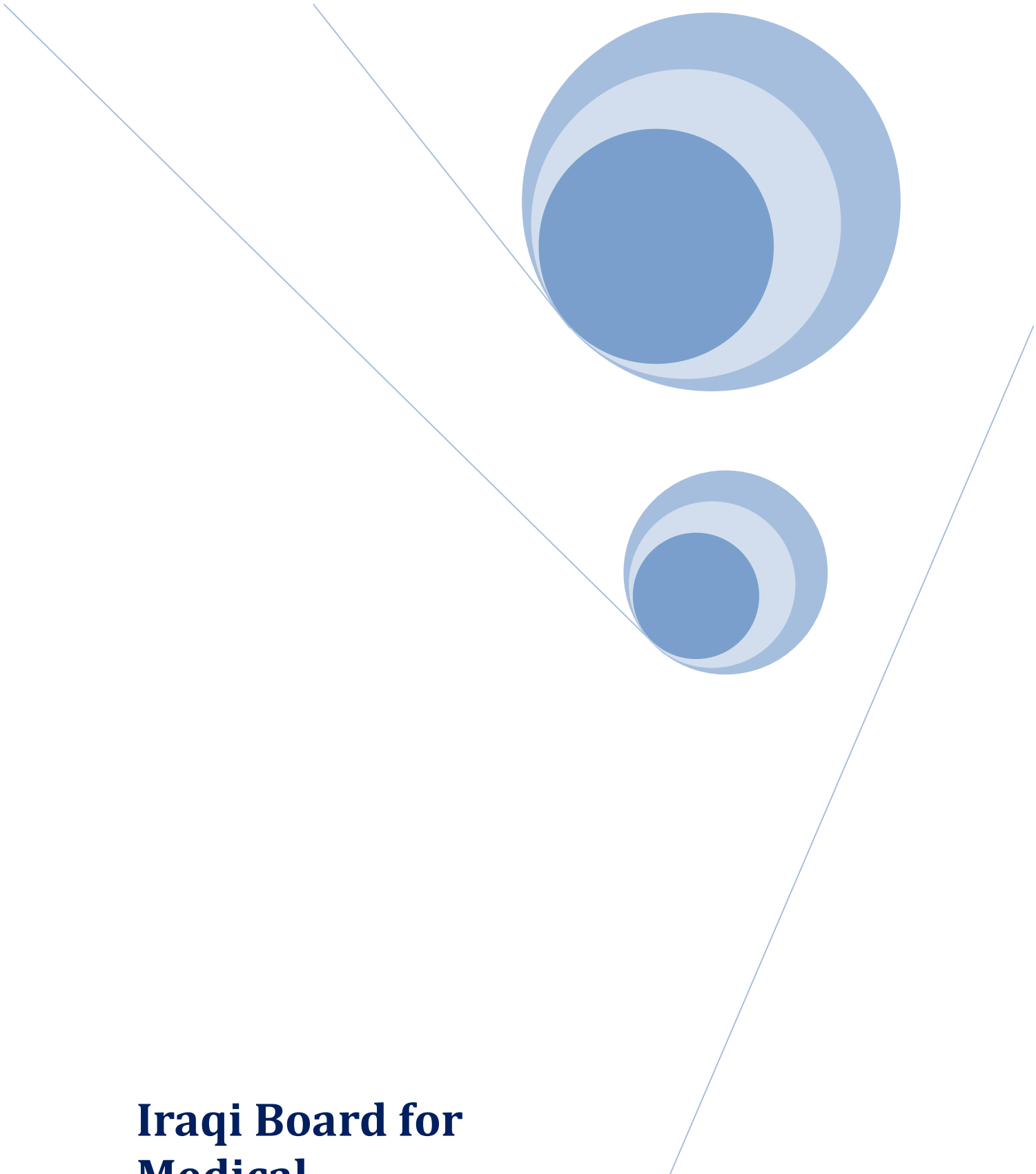


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Iraqi Board for Medical Specializations

Scientific Council of Psychiatry

The New Curriculum 2020-2025

Iraqi Board for Medical Specializations

Scientific Council of Psychiatry

The New Curriculum

2020-2025

Revised 2020

The New Curriculum

Introduction

Over the last two years, there has been a high level of cooperation and coordination with the Royal College of Psychiatrists with the view of enhancing the standard of the post graduate training program in psychiatry adopted by the scientific council of psychiatry. Accordingly the Dean of the Royal College Professor Robert

Howard came on a visit to Baghdad in July 2009. Since then there has been what we can describe as an endless support and cooperation by the Royal College. In this spirit the college conducted a two weeks professional training course for senior Iraqi psychiatrists in London and in other training centers in Britain during February-March 2010. Many training activities including valuable workshops on different aspects of the training as the clinical supervisions, Research methodology, Examinations techniques, Work-Place Based Assessments, and Cognitive Behavioral therapy have been conducted in Baghdad and Sulaimaniya by a number of senior academic Iraqi psychiatrists who work in the United Kingdom. The endless support by the Ministry of Health and by HE the Minister Dr Saleh Al-Hasnawi personally has a great impact in making the conducting and success of all these activities possible. In addition there has been a valuable contribution by the International Medical Corporation- IMC with a deep involvement and active role of Dr Sabah Sadik who is in charge of the section of psychiatry in this organization and in accordance of his responsibility as the Chairman of the Middle East Division of the Royal College. In the same direction a similar concentrated training activities will be held by the UK Iraqi psychiatrists in Baghdad on 21-26 November 2010 with complete sponsorship by the Ministry of Health.

The new curriculum has been approved by the Iraqi Board Council and is due to be implemented in the current academic year.

The curriculum, in principle, is based on that of the Royal college with essential differences in order to fit with the regulations of the Iraqi Board and that of the MoHE particularly on the parts of the examinations. The main differences from the previous curriculum include:

- 1- In the clinical training: The first year training is on general adult psychiatry for the whole year, while the second year includes training on General psychiatry, General Medicine and Neurology- Four months each while in the old curriculum the reverse was true.
- 2- The clinical training involves: clinical supervisions, Work place based assessments with special emphasis on the issues of clinical skills and competencies. The assessments are continuous all over the year followed by assessment of the annual progress.
- 3- There are three annual lectures courses, the 1st course is over the first training year includes items mainly on basic and some general adult psychiatry. The second course is over the 2nd year includes items on basic psychiatry, Neurology ,Medicine and General psychiatry. The Third course is over the 3rd training year and includes items on General Psychiatry and psychiatric specialties.
- 4- The Examinations: There are major changes. The current part I exam. is divided into two exam papers. Paper
 - 1- is carried out after the end of the first year and covers the items studied in the 1st annual lectures course. Paper

- 2- is carried out after the end of the 2nd year and covers the items studied in the annual lectures course. While Part II exam, as in the old curriculum is carried out after the end of the 4th year and has two sections:
 - a- Written section is paper 3 and covers the items studied in the third annual lectures course. Each paper comprises 100 questions, about two thirds of them are single choice- 1 in 5 style and the other third is extended matched items- EMI.
 - b- Clinical section - carried out on passing paper 3 and has three parts - The CASC part of 4 stations. OSCE- as an observed case presentation exam. And Oral exam. The detailed curriculum is attached. And is due to be implemented in this academic year 2010-2011.

Introduction of the revised edition 2020

Since the time of implementation of the new curriculum in the academic year 2010-2011 there have been several changes introduced in order to accommodate with the regulations of the ministry of higher education and taking into consideration the accumulated views of trainers and trainees of the scientific council. These changes could be summarized as follow:

- 1- The pass mark for the competitive examination was changed to 60% instead of 65%.
- 2- The theoretical lectures' courses were reduced to two courses instead of the previous three courses. The first course over the first year is on basic sciences of psychiatry while the second course over the second year involves topics on general adult psychiatry and its subspecialties.
- 3- The audit requirement was restricted to the second year instead of being on each academic year as in the first edition.
- 4- Part 1 written examination is carried out at the end of the first year for both of its two papers A & B and not divided to be at the end of the first year for paper A and the end of second year for paper B as it was the case in the first edition.
- 5- The final written examination involves two papers. Paper A is on basic knowledge in general adult psychiatry and its subspecialties, and includes 200 questions of 1 in 5 MCQs style while paper B includes 60 questions 1 in 5 MCQs style on clinical cases in general adult psychiatry and its subspecialties.

