are largely discretionary, but as a guideline the following check-list may be useful as a prompt for agreeing objectives appropriate to a particular stage of training and subspeciality.

Generic

- a. History taking
- b. Mental state assessment
- c. Case presentation
- d. Knowledge of relevant cultural beliefs
- e. Completion of OMSB Core module
- f. Approach to and experience in multi-disciplinary working
- g. Risk assessment for dangerous and self-injurious behavior
- h. Ability to formulate a case
- i. Basic pharmacotherapy
- j. Basic and brief counseling approach
- k. Physical assessment
- l. Keeping case notes and defensible documentation
- m. Extended cognitive state examination
- n. Assessing and addressing carers' needs
- o. Assessment and follow-up
- p. Assessment of organic and functional illness in old age
- q. Knowledge of community services

Child and adolescent psychiatry

- a. Interviewing and assessing families
- b. Knowledge of early development and attachments (and their relationships to adult adjustment and disorder)
- c. Assessment approach to children and adolescents
- d. Family therapy as a team member
- e. Experience of play, behavioral and other therapies in children
- f. Child protection issues
Assessment of deliberate self-harm in children
- g. Role of drug therapy

Forensic and special care

- a. Management of disturbed patients in a secure setting
- b. Assessment of prisoners
- c. Knowledge of forensic sections of the legislation
- d. Preparation of court reports
- e. Criteria for admitting patients to secure care
Attendance at court – witness skills
- f. Visits to a range of secure facilities
- g. Further assessment of dangerousness

Learning disability

- a. Interviewing and assessing the learning disabled
- b. Community management
- c. Supportive family work
- d. Knowledge of medical aspects/associations of learning disability Knowledge of psychological/behavioral aspects
- e. Management of organic psychosis, chronic epilepsy, sex offenders

Addictions

- a. Management of detoxification
Mental state examination in substance misusers
- b. Use of sensitizing and antagonist drugs
- c. Knowledge of harm reduction and substitute prescribing
- d. Use of specific therapies (e.g. behavioral, motivation enhancement)
- e. Use of other agencies/disciplines

Liaison psychiatry

- a. Assessment of psychiatric and physical Comorbidity
- b. Assessment of unexplained physical symptoms
- c. Crisis management
Assessment of deliberate self-harm
- d. Joint working with other specialities
- e. Psychiatric treatments in special settings
- f. Dealing with psychiatric emergencies in general hospitals

Rehabilitation psychiatry

- a. Assessment for suitability
- b. Use of assessment scales/questionnaires
- c. Knowledge of community services
Awareness of carer issues
- d. Behavioral management
- e. Management of treatment-resistant psychosis
- f. Undertaking long-term, continuing-care needs

1.3 Record form for training post

To be completed by trainee with Educational Supervisor early in the attachment, with regular review

Post (specify subspeciality)		Start date	
Educational Supervisor		End date	

Educational objectives	Agreed attainment (circle one)
	A B C D
	A B C D
	A B C D
	A B C D
	A B C D
	A B C D
	A B C D
	A B C D
	A B C D

Other experience (including patients for specific therapy) and comments

Topics covered in supervision	
Weekly day and time of supervision	

Suggested scale for rating attainment of educational objectives (rating to be agreed between trainee and Educational Supervisor towards the end of the attachment)

A – Satisfactory attainment, ‘fine tuning’ only needed
 B – Satisfactory but would benefit from additional experience in later posts
 C – Referred – insufficient experience/exposure available in current post
 D – Referred – further development needed

1.4 Summary of posts relevant to OMSB

Trainee's name:	Date of birth:
Date of start as Resident:	
Date of start as Registrar (if applicable):	

Summary of posts relevant to OMSB

No.	Grade	Start date	End date	Specialty	Consultant
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Progress in Exams

ARAB BOARD PART I

Date eligible	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Passed

ARAB BOARD PART II

Date eligible	Attempt 1	Attempt 2	Attempt 3	Attempt 4	Passed

Outcome

Supervisor

2.1 Courses attended

Please List:

Formal Course attended			
1			
2			
3			
4			

Comments:

Other courses

	Course title	Dates
1		
2		
3		
4		
5		
6		
7		
8		

Comments:

2.2 Research experience

Principal research interest or Master's dissertation

Areas of potential interest:

Subject of protocol:

<i>Dates of:</i>							
Protocol approval		Data collected from		to		Work submitted	

Research methodology teaching/courses

Other research involvement

Specify dates, topics, collaborators/supervisors:

2.4 Publications

Specify full references locating all publications in date order

2.6 Administrative experience

Representation on committees

Date start	Date end	Committee

Organisational responsibilities

2.7 Teaching experience

Dates	Subject	Audience
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		
<i>to</i>		

2.8 Miscellaneous experience

ECT

Date(s) attended teaching in principles and practical administration:												
Treatment sessions administered (tick):	1		2		3		4		5		6	

Interview skills training

Dates	Methods	Supervisor(s)

Personal safety and managing violence

Dates	Methods	Supervisor(s)