Extended matched questions (EMI) style was removed in this revised edition. This edition is subjected to further revisions periodically in order to fit the development in the training process.

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1. Introduction

1.1 Overview of the current curriculum

In order to be registered in the study, all Students have to pass a written MCQs style-Competitive Enrolment Exam with 65% pass mark.

The Academic year starts on 1st October. The study is a 4-Year Course and has the following frame:

A- Clinical Training:

- 1- First year- 12 months- Clinical training in:
 - a- Adult General Psychiatry – Four months.
 - b- Internal Medicine – Four months
 - c- Neurology – Four months.
- 2- Second year- 12 months- Clinical training in Adult General Psychiatry
- 3- Third year- 12 months- Clinical training in Psychiatric specialities. Including – Forensic psychiatry, Child psychiatry, Addiction, and Rehabilitation Psychiatry. 3 months each.
- 4- Fourth year 12 months- Clinical training in Adult General Psychiatry.

B- Annual Lectures Courses:

There are 2 lectures courses; a- Part I- Lectures Course – First year- For 12 months including- Basic sciences in Psychiatry , Internal Medicine and Neurology.

b- Part II- lectures Course – Second year-For 12 months including – Adult General Psychiatry and Psychiatric Specialities.

C- Research Requirement:

Third year students are required to conduct a one year research over the 12 months of the 3rd year, supervised by a senior academic psychiatrist and to submit it at the beginning of the 4th year which should be accepted by a discussion committee assigned by the Board Council.

D- Examinations

It is of two parts; **Part I**

;

It is a written exam only, carried out by the end of the first year and consist of two papers- Essay and MCQs – covers subjects on Basic Sciences of Psychiatry in addition to Internal Medicine and Neurology.

Part II:

It is the final exam, carried out by the end of the fourth year and consists of- Written part of two papers –Essay and MCQs - subjects on Adult general psychiatry and Psychiatric Specialities and a Clinical part of -Clinical- Case Section and an Oral Section.

Exam Regulation:

The exam is carried out twice a year in October and in April. In part I exam the pass mark in each paper is 60% and the average pass mark for both papers is 70% Student is eligible to sit three attempts and if unsuccessful his relation with the Study to be ended and returned back to his original job. In part II exam the pass mark for the written papers is the same as for part I, Student has to pass the written exam to be eligible to sit the Clinical part. Student is eligible to sit two attempts if Unsuccessful his relation with the Study to be ended and to returned back to his original job but he has the right to sit another four attempts as an external student if failed he is eligible to resit part one once and then part II if successful.

1.2 The vision of the new curriculum

There have been major developments in medical education including postgraduate training programmes. Curricula of these programmes should reflect these developments. This curriculum aims at building on the strengths of the current curriculum and further improve it by :

- Adopting competencies based approach which addresses different domains (knowledge, skills and attitudes/behaviours). This approach will include competencies which will widen the domains of training to produce capable specialist who will take other roles such as teaching, improving services by using audits, evidence based practice etc

- Ensuring good theoretical and clinical training to achieve these competencies

- Structuring of the supervision methods,

- Improving the assessment methods by introducing the Workplace Based Assessments (WPBA) and a new exam format to reflect development in exam methods and to match the Royal College of Psychiatrists format which will add more strength to the training and ensure more up to date standards.

This curriculum has benefited from the Core Module Curriculum of the Royal College of Psychiatrists especially in defining the competencies and in using the WPBA

2. Entry requirements

In order to be registered in the study, eligible students have to fulfil two requirements:

2.1 Psychiatric interview

Each student has to pass successfully in an interview designed to ensure his suitability to be a psychiatrist according to the following two aspects;

a- Is he/she interested in psychiatry? b- Is he/she suitable for psychiatry?

This suitability could be determined by different methods including the presence of communication skills, empathy, exclusion of mental disturbance or personality difficulties ----etc.

The interview is carried out by a special committee nominated by the council of psychiatry and can use a structured interview or an OSCE style assessment, in addition to answering a structured personality assessment questionnaire sent to candidates in advance.

2.2 Competitive enrolment exam

As with the current curriculum, students have to pass a written best answer- 1 of 5 MCQs style with a pass mark of 65%.

3. Competencies

A BOARD certified specialist is expected to achieve a number of competencies in different areas of psychiatric practice which would enable them to practice in a safe and ethical way and to equip them with a number of skills to prepare them for the future role as clinicians and clinical leaders. The competencies outlined here are based with some modification on the Core Module Curriculum of the Royal College of Psychiatrists which is based on the CANMED 2005 Framework. The competencies listed here represent the general domains and for a more detailed description please refer to the Core Module Curriculum. Each competency has three components: Knowledge, skills and attitudes/behaviour.

List of competencies.

A. MEDICAL EXPERT

1. Be able to perform specialist assessment of patients and document relevant history and examination to include:

- Presenting or main complaint
- History of present illness
- Past medical and psychiatric history
- Systemic review
- Family history
- Socio-cultural history
- Developmental history

2. Demonstrate the ability to construct formulations of patients' problems that include appropriate differential diagnoses

3. Demonstrate the ability to recommend relevant investigation and treatment in the context of the clinical management plan. This will include the ability to develop and document an investigation plan including appropriate medical, laboratory, radiological and psychological investigations and then to construct a comprehensive treatment plan addressing biological, psychological and socio-cultural domains
4. Based on a comprehensive psychiatric assessment, demonstrate the ability to comprehensively assess and document patient's potential for self-harm or harm to others. This would include an assessment of risk, knowledge of involuntary treatment standards and procedures, the ability to intervene effectively to minimize risk and the ability to implement prevention methods against self-harm and harm to others. This will be displayed whenever appropriate, including in emergencies
5. Based on the full psychiatric assessment, demonstrate the ability to conduct therapeutic interviews; that is to collect and use clinically relevant material. The doctor will also demonstrate the ability to conduct a range of individual, group and family therapies using standard accepted models and to integrate these psychotherapies into everyday treatment, including biological and socio-cultural interventions
6. Demonstrate the ability to concisely, accurately and legibly record appropriate aspects of the clinical assessment and management plan
7. Develop the ability to carry out specialist assessment and treatment of patients with chronic and severe mental disorders and to demonstrate effective management of these disease states

B. COMMUNICATOR

Use effective communication with patients, relatives and colleagues. This includes the ability to conduct interviews in a manner that facilitates information gathering and the formation of therapeutic alliances.

C. COLLABORATOR

Demonstrate the ability to work effectively with colleagues, including team working

D. MANAGER

1. Develop appropriate leadership skills
2. Demonstrate the knowledge, skills and behaviours to manage time and problems effectively
3. Develop the ability to conduct and complete audit in clinical practice
4. Develop an understanding of the implementation of clinical governance

E. HEALTH ADVOCATE

Ensure that you are able to inform and educate patients effectively

F. SCHOLAR

Develop and utilize the ability to teach, assess and appraise

G. PROFESSIONAL

Ensure that you act in a professional manner at all times

Develop the habits of lifelong learning

Below are three examples of these competencies and their different aspects (knowledge, skills and attitudes/behaviors) for a full list refer to the Core Module Curriculum of the Royal College of Psychiatrists

Example1: clinical history

Knowledge	Skills	Attitudes demonstrated through behaviour
Define signs and symptoms found in patients presenting with psychiatric and common medical disorders Recognise the importance of historical data from multiple sources	Elicit a complete clinical history, including psychiatric history, that identifies the main or chief complaint, the history of the present illness, the past psychiatric history, medications, general medical history, review of systems, substance abuse history, forensic history, family history, personal, social and developmental history Overcome difficulties of language, physical and sensory impairment Gather this factual information whilst understanding the meaning these facts hold for the patient and eliciting the patient's narrative of their life experience	Show empathy with patients. Appreciate the interaction and Importance of psychological, social and spiritual factors in patients and their support networks

Example 2: Team work

Knowledge	Skills	Attitudes demonstrated through behaviour
Demonstrate an understanding of the roles and responsibilities of team members Demonstrate an understanding of the roles of primary healthcare and social services	Communicate and work effectively with team members	Show respect for the unique skills, contributions and opinions of others Recognise and value diversity within the clinical team Be conscientious and work cooperatively

Example 3 : Doctor patient relationship

Knowledge	Skills	Attitudes demonstrated through behaviour
Demonstrate an understanding of all aspects of professional relationships including the power differential between psychiatrists and patients Demonstrate an understanding of the boundaries surrounding consultation Demonstrate an understanding of the rights of patients, carers and the public Demonstrate an understanding of the factors involved when the doctor-patient relationship ends	Develop therapeutic relationships that facilitate effective care Deal with behaviour that falls outside the boundary of the doctor/patient relationship Demonstrate the management of ending professional relationships with patients using clear and appropriate communications	Adopt non-discriminatory behaviour to all patients and recognise their individual needs Respect the patient's autonomy to accept or reject advice and treatment At all times be open and honest with patients and carers

4. Clinical training

4.1 Structure of clinical Training

The Academic year starts on 1st October. The Study is a 4 year course , has the following frame;

- 1- **First year** – 12 months- Clinical training in **Adult General Psychiatry**.
- 2- **Second year** – 12 months-Clinical training in:
 - a-Adult General Psychiatry Four months.
 - b- **Medicine** – Four months.
 - c- **Neurology**-Four months.

Training in medicine and neurology includes training in **Radiology & Radioimaging** particularly in relation to neurology and psychiatry, in addition to other related **Diagnostic facilities**- such as- EEG, ECG, histopathology , research laboratory and other relevant facilities.
- 3- **Third year**- 12 months - Clinical training in **psychiatric specialities**: 3 months each including: Old age psychiatry, Forensic psychiatry, Psychotherapy, Child & adolescent psychiatry, Learning disability, Addiction, Liaison psychiatry, Peri-Natal psychiatry, Neuropsychiatry, Rehabilitation psychiatry.
Training should involve 4 of these specialities with training in Forensic and child psychiatry is mandatory.
- 4- **Fourth year**- 12 months- Clinical training in **Adult General Psychiatry**.

Board students will have an ongoing CBT training in the form of an intensive course of one week in the 2nd year. in addition to access to CBT training course online. Each trainee psychiatrist needs to complete 2 supervised CBT cases within

the 4 year period of their training. These cases must be written up and submitted as part of the training requirements. Trainees, who do not have access to a local CBT supervisor, can be supervised online.

The placement should be for 6 months for students in the 2nd and 3rd year. Each student is required to spend at least 2 days a week practicing CBT. They should be supervised by a CBT consultant Psychiatrist and may be by a consultant CBT therapist from abroad when required.

4.2 Training centres

As in the current Curriculum, recognition of the training centres by the Iraqi Board Council follows strict regulations and depends on the Academic standard and clinical experience of the trainers and on the Medical and Teaching facilities available in the centre. The trainer should have the highest Academic degree in psychiatry with at least 5 years experience after his high qualification. The head of the centre should hold a title of professor or Assistant Professor or be a Consultant psychiatrist with teaching and academic interest and involvement. Selection of trainers and heads of training centres is decided by the council of psychiatry according to the above criteria. The medical and teaching facilities including, up to date, diagnostic and treatment facilities in psychiatry and other related medical specialities.

4.3 Supervision

Each trainee will have a nominated clinical supervisor who will be responsible for ensuring that:

Appropriate clinical supervision of the trainee's day-to-day clinical performance occurs at all times, with regular feedback.

Offer a level of supervision necessary to the competences and experience of the trainee and tailored for the individual trainee.

Help the trainee to complete WPBA .

The supervisor should meet with the trainee at the beginning of the placement to discuss different aspects of the job and learning objectives. The supervisor should complete a standard form at the end of the placement which provides feedback about the trainee. Supervision should occur every 2-4 weeks for 1 h.

The scientific Council of psychiatry should have list of approved clinical supervisors for each training center. Clinical supervisors are approved by attending a standard Clinical Supervision Training course. The course is to be organized by the Scientific Council of Psychiatry. It is a mandatory requirement for approval. The structure and length of the course to be decided by the Council but should include an overview of the curriculum and competencies, clinical supervisors, principle and methods of supervision, giving feedback and WPBA. The supervisor should attend this course every 2-3 years.

5. Theoretical teaching (Annual lecture courses)

Each of the first two years is associated with a mandatory lectures course that includes the topics covered in the following written exam papers. The lectures are given on one-day a week basis

Lectures Course 1

"Basic Sciences and General Psychiatry"

This is a 12 months – one day a week lectures course that covers the topics of Part I exam: paper 1& 2 including;

A- General Adult psychiatry -including- Stigma and Culture History and Mental state Examination

· Cognitive assessment
· Neurological-examination& assessment
· Assessment, Formulation & Summary
· Aetiology
· Diagnosis
· Classification
· Basic Psychopharmacology
· Prevention of psychiatric disorder
· History of psychiatry
· Basic-ethics&philosophy-of psychiatry

B- Psychopathology

C- General Psychology

· Fields of psychology
· Basic psychological processes
· Human psychological development
· psychology of Personality development
· Learning
· Memory
· Emotions
· Psychology of perception
· Cognition, Thinking and Language
· Intelligence
· Instincts

· Biological basis of behaviour
· Motivation
· Authority, leadership& obedience
· Stress and Coping mechanisms
· Social-psychology
· Psychosocial influences
· Basic psychological treatments
· Neuropsychology

D- Internal Medicine

E- Neurology

F- Neurosciences including

· Neuroanatomy
· Neuropathology
· Neurophysiology
· Neuroendocrinology
· Neurochemistry
· Neuroimaging
· Developmental neuroscience

Basic Psychopharmacology

C-Applied Psychopharmacology

· Basic pharmacology of Antipsychotics- (phenothiazine, butryphenone, thiozanthines, new generation and others).
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· Basic pharmacology of antidepressants- (tricyclic and other MARI, SSRI, MAOI, lithium and others)
· Basic pharmacology of –anxiolytics, sedatives, and hypnotics.
· Basic pharmacology of anti-dementias.
· Basic pharmacology of drugs used in sexual dysfunction.
· Basic pharmacology of other psychotropic drug .

Genetics

· Cellular genetics
· Molecular genetics
· Behavioural genetics
· Endophenotypes
· Genetic epidemiology
· Gene-environment interaction

Epidemiology

· Surveys across lifespan
· Measures
Medical statistics

Research Methodology

Lectures Course II

"General Psychiatry and Subspecialities"

This is a 12 months one day a week lectures course that covers the topics of Part II exam: paper 1 & 2 – including:

General Adult Psychiatry

A-Schizophrenia and related psychoses

· Delusional disorders and other psychoses
· Antipsychotic drugs and side effects

B- Mood disorders and related conditions.

· Grief reaction

· Suicide and deliberate self harm
· Anti depressant drugs and side effects

C- Anxiety and Somatoform disorders

· GAD, Panic & Phobic disorders
· OCD
· Stress related disorders (Acute stress reaction, Acute stress disorder,
· PTSD, Adjustment disorder)
· Somatoform and Factitious disorders
· Hypnotics, anxiolytics and side effects

D - Organic psychiatry.

· (Delirium, Dementias, Amnesic disorder & other
· Brain disease including- epilepsy, Head injury etc.)

E-Physical treatments (ECT, Psycho-surgery, etc.).

F-Other Psychiatric Disorders & Facilities.

· Evidence based practice
· Psychiatric services
· Personality disorders
· Eating disorders
· Sleep disorders
· Sexual disorders
· Medicine relevant to psychiatry
· Psychiatric emergencies
· Hospital liaison psychiatry
· Peri-Natal psychiatric disorders
· Premenstrual disorders
· Pregnancy related disorders

· Other woman related disorders
· Neuropsychiatry
· Rehabilitation

G-Psychiatric Specialities

· Forensic Psychiatry
· Child & Adolescent psychiatry
· Old age Psychiatry
· Psychotherapy- including:
· (BT,CBT,Family/Couples,Interpersonal,Psychoanalytic,Psycho,education)
· Addictions
· Learning Disability

6. Research Requirement

6.1 Research

Third year students are required to submit a research to the Council of Psychiatry. The topic of each student research is recommended by the Council, and supervised by one of the eligible senior psychiatrists who hold a title of consultant psychiatrist or the academic title of professor or assistant professor in psychiatry. Duration of the research is the 12 months of the 3rd year and should be accepted by a special discussion committee assigned by the Board Council. Discussion is carried out during the 4th year. Students are considered ineligible to sit the final Part II exam unless they present acceptable research by the discussion committee and the following exam is considered as an unsuccessful attempt.