Assessment of deliberate self-harm

Dates	Methods	Supervisor(s)

Teaching in examination technique

Dates	Methods	Supervisor(s)

Updating cardiopulmonary resuscitation skills

Dates

Supervisor(s)

Dates

Supervisor(s)

2.9 Experience in Psychotherapy

Case number/identifier			Start date	
Age		Gender		End date
Mode of therapy				
Session frequency			Total no. of sessions	
Diagnosis				
Brief description of problem				
Treatment strategies				
Outcome				
			Supervisor	

3.1 Copies of Consultants progress reports

Trainees are *not* expected to show Educational Supervisors copies of appraisal forms filed here for other posts they have occupied. If trainees *choose* to show their current consultant previous feedback reports, they may naturally do so at their own discretion. However, consultants should respect that fact that these represent confidential documents. Trainees and Tutors should consider how any necessary information regarding progress in previous posts is communicated to current Educational Supervisors.

This form may be modified for some attachments

Trainee name		Grade	
Speciality		Consultant	
Period reported	From		to
Clinical skills	(e.g. judgement, empathy, history-taking, therapeutic ability, relations with patients/relatives, general standard of care)		
Academic ability	(interest, knowledge of literature, research interests/endeavours, involvement in case conferences and seminars)		
Relations with staff/other agencies	(quality of personal relationships, skills in joint working, communication and consultation with GPs and other agencies)		

Administrative (reliability, responsibility, quality of case notes, etc.)
ability

Areas of
progress
during
placement

Areas of concern

--

Psychotherapy experience

Specific case allocated in placement? YES/NO

If so, modality of therapy

Comments on progress

--

--

Ability and willingness to take advice		
Signed by trainee:		Date
Signed by consultant:		Date

4.1 Trainee's CV

Trainees should ensure that they keep an updated copy of their curriculum vitae in this section of the log book

Notes

Recommended list of reading

General Psychiatric Books

1. The Maudsly Handbook of Practical Psychiatry; Goldberg D.
2. Inpatient Psychiatry; Sederer
3. Seminars in General Adult Psychiatry; Stein, G and G Wilkinson.
4. Sciences Basic to Psychiatry; Puri, B K and P J Tyrer.
5. Organic Psychiatry; Lishman, W A.
6. Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Psychopathology Books

07. Fish's Clinical Psychopathology.
08. Mental State Examination – Paula and Trepacz

Clinical Psychology and Psychotherapy

09. General Psychopathology; Karl Jasper's.
10. Cognitive Behaviour Therapy for Psychiatric Problems: A practical Guide; Hawton K, P Salkovskis et al.
11. Theory and Practice of Group Psychotherapy; Yalom, I.
12. Cognitive Behavioural Therapy of Depression; Beck.
13. Psychodynamic Psychiatry; Gabbard.
14. Introduction to Psychology; Hillgard
15. I am OK, You are OK
16. Games People Play

Alcohol and Substance Abuse

17. Drugs and Addictive Behaviour: a guide to treatment ; Ghodse, H.
18. The international Handbook of Addiction Behaviour; Glass, IB.
19. The Treatment of Drinking Problems; Edwards, G., Marshall, EJ., Cook, CCH.
20. Seminars in Alcohol and Drug Misuse; Chick, J. and Cantwell
21. The Nature of Drug Dependency; Edwards, G. and Lader, M.
22. Drugs and Drug Abuse; Jacobs, MR. And Fear K.
23. The Treatment of Drug Problems; Ghodse, AH.
24. Principles of Neuropsychopharmacology; Feldman, RS., Meyer, JS. And Quenzer, LF.
25. Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviour; Marlatt, GA. And Gordon, JR.
26. Psychopharmacology, Spiegel, R et al.

Other Important Books

27. Handbook of Drug Therapy in Psychiatry; Bernstein, J G.
28. Seminars in Liaison Psychiatry; Guthrie, E and F Creed.
29. Ethics in Psychiatry; Bloch
30. Research Methods in Psychiatry; Freeman, C
31. Critical Reviews in Psychiatry; Brown, T and G Wilkinson.
32. Massachusetts Handbook of General Hospital Psychiatry.
33. Principles of Social Psychiatry. Bhugra, D and J Leff.
34. Mental Illness in the Community; Goldberg, D and P Huxley.
35. Child Psychiatry; Goodman, R and S Scott.

36. Child and Adolescent Psychiatry; Rutter, M and L Hersov.
37. Seminars in Practical Forensic Psychiatry; Chiswick, D and R cope
38. EEG in Clinical Practice – John R. Hughes (Butterworths – London)

Important Psychiatric Journals

39. British Journal of Psychiatry.
40. Psychological Medicine.
41. Current Opinion in Psychiatry.
42. Addiction
43. Drug and Alcohol Dependence
44. Psychology Journal
45. British Medical Journal
46. Journal of Clinical Psychiatry
47. Advances in Psychiatric Treatment
48. American journal of Psychiatry
49. Archives of General Psychiatry