6.2 Audit

Second year students are required to complete one audit. More than one student can participate in one audit. The audit topic can be suggested by the student, his supervisor, the hospital or the council. Audits are required to be approved by a special discussion committee nominated by the scientific council at the end of the second year.

7. Assessment

7.1 Workplace-Based Assessments

The workplace based assessments provide each Trainee, his supervisor and the council with information about strengths, weaknesses, and progress of training. The trainee should finish a specified number of assessments. These should be presented

to the Annual Review of Progress meeting and should be used as one requirement for sitting the exam

The current WPBA are adopted from the Royal College WPBA and the same methods of completing these assessments will be used. The number and type of these assessments could be updated in the future.

The current WPBA are:

▣ **Assessment of Clinical Expertise (ACE)**

The assessor observes a whole new patient encounter in order to be able to assess the trainee's ability to take a full history and mental state examination and arrive at a diagnosis and management plan.

▣ **Mini-Assessed Clinical Encounter (mini-ACE)**

The assessor observes part of a patient interaction, for example history taking or negotiating a treatment plan, and rates the trainee's performance.

▣ **Case-based Discussion (CbD)**

The trainee selects two sets of notes of patients they have recently seen and the assessor picks one to discuss. The discussion will allow demonstration of clinical decisionmaking and the application of clinical knowledge.

· **Case Presentation (CP)**

This tool can be used when trainees give clinical presentations and involves assessment of domains such as presentation skills and interpretation of evidence.

Journal Club Presentation (JCP)

This can be used when trainees present a journal article and covers domains such as analysis and critique and answering questions.

· **Directly Observed Procedural Skills (DOPS)**

This has more limited use in psychiatry compared to other areas of medicine but can be used in situations such as administering ECT.

· **Mini-Peer Assessment Tool (mini-PAT)**

It allows co-workers to assess the trainee's attitudes and behaviours and ability to work well with colleagues.

· **Assessment of Teaching (AoT)**

This is a new tool that is being developed after feedback from the pilot programme. It allows an assessment to be made of teaching skills and may relate to a lecture, tutorial or small group teaching session that a trainee leads.

The minimum number of these WPBAs required per year is as below. However trainee may require more depending on his performance in each of them.

<u>WPBA</u>	<u>Minimum number per year</u>
ACE	4
Mini-ACE	4
CbD	2
Mini-PAT	2
CP	1
JCP	1
DOPS	1
AoT	1

7.2 Examinations

Each student is required to present a document of completing the annual lectures course prior to each paper exam signed by the authority in charge of conducting and supervising these courses.

Examinations are of two parts – Part I & Part II.

A- Part I Exam :

It is in the basic sciences of psychiatry and basic general psychiatry, and is a written exam only, composed of two papers, each are 3 hours long, both are carried out after the end of the first year, and covers the topics of the annual lectures course I, each paper contains 200 questions of, best answer 1 in 5 MCQ style. Students are required to pass both papers before they are entitled to sit the final- part II exam.

Paper I: Breakdown:

A-General Psychology

. Fields of Psychology
. Human psychological development
. Psychology of personality development
. Psychology of learning
. Memory
. Consciousness, sleep, arousal and the reticular formation
. Emotion and the limbic system
. Psychology of perception

· Cognition, thinking and language
· Intelligence
· Biological basis of behaviour
· Psychology of aggression
· Motivation
· Psychology of authority, leadership, and obedience
· Stress and coping mechanism
· Social psychology
· Psychosocial influences
· Basic psychological treatment
· Neuropsychology

B-Basic genetics

· Cellular genetics
· Molecular genetics
· Behavioural genetics
· Endophenotypes
· Genetic epidemiology
· Gene-environment interaction

C-Basic psychopharmacology

· Pharmacokinetics
· Pharmacodynamics
· Adverse reactions
· Theories of action
· Drug dependence
· New drugs
· Pharmacogenetics

D- Epidemiology & Research

· Surveys across life span
· Measures

· Medical statistics
· Research methodology

Paper 2: Breakdown:

A-Basic General Psychiatry

· History& Mental state examination
· Cognitive assessment
· Neurological examination and assessment
· Assessment: Formulation & Summary
· Aetiology
· Diagnosis
· Classification
· Drug treatment - general review
· History of psychiatry
· Basic ethics and philosophy of psychiatry
· Stigma and Culture

B-Psychopathology

C-Applied Psychopharmacology

· Basic pharmacology of Antipsychotics- (phenothiazine, butryphenone, thiozanthines, new generation and others).
· Basic pharmacology of antidepressants- (tricyclic and other MARI, SSRI, MAOI, lithium and others)
· Basic pharmacology of –anxiolytics, sedatives, and hypnotics.
· Basic pharmacology of anti-dementias.
· Basic pharmacology of drugs used in sexual dysfunction.
· Basic pharmacology of other psychotropic drugs.

D- Basic Neurosciences

· Neuroanatomy
· Neuropathology
· Neurophysiology

· Neuroendocrinology
· Neurochemistry
· Neuroimaging
· Developmental neurosciences

E-General Medicine

F-Neurology

B- Part II- Final- Examination:

This is the final part of the exam in general psychiatry and psychiatric specialities. It is carried out after the end of the fourth year. Students are entitled to sit this exam after they have passed part I exams and completed satisfactorily the annual lectures course II. It comprises two sections- Section one- is the written part, and section two is the clinical part of the exam.

The written part includes two papers each 3 hours long. Paper one is 1 in 5 MCQ style of 200 questions while paper two is composed of a clinical problem management and clinical appraisal style of 60 questions. Both papers are on topics covered by lectures course II, in addition the 2 papers include questions on general Medicine and Neurology in relation to psychiatry both of general and clinical nature, and as follow:

A- Schizophrenia and related psychoses

· Delusional disorders and other psychoses
· Antipsychotic drugs and side effects

B- Mood disorders and related conditions

· Grief reaction
· Suicide and deliberate self harm
· Anti depressant drugs and side effects

C- Anxiety and Somatoform disorders

· GAD, Panic & Phobic disorders
· OCD
· Stress related disorders
· (Acute stress reaction, Acute stress disorder, PTSD, Adjustment disorder)
· Somatoform and Factitious disorders
· Hypnotics, anxiolytics and side effects

D- Organic psychiatry

- | |
|---|
| <ul style="list-style-type: none">. (Delirium, Dementias, Amnesic disorder & other Brain disease including - epilepsy, Head injury etc.) |
|---|

E- Physical treatments (ECT, Psycho-surgery, etc..)

F-Other Psychiatric Disorders & Facilities

. Evidence based practice
. Psychiatric services
. Personality disorders
. Eating disorders
. Sleep disorders
. Sexual disorders
. Medicine relevant to psychiatry
. Psychiatric emergencies
. Hospital liaison psychiatry
. Peri-Natal psychiatric disorders
. Premenstrual disorders
. Pregnancy related disorders
. Other woman related disorders
. Neuropsychiatry
. Rehabilitation
. Evidence based practice
. Psychiatric services
. Personality disorders
. Eating disorders
. Sleep disorders
. Sexual disorders
. Medicine relevant to psychiatry
. Psychiatric emergencies
. Hospital liaison psychiatry
. Peri-Natal psychiatric disorders
. Premenstrual disorders

· Pregnancy related disorders
· Other woman related disorders
· Neuropsychiatry
· Rehabilitation

G-Psychiatric Specialities

· Forensic Psychiatry
· Child & Adolescent psychiatry
· Old age Psychiatry
· Psychotherapy (BT,CBT,Family/Couples,Interpersonal,Psychoanalytic,Psychoeducation)
· Addictions
· Learning Disability

b- Clinical Examinations:

Students are required to pass the two papers of the final- written part of part-II exam. before they are eligible to sit the clinical part of the exam. The clinical part of the Examination is composed of three sections- the Clinical Assessment of Skills and Competencies (CASC), the Oral and the Clinical Case- with observed interview.. The CASC section includes 4 stations, with 10 min. each. It is carried out on a real or simulated patients. The Clinical ‘Case- Oral’ Section including a traditional Case Exam on a real patient with observed interview for 30 min. and 10 minutes presentation to the Examiners, and 20 min. for discussion. And a structured Oral exam. of 30 minutes time.

Examinations Regulations

A- Exams-Eligibility:

In order to sit any of the written papers, students are required to present to the Council of Psychiatry the following documentations:

1- A satisfactory annual review of progress forms which are based on the following requirements:

- a- a special form signed by the head of the training centre indicating the student’s fitness to be a safe clinician and his commitment to his profession and the care of patients and his attitude towards colleagues and staff.
- b- A form signed by the head of the training centre indicating his educational activities supported by his personal Log book.
- c- Completed satisfactory clinical supervision forms including feedback reports from the clinical supervisors.
- d- The required numbers of the work placed based assessments of the clinical skills and competencies (WPBAs) for the previous year.

- e- A document that he has completed satisfactorily the annual lectures courses signed by the authority in charge of conducting and supervising these courses.
- 2- A document of a satisfactory assessments in Neurology and Medicine for the period of the training in these specialities at the second year, as a requirement to sit part II written exam.
- 3- As a requirements, to sit the written section of part II exam, student should have his research accepted by the discussion committee prior to the date of the exam., which otherwise be considered as an unsuccessful attempt.
- 4-A completed two CBT cases approved by a CBT specialist as a requirement to sit the final part II written section.
- 5-Second year students are required to submit one completed audit approved by a special discussion committee nominated by the scientific council.

These requirements need to be assessed by the members of the Council of Psychiatry who take the full responsibility and decision making of the student eligibility to sit the following exam and if he is found to be not eligible he is considered to have unsuccessful attempt which is to be discounted from the number of attempts he is allowed to have.

B- Exams Details:

a- Written section: (part I & II)

All examinations- part I & II are carried out twice a year, in October and April. The pass mark for each written paper is 60%. Students have to pass the two written papers of Part I & II exams with the average pass mark of 70%. Student has to pass the written part II exam before being eligible to sit the final clinical-section. Student is allowed up to 3 attempts for the written part I exam. and a total four attempts for part II. If the student failed all the final 4 attempts he is allowed one more part I attempt and if successful he will be eligible for two part II attempts.

b- Clinical Section: (part II)

Students who passed the written part II, 2 papers exam are eligible to sit the clinical section in October & April.

The Clinical sections of Part II exam. is composed of 3 parts each is carried out by separate exam committee;

- 1- **Oral –structured- exam.** for 30 minutes.
- 2- **Clinical Case exam.** with observed interview in front of the exam. committee for one hour- 30 min. for the interview, 10 min. for presentation by student and 20 min. for discussion.
- 3- **CASC exam.-** { Clinical Assessment of Skills & Competencies }.

Student has to pass 3 of 4 Stations using real or simulated patients and it is designed to assess the skills and competences of the student in conducting the interview and in reaching the diagnosis and in management. Each station is for 10 minutes. The pass mark for each of the 3 parts is 60% and the average pass mark for the total clinical exam is 70%. The final average pass mark for part II exam. is 70% which is the average of the marks of the final- written section and the clinical section.

Student is allowed to re-sit the total Clinical Exam in 6 months time if failed this 2nd attempt, he returned back to his original job but can re-sit the Exams as an external student for another 2 attempts. If he failed all these 4 attempts, he is allowed one part I attempt and if successful he would be allowed 2 part II attempts.

7.3 Annual Review of Progress

This is a process which will ensure a robust monitoring system. Trainees would be reviewed annually by a committee from the Council. During this process the progress of training will be reviewed. The trainee should provide written feedbacks from clinical supervisors, WPBA, Logbook attendance of teaching annual Lecture Courses and progress in exams. Any concerns about the trainee performance should be discussed and addressed.

Appendices

Appendix 1 Implementation of Curriculum–Action Plan

Appendix 2 Clinical Supervision Form

Appendix 3 Work Place Based Assessments(WPBA) Forms

Appendix 4 Log Book

Appendix 5 Annual review of Progress Form

Appendix 6 OSCE Form

Appendices:

Appendix 1 Implementation of Curriculum –Action Plan

1. The curriculum to be in full implementation in academic year 2010-2011..

2. A database of clinical supervisors to be prepared by council of psychiatry. And should be ready before joining the training centre. This database should include name, year of specialisation, current grade, date of attending clinical supervision course
3. Clinical Supervision Training course to be arranged for all clinical supervisors with help from colleagues from outside Iraq. The course to be held on... with an aim of preparing a number of Trainers from inside Iraq who will give this training course in the future.
4. The council has to agree on the number of WPBA to be achieved each year.

Part A: Induction Meeting with clinical supervisor

Induction meeting to take place in Week One, or as soon as possible to the start of the placement

Trainee name:	
Date of training from:	To :
Hospital:	Post :

1. Are there any induction considerations to be taken into account? e.g. duties of the placement, arrangements for clinical supervision, academic and welfare support, learning resources and facilities available

2. Are there any specific competencies the trainee has set out to develop during this placement?
--

3. What learning methods will be used and how will this be assessed? (see assessment methods)

Trainee

Clinical Supervisor

Signature:	Signature:
Name (Print):	Name (Print):
Date:	Date:

Part B: Mid Point Review with clinical supervisor

Trainee name:	
Date of training from;	To :
Hospital:	Post :

1. What evidence is there that the trainee is making progress in line with their induction meeting discussion (e.g. assessments)

--

2. What areas still need to be addressed?

--

3. Has any assessment or aspect of performance highlighted any concerns which should be addressed ?

Further explanatory comments:

Criterion	Insufficient Evidence	Needs Further Development	Competent	Excellent
Good Clinical Care				
Providing a good standard of practice and care				
Decisions about access to medical care				
Treatment in emergencies				
Maintaining good medical practice				
Maintaining performance				
Teaching and training, appraising and assessing				
Relationship with patients				
Dealing with problems in professional practice				
Working with colleagues				
Maintaining probity				
If your health may put patients at risk				
Additional comments:				
Trainee			Clinical Supervisor	
Signature:			Signature:	
Name (PRINT):			Name (PRINT):	

Date:	Date:
-------	-------

Part C: Clinical Supervisor's Report: End of Post

The purpose of this report is to inform the regular reviews that are conducted of a Psychiatry trainees progress through structured training. The report should reflect your experience of the trainee's performance during their clinical placement and should be discussed with the trainee before submitting.

The report relates to two main areas:

- Knowledge (relevant to the placement)
- Professional competencies

The Trainee	Full name		

The Post or Placement	Hospital/Institution		Specialty/sub-specialty	
	Address			
	Months	From	To	
		day.....month.....year	day.....month.....year	

1.Knowledge-base relevant to the placement

Insufficient Evidence	Needs Further Development	Competent	Excellent
------------------------------	----------------------------------	------------------	------------------

Anything particularly good?

Areas for development	
Concerns identified	

Health I confirm/do not confirm# that there are no health concerns that impact on this trainee's fitness to practice	
Probity I confirm/do not confirm# that there are no concerns in relation to probity for this trainee	

Endorsement by Clinical Supervisor

I confirm that the above is based on my own observations and the results of workplace-based assessments and has been discussed with the trainee concerned

Signed

Date

Print name i-This competency

is about the clinical assessment of patients with mental health problems. It includes history-taking, mental state examination, physical examination, patient evaluation, formulation and record keeping. It also includes the assessment and management of patients with severe and enduring mental health problems. Evidence to consider will include WPBA's,

particularly the ACE, mini-ACE, CbD and multi-source feedback

II-This competency is about the application of scientific knowledge to patient management including access to appropriate care, and treatment. Evidence to consider will include WPBA's, particularly the ACE, mini-ACE, CbD and multi-source feedback.

III-This competency is about the assessment and management of psychiatric emergencies. Evidence to consider will include

WPBA's, particularly the ACE, mini-ACE, CbD and multi-source feedback

IV-This competency is about the maintenance and use of systems to update knowledge and its application to professional practice.

This will include legislation concerning patient care, the rights of patients and carers, research and keeping up to date with clinical advances. Evidence to consider will include WPBA, reflective notes in the trainee's portfolio, the trainee's

Individual Learning Plan and any record of educational supervision that they have kept v-This competency is about the routine practice of critical self-awareness, working with colleagues to monitor and maintain quality of care and active participation in a programme of clinical governance. Evidence to consider will include multi-source feedback, records of audit and research projects undertaken and the trainee's reflective notes on these projects. vi-This competency is about the planning, delivery and evaluation of learning and teaching; appraising and evaluating learning and learners; supervising and mentoring learners and providing references. Evidence to consider will include multi-source feedback, completed Assessment of Teaching forms and any quality data kept by the relevant teaching faculty or programme vii-This competency is about the conduct of professional patient relationships, including good communication, obtaining consent, respecting confidentiality, maintaining trust and ending professional relationships with patients. Evidence to consider will include WPBA's, particularly the ACE, mini-ACE, CbD and multi-source feedback viii-This competency is about handling situations where there are concerns regarding the conduct or performance of colleagues, handling complaints and formal inquiries, holding indemnity insurance and providing assistance at inquiries and inquests.

Evidence to consider will include CbD, multi-source feedback and reflective notes, including critical incident reports ix-This competency is about treating colleagues fairly, by working to promote value-based non-prejudicial practice; about working effectively as a member and a leader of multidisciplinary teams; arranging clinical cover; taking up appointments; sharing information with colleagues and appropriate delegation and referral. Evidence to consider will include CbD and multisource feedback x-This competency is about maintaining appropriate ethical standards of professional conduct which may include the following: providing information about your services; writing reports, giving evidence and signing documents; carrying out and supervising research; properly managing financial and commercial dealings; avoiding and managing conflicts of interest and advising others on preventing and dealing with them and appropriately managing financial interests that may have a relevance to professional work. Evidence to consider will include CbD and multi-source feedback and your review of reports written by the trainee. xi-This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue.

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WPBA

ACE



Trainee's Full Name:
BS (Stage of Training)

Assessment of Clinical Expertise (ACE) BS All Stages

Setting: Gen. Hosp ☐ ☐ Other ☐ ☐ In-patient

BS of trainee's ☐ Diag: F ☐ ☐ F ☐ ☐ Complexity: low ☐ mod ☐ high ☐

Prev Contact: 0 1-4 5-9 >9 Complexity: low: mod: high:

	Below standard for end of BS []			Meets standard for BS [] completion		Above BS [] standard		
	1	2	3	4	5	6	u/c	
1. History taking	☐	☐	☐	☐	☐	☐	☐	
2. Mental State examination	☐	☐	☐	☐	☐	☐	☐	
3. Communication skills	☐	☐	☐	☐	☐	☐	☐	
4. Clinical judgment	☐	☐	☐	☐	☐	☐	☐	
5. Professionalism	☐	☐	☐	☐	☐	☐	☐	
6. Organization/ efficiency	☐	☐	☐	☐	☐	☐	☐	
7. Overall clinical care	☐	☐	☐	☐	☐	☐	☐	

8. Based on this assessment, how would you rate the Trainee's performance at this stage of training?

Below expectations	satisfactory	better than expected	u/c
☐	☐	☐	☐

Anything especially good?	Suggestions for development
Agreed action:	

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐
Other (Profession: Seniority:)

Assessor's signature.....

Assessor's name.....

Place of work

Date / / 20

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Mini-ACE



BS (Stage of Training)

BS of trainee: ☐ Diag: F ☐☐ F ☐☐ Complexity: low ☐ mod ☐ high ☐

Prev Contact: 0	1-4	5-9	>9	Complexity: low	mod	high	
			Below standard for end of BS []	Meets standard for BS [] completion		Above BS [] standard	
			1	2	3	4	5 6 u/c
1. History taking	☐	☐	☐	☐	☐	☐	☐
2. Mental State examination	☐	☐	☐	☐	☐	☐	☐
3. Communication skills	☐	☐	☐	☐	☐	☐	☐
4. Clinical judgment	☐	☐	☐	☐	☐	☐	☐
5. Professionalism	☐	☐	☐	☐	☐	☐	☐
6. Organization/ efficiency	☐	☐	☐	☐	☐	☐	☐
7. Overall clinical care	☐	☐	☐	☐	☐	☐	☐
8. Based on this assessment, how would you rate the Trainee's performance at this stage of training?							
			Below expectations		satisfactory	better than expected	u/c
			☐	☐	☐	☐	☐

Anything especially good?	Suggestions for development
Agreed action:	

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐
Other (Profession: Seniority:)
Assessor's signature.....
Assessor's name.....
Place of work

Date: / / 20

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WPBA**

CbD

Trainee's Full Name:
BS (Stage of Training)



Case Based Discussion (CbD) BS All Stages

Setting: Gen. Hosp
In-patient

OPD
Other

BS of trainee: Diag: F ☐ ☐ F ☐ ☐ Complexity: low ☐ mod ☐ high ☐

Prev Contact: 0 1-4 5-9 >9 Complexity: low mod high Diag 2: F

	Below standard for end of BS []			Meets standard for BS [] completion	Above BS [] standard		
	1	2	3	4	5	6	u/c
1. Clinical record keeping	☐	☐	☐	☐	☐	☐	☐
2. Clinical assessment/diagnosis	☐	☐	☐	☐	☐	☐	☐
3. Risk assessment/management	☐	☐	☐	☐	☐	☐	☐
4. Medical treatment	☐	☐	☐	☐	☐	☐	☐
5. Investigation and referral	☐	☐	☐	☐	☐	☐	☐
6. Follow-up/care planning	☐	☐	☐	☐	☐	☐	☐
7. Professionalism	☐	☐	☐	☐	☐	☐	☐
8. Clinical decision making	☐	☐	☐	☐	☐	☐	☐
9. Overall clinical care	☐	☐	☐	☐	☐	☐	☐
10. Based on this assessment, how would you rate the Trainee's performance at this stage of training?							
	Below expectations			satisfactory	better than expected		u/c
	☐	☐	☐	☐	☐	☐	☐

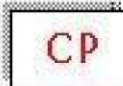
Anything especially good? development	Suggestions for
Agreed action:	

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐
Other (Profession: Seniority:)
Assessor's signature.....
Assessor's name.....
Place of work

Date: / / 20

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Trainee's Full Name:

BS (Stage of Training)

Case Presentation – eg Grand Round (CP) BS All Stages

BS of trainee's ☐ Diag: F ☐ ☐ F ☐ ☐ Complexity: low ☐ mod ☐ high ☐

	Below standard for end of BS []			Meets standard for BS [] completion	Above expected BS [] standard		u/c
	1	2	3	4	5	6	
1. Assessment and clinical examination	☐	☐	☐	☐	☐	☐	☐
2. Interpretation of clinical evidence	☐	☐	☐	☐	☐	☐	☐
3. Use of investigations	☐	☐	☐	☐	☐	☐	☐
4. Presentation and delivery	☐	☐	☐	☐	☐	☐	☐
5. Global rating	☐	☐	☐	☐	☐	☐	☐

6. Based on this assessment, how would you rate the Trainee's performance at this stage of training?

Below expectations ☐ ☐ ☐ satisfactory ☐ better than expected ☐ u/c ☐

Comments:

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐

Other (Profession:

Seniority:)

Assessor's signature.....

Assessor's name.....

Place of work

Date: / / 20

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WPBA**



Trainee's Full Name:

BS (Stage of Training)

**Journal Club Presentation (JCP)
BS All Stages**

BS of trainee: Diag: F ☐☐ F☐☐ F☐☐ Complexity: low ☐ mod ☐ high ☐

	Below standard for end of BS []			Meets standard for BS [] completion	Above expected BS [] standard		
	1	2	3	4	5	6	u/c
1. Introducing the topic	☐	☐	☐	☐	☐	☐	☐
2. Setting material	☐	☐	☐	☐	☐	☐	☐
in context	☐	☐	☐	☐	☐	☐	☐
3. Analysis and critique	☐	☐	☐	☐	☐	☐	☐
4. Presentation	☐	☐	☐	☐	☐	☐	☐
and delivery	☐	☐	☐	☐	☐	☐	☐
5. Answering questions	☐	☐	☐	☐	☐	☐	☐
6. Quality of educational	☐	☐	☐	☐	☐	☐	☐
content							

7. Global rating

8. Based on this assessment, how would you rate the Trainee's performance at this stage of training?

Below expectations	satisfactory	better than expected	u/c
☐	☐	☐	☐

Comments:

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐

Other (Profession: Seniority:)

Assessor's signature

Assessor's name.....

Place of work

Date: / / 20

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WPBA**

AoT



Trainee's Full Name:

BS (Stage of Training)

**Assessment of Teaching (AoT)
for Board Training in Psychiatry
BS All Stages**

Details of teaching session:

Group Composition/ Size.....

Venue.....**Session Duration**.....min

	Below standard for end of BS []			Meets standard for BS [] completion	Above BS [] standard		u/c
Teaching...	1	2	3	4	5	6	
1. Material preparation	☐	☐	☐	☐	☐	☐	☐
2. Environment preparation	☐	☐	☐	☐	☐	☐	☐
3. Structure	☐	☐	☐	☐	☐	☐	☐
4. Presentation and delivery	☐	☐	☐	☐	☐	☐	☐
5. Quality of aids	☐	☐	☐	☐	☐	☐	☐
6. Appropriateness of aids	☐	☐	☐	☐	☐	☐	☐
7. Use of aids	☐	☐	☐	☐	☐	☐	☐
8. Answering questions	☐	☐	☐	☐	☐	☐	☐
9. Overall rating	☐	☐	☐	☐	☐	☐	☐
10. Based on this assessment, how would you rate the Trainee's performance at this stage of training?	Below expectations			satisfactory	better than expected		u/c
	☐	☐	☐	☐	☐	☐	☐

General comments:

Target Competencies; pfl.pge

1 ☐ ☐ ☐ ☐
 1 ☐ ☐ ☐ ☐
 1 ☐ ☐ ☐ ☐
 1 ☐ ☐ ☐ ☐
 1 ☐ ☐ ☐ ☐
 1 ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐
☐ ☐ ☐ ☐

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐

Other (Profession:

Seniority:

)

Assessor's signature.....

Assessor's name.....

Place of work

Date: / / 20

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WPBA

DOPS



Trainee's Full Name:

BS (Stage of Training)

Direct Observation of Procedural Skills (DOPS) BS All Stages

Setting: Gen. Hosp ☐ OPD ☐ In-patient ☐ Other ☐

BS of trainee:

	Below standard for end of BS []			Meets standard for BS [] completion	Above expected BS [] standard			u/c
	1	2	3	4	5	6	u/c	
1. Understanding of indications etc.	☐	☐	☐	☐	☐	☐	☐	
2. Obtains informed consent	☐	☐	☐	☐	☐	☐	☐	
3. Appropriate preparation	☐	☐	☐	☐	☐	☐	☐	
4. Appropriate analgesia/ sedation	☐	☐	☐	☐	☐	☐	☐	
5. Technical ability	☐	☐	☐	☐	☐	☐	☐	
6. Aseptic technique	☐	☐	☐	☐	☐	☐	☐	
7. Seeks help where appropriate	☐	☐	☐	☐	☐	☐	☐	
8. Post-procedure management	☐	☐	☐	☐	☐	☐	☐	
9. Communication skills	☐	☐	☐	☐	☐	☐	☐	
10. Consideration/professionalism	☐	☐	☐	☐	☐	☐	☐	
11. Overall ability	☐	☐	☐	☐	☐	☐	☐	
12. Based on this assessment, how would you rate the Trainee's performance at this stage of training?	Below expectations			satisfactory	better than expected		u/c	
	☐	☐	☐	☐	☐	☐	☐	

Anything especially good?	Suggestions for development
Agreed action:	

Assessor's position: Consultant ☐ Senior Specialist ☐ Specialist ☐

Other (Profession: _____ Seniority: _____)

Assessor's signature.....

Assessor's name.....

Place of work

Date: / / 20

mini-PAT



BS (Stage of Training)

Schedule

Trainee's
Surname and
Forename

[illegible]

In-patient

9

OPD

7

Both in- and Out-patients

☐

Other:

9

Please rate the following aspects of this Doctor's performance against standards for end of BS :
(u/c = unable to comment)

	Below standard for end of BS:			Meets standard for BS: completion	Above BS: standard			
	1	2	3	4	5	6	u/c	
GOOD CLINICAL CARE								
1. Ability to diagnose patient problems	☐	☐	☐	☐	☐	☐	☐	
2. Ability to formulate appropriate management plans	☐	☐	☐	☐	☐	☐	☐	
3. Awareness of their own limitations	☐	☐	☐	☐	☐	☐	☐	
4. Ability to respond to psychosocial aspects of illness	☐	☐	☐	☐	☐	☐	☐	
5. Appropriate utilization of resources (e.g. investigations)	☐	☐	☐	☐	☐	☐	☐	
MAINTAINING GOOD MEDICAL PRACTICE								
6. Ability to manage time effectively/priorities	☐	☐	☐	☐	☐	☐	☐	
7. Technical skills	☐	☐	☐	☐	☐	☐	☐	
TEACHING AND TRAINING, APPRAISING AND ASSESSING								
8. Willingness and effectiveness when teaching	☐	☐	☐	☐	☐	☐	☐	
RELATIONSHIPS WITH PATIENTS								
9. Communication with patients	☐	☐	☐	☐	☐	☐	☐	
10. Communication with relatives and carers	☐	☐	☐	☐	☐	☐	☐	
11. Respect for patients and their right to confidentiality	☐	☐	☐	☐	☐	☐	☐	

	Below standard for end of BS:			Meets standard for BS: completion	Above BS: standard		
	1	2	3	4	5	6	u/c
WORKING WITH COLLEAGUES							
12. Verbal communication with colleagues	☐	☐	☐	☐	☐	☐	☐
13. Written communication with colleagues	☐	☐	☐	☐	☐	☐	☐
14. Ability to recognize and value the contribution of others	☐	☐	☐	☐	☐	☐	☐
15. Accessibility/ reliability	☐	☐	☐	☐	☐	☐	☐

GLOBAL RATINGS AND CONCERNS

16. Overall, how do how do you rate this Doctor compared to the standard required for completion of BS:	☐	☐	☐	☐	☐	☐	☐
17. How would you rate the Trainee's performance at this stage of training?	Below expectations			satisfactory	better than expected		u/c
	☐	☐	☐	☐	☐	☐	☐

18. Do you have any concerns over this Doctor's probity or health? No ☐ Yes ☐
If 'Yes' please state your concerns:

Approximately how long did it take to complete this assessment? minutes

Thank you for your contribution to this assessment

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Appendix 4-Annual Review of Progress Form

Annual Review of Progress Form

Section 1: BASIC INFORMATION

Trainee Name :	
Year:	

Previous annual assessments

Dates	Outcome

Previous placements in programme

Placement	Clinical Supervisor	Dates of placement

Current Placement	
Clinical Supervisor	
Dates of Placement	

Section 2: EVIDENCE SUMMARY

Workplace based assessments (WPBAs) in last year

Assessment	Outcome	Action
------------	---------	--------

Assessment of Clinical Expertise		
Mini-ACE		
Case-based Discussion		
MultiSource Feedback (360)		
Assessment of Teaching		
Directly Observed Procedures		
Case Presentation		
Journal Club		

Experiential outcomes

Activity achieved/not achieved; completed/not completed; had impact/no impact; work in progress/completed

Activity	Outcome	Actions
Audits		
Research Project		
Publications		
Teaching		
Management Development		
Presentations		
Courses Attended		
Psychotherapy		

Examination progress

Exam	Date(s) taken	Passed	Notes/action points
Paper 1			
Paper 2			
Paper 3			
Clinical			
Other exams			

Other outcomes

Description	Resolved	Pending no case to find	Accountable
Resolved adverse incidents			
Complaints			
Other			

Section 3: OVERALL SUMMARY

Professional Competencies

In assessing these domains you should rate the trainee against your expectations for the current stage of training. When this report is completed in the final placement of a stage of training, you should assess against the standard expected for the completion of the stage.

	Insufficient Evidence	Needs further development	Competent	Excellent
1. Providing a good standard of practice and care ¹				
2. Decisions about access to care ¹				
3. Treatment in emergencies ¹				
4. Maintaining good medical practice ¹				
5. Maintaining performance ¹				
6 Teaching and training, appraising and assessing. ¹				
7. Relationships with patients ¹				

8. Dealing with problems in professional practice ¹				
9. Working with colleagues ¹				
10. Maintaining probity ¹				
11. Ensuring that health problems do not put patients at risk ¹				

Anything especially good?	
Areas for development	
Concerns identified*	
Health	I confirm/do not confirm[#] that there are no health concerns that impact on this trainee's fitness to practice Total days sick since last review – xx
Probity	I confirm/do not confirm[#] that there are no concerns in relation to probity for this trainee
Complaints/adverse incidents (or none)	

* Where cause for concern is documented the basis for this must be clear and explicit # Please delete as necessary

Section 4: COUNCIL OF PSYCHIATRY DECLARATION

I confirm that (tick as appropriate):

- ☐ I have reviewed the evidence required to demonstrate fitness to progress for the relevant year of training and consider the trainee fit to progress and suitable for a career in psychiatry **OR**
- ☐ I have concerns about this trainee which have been documented in the report

Signed

Date

Print Name

Section 5: TRAINEE DECLARATION

I confirm that:

The evidence provided to inform my annual review is a complete, accurate record of the evidence collected and assessments undertaken during the relevant training period

Signed

Date

Print Name

Appendix 5 Log Book

IRAQI BOARD FOR MEDICAL SPECIALIZATIONS SCIENTIFIC COUNCIL OF PSYCHIATRY FOUR – YEAR TRAINING PROGRAM LOG BOOK

Table of Contents

A. Introduction to the Log Book 1. Instructions for supervisors.

2. Instructions for Trainees.

B. Details for Trainee's Experience.

1. Educational objectives for each rotation.
2. Courses attended
3. Meetings attended.
4. Teaching experience and presentations.
5. Specific experiences – ECT, interview skills, personal safety, assessment of deliberate self-harm, teaching in examination techniques, updating CPR skills.
6. Experience in psychotherapy.
7. Other relevant experiences.

C. supervisors' verification of trainee's experience

Copies of a supervisor's summative attestation to the candidate's clinical skills Competence.

D. Trainee's CV

An updated copy of candidate's Curriculum Vitae.

Adopted from the Arab Board Log Book.

A. Instruction to the Log Book

1. Instruction for Supervisors

The purpose of the log book is to structure the key areas of training. Local programs are encouraged to make addition as they see fit and practical for their circumstances. However, the final version should be informative of the quantity and quality of the trainee's experience. It is suggested that you ask to review this log book with the trainee's at the start and towards the end of each attachment. This enables the trainee to identify the training needs, goals and educational objectives that the trainee will be addressing during training period. Acquiring general psychiatric skills is the aim of training.

2. Instructions for trainees

The “Log Book” is a personal training file which has been adopted as a mean of helping you and your supervisors to keep track of the progress of your training. It is your responsibility to keep this log book and to maintain it. Your supervisors are required to review the contents of this log book periodically to determine your progress and to identify your training needs.

B. Details of the trainee’s experience.

1. Educational Objectives for each rotation.

2. Courses attended.

No.	Courses title	Dates	Duration	Location	Lecturer	Assessment		
						B.S	S	M
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Note: The assessment includes three grads: below standard (B.S), satisfactory(S), and mastery(M).

3. Meeting attended

No.	Dates	Duration	Title	Location	Assessment		
					B.S	S	M
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: The assessment includes three grads: below standard(B.S), satisfactory(S), and mastery(M).

4. Presentations made by the trainee

No.	Dates	Location	Subject	Audience	Assessment		
					B.S	S	M
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: The assessment includes three grads: below standard(B.S), satisfactory(S), and mastery(M).

5. Specific skills experience

No.	Subject	Dates	Methods	Supervisor(s)	Assessment		
					B.S	S	M
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Note: The assessment includes three grads: below standard(B.S), satisfactory(S), and mastery(M).

ECT

Interview skills training

1. 2. 3. 4. 5. 6.

7.

Assessing & managing violence

1. 2.

3. 4.

5. 6.

7. 8.

9.

10.

Suicide risk assessment & management

1. 2.

3. 4.

5. 6.

7. 8.

9.

10.

Emergency psychiatry (acute psychosis, delirium, etc.)

1. 2.

3. 4.

5. 6.

7. 8.

9.

10.

Cardiopulmonary resuscitation skills

1. 2.

3. 4.

5. 6.

7.

8.

6. Psychotherapy experience

(including individual, group, family, marital, etc.)

Mode of Therapy	Supervisor
Start Date	End Date
Session Frequency	Total no. of session
Brief Description of Problem	
Treatment Strategies	
Outcome	

7. Other relevant experiences

C- Supervisor's verification of trainees experience

The consultant needs to be attached to the log book. This can be documented in any form chosen by the problem as long as it comments on four essential dimensions of clinical skills competencies:

1. Patient – Doctor relationship.
2. Interview skills.
3. Presentation of the case including differential diagnosis, treatment planning.

Iraqi Board for Medical Specializations

Psychiatry Clinical Skills Evaluation Form (OSCE)						
Name :						
Date :				Attempt ()		
A- Doctor-patient relationship (30 Marks)						
	Below Standard			satisfactory	Above standard	
	1	2	3	4	5	6
1. Opening and Closing (Awkward or Appropriate Strategies)						
2. Information cues Ignored or followed leads						
3. Affective cues Ignored or Explored appropriately						
4. Communication style and rapport Insensitivity inferred with data collection or Adequate language sensitivity						
5. Questioning techniques Abrupt and forced choice questions or Open ended questions						
6. Control and direction of the interview Scattered and fragmented questions or Developed cohesive interview						
B- Psychiatric interview (30 Marks)						
	Below Standard			satisfactory	Above standard	
	1	2	3	4	5	6
7. Presenting problems and history of present illness Inadequately obtained or too vague Or Obtained adequate data						
8. Past history : Includes the following :						
A- Psychiatric Ignored major issues Or Gathered relevant data in at least brief form						
B- Family Ignored major issues Or Gathered relevant data in at least brief form						

C- Medical Ignored major issues Or Gathered relevant data in at least brief form						
D- Developmental history Ignored major issues Or Gathered relevant data in at least brief form						
9. History of alcohol and drug abuse Ignored major issues Or Gathered relevant data in at least brief form						
10. Assessment of suicidal risk Ignored or too limited Or Sensitively explored						
11. Assessment of homicidal risk Ignored or too limited Or Sensitively explored						
12. Mental state examination Omitted or too limited Or Organized and performed appropriately						
Overall Mark: ()						
Overall Mark: ()						

C- Case presentation (40 Marks)						
	Below Standard			satisfactory	Above standard	
	1	2	3	4	5	6
13. Summary of important data Disorganized Or Presented cohesively and coherently						
14. Mental State Examination Ignored or too limited Or Sensitively explored						
15. Emergency issue (suicide and or homicide) Ignored or too limited Or Sensitively explored						
16. Recognition of need for additional and collateral information Absent Or Appropriate						
17. Diagnosis and differential Inadequate Or Adequate						

Overall Mark: ()

Comments:

- | | | |
|--------------------------------|-------|-------|
| 1. Is the candidate competent? | (yes) | (no) |
| 2. Is the candidate safe? | (yes) | (no) |

Final Score / out of 100 ()

Examiners:

Date: / / 20

A-Rasoul Al-Yasiri F.R.C.
Psych
Chairman of the Scientific Council of Psychiatry Iraqi
Board for Medical Specialization

The curriculum was fully applied from the academic year
2020-2025