



# Psychiatry Postgraduate Training in Malaysia



GUIDE FOR APPLICANTS

VERSION 1, 2020

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Majlis Dekan Fakulti Perubatan Universiti Awam Malaysia  
MERDU, Fakulti Perubatan, Universiti Malaya, 50603 Kuala Lumpur, Malaysia  
npmcmmy@gmail.com

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# Preface

## What is this document?

This document is a guide for those applying to enter postgraduate training in psychiatry. It informs potential applicants of the entry requirements through a series of extracts from the National Postgraduate Curriculum in Psychiatry. The curriculum will be implemented after it is approved by the Malaysian Medical Council.

## The National Postgraduate Medical Curriculum

The Psychiatry curriculum is part of the National Postgraduate Medical Curriculum (NPMC). Following its approval, there will only be one curriculum for all Malaysian postgraduate medical training in Psychiatry. The Psychiatry Curriculum is a collaborative effort between the Psychiatry Specialty Committee of Malaysian Universities under the Ministry of Higher Education (MOHE), the Ministry of Health (MOH) and Malaysian Psychiatric Association (MPA).

NPMC comprises a core curriculum of generic components and speciality specific curricula that explicitly detail aspects relating to the relevant specialist discipline. This single curriculum covers both of the pathways for psychiatry training (Universities and MOH) and the standards common to both. The applicant must meet this common set of standards as defined in the curriculum regardless of the pathway chosen.

## The Writers

The psychiatry curriculum has been written on behalf of the speciality by the following Malaysian Consultant Psychiatrists, all of who were commissioned and supported by the Psychiatry Specialty Committee.

Prof. Dr. Nor Zuraidda Zainal (*UM*)

Prof. Dr. Jesjeet Singh Gill (*UM*)

A/Prof. Dr. Nik Ruzyanei Nik Jaafar (*UKM*)

A/Prof. Dr. Azlin Baharudin (*UKM*)

A/Prof. Dr. Noorjan @ Khin Ohnmar Naing (*UPM*)

Dr. Ang Jin Kiat (*UPM*)

Prof. Dr. Normala Ibrahim (*UPM*)

A/Prof. Dr. Mohd Azhar Yasin (*USM*)

Dr. Maruzairi Husain (*USM*)

A/Prof. Dr. Eizwan Hamdie Yusoff (*UiTM*)

A/Prof. Dr. Salmi Razali (*UiTM*)

Dr. Umi Adzlin Silim  
(*Ministry of Health, Malaysia*)

Dr. Noomazita Mislan  
(*Ministry of Health, Malaysia*)

A/Prof. Dr. Nora Mat Zin (*IIUM*)

## Contributors

Dr. Salina Abdul Aziz  
(*Ministry of Health, Malaysia*)

Dr. Gayathri K. Kumarasuriar  
(*Ministry of Health, Malaysia*)

Dr. Selvasingam Ratnasingam  
(*Ministry of Health, Malaysia*)

## External editors

Professor Dr. Simon Frostick  
MA, DM, FRCS Eng, FRCS Ed, FFST Ed  
*International Curriculum Development Institute*

Mr. David Pitts  
BSc. MCIPD  
*International Curriculum Development Institute*

# 1. Introduction

## 1.1 The Purpose of this Guide

The purpose of the guide is to inform potential applicants about the speciality of psychiatry and what postgraduate training in the discipline involves. It is intended to encourage applicants to apply for postgraduate training and guide them as to how to proceed with their application.

## 1.2 What is Psychiatry?

Psychiatry is a medical speciality that cares for people who suffer from psychological, emotional and/or behavioural disorders that are usually multifactorial in origin. Psychiatrists are clinicians who specialise in the prevention, diagnosis and treatment of mental illnesses.

## 1.3 Size of the Speciality

At present, there are about 400 psychiatrists serving the population of 32 million. In excess of 100 consultants are working in circa 25 accredited training centres. As at the end of 2019 this equates to one psychiatrist per 80,000 people, whereas the ideal ratio is one practitioner per 10,000 people<sup>1</sup>. The awareness of the importance of mental health in the community continues to increase. This awareness is actively encouraging clinicians, policymakers and society at large of the need for comprehensive and effective psychiatric care in the country, and we are aggressively pursuing the achievement of these target ratios.

## 1.4 Unique Features of Psychiatry

Psychiatry has many features that are unique such as dealing with mental health problems and a whole spectrum of illnesses across all ages. At present, there are no definitive investigations or markers of symptoms that can confirm a diagnosis of psychiatric illness. Therefore, excellent clinical and communication skills are essential for the successful diagnosis and treatment of patients.

In psychiatry, care management does not only deal with the patients, but can and where

relevant, extend to family members and significant others. Often psychological issues arise from within the family, and addressing issues this way leads to the improvement in the mental state of the patient. The family also plays a major role in the care and support of those with mental illnesses, and ultimately, some will be responsible for administering medication and ensuring that future follow up care programmes are adhered to. The autonomy of the patient is nevertheless maintained throughout.

## 1.5 Why Choose Psychiatry as a Career?

Psychiatry requires doctors who are able to analyse and bring together what may often be regarded as soft symptoms. This is a speciality for those who are particularly adept at pattern recognition whilst understanding that the patient may present or display a wide range of problems that can evolve over time. The doctor in many cases, may need to use several sources of information in order to form a diagnosis and be aware that the patient may have limited insight into their own problems. If you are a doctor who enjoys the challenge of complex problem solving, then psychiatry may be a career for you.



## 2. The Psychiatry Programme

The psychiatry postgraduate training programme is a comprehensive programme that aims to ensure that trainees acquire the knowledge, skills and attitudes that are necessary for the practice of psychiatry. It is a three-phase programme, over a minimum period of four years, regardless of the pathway chosen, (see below).

Training is conducted at university hospitals and any of the accredited government healthcare facilities. The phases of the programme, as outlined below, are designed to promote clinical skills in psychiatry, professionalism and independence among trainees in their preparation to become a psychiatrist.

Assessments of the trainee's progress in the training programme are carried out throughout the duration of the programme, and in particular to assess if the trainee is ready to move on from one phase to the next phase. All assessments are jointly conducted and vetted by an appointed committee.

### 2.1 Two Pathways

At present, there are two pathways available for postgraduate training in psychiatry within the National Curriculum:

#### i. **The Ministry of Higher Education Masters in Psychiatry (MOHE Pathway)**

This is a four-year programme in which trainees are registered to a specific university and undergo general, and sub-speciality postings in the university and Ministry of Health accredited hospitals.

#### ii. **The Ministry of Health Psychiatry Parallel Pathway (MOH Pathway)**

The trainees choosing this pathway undertake the same learning opportunities and workplace assessments as in the MOHE pathway. They also take on general, and sub-speciality postings in the university and Ministry of Health accredited hospitals.

The area in which the pathways differ is the summative assessments (examinations), which in the case of the MOH pathway follow the framework of a professional organisation such as the Royal College of Psychiatrists. This framework allows the trainee to choose the time at which they take each exam, within the overall constraints imposed by the recognised external colleges.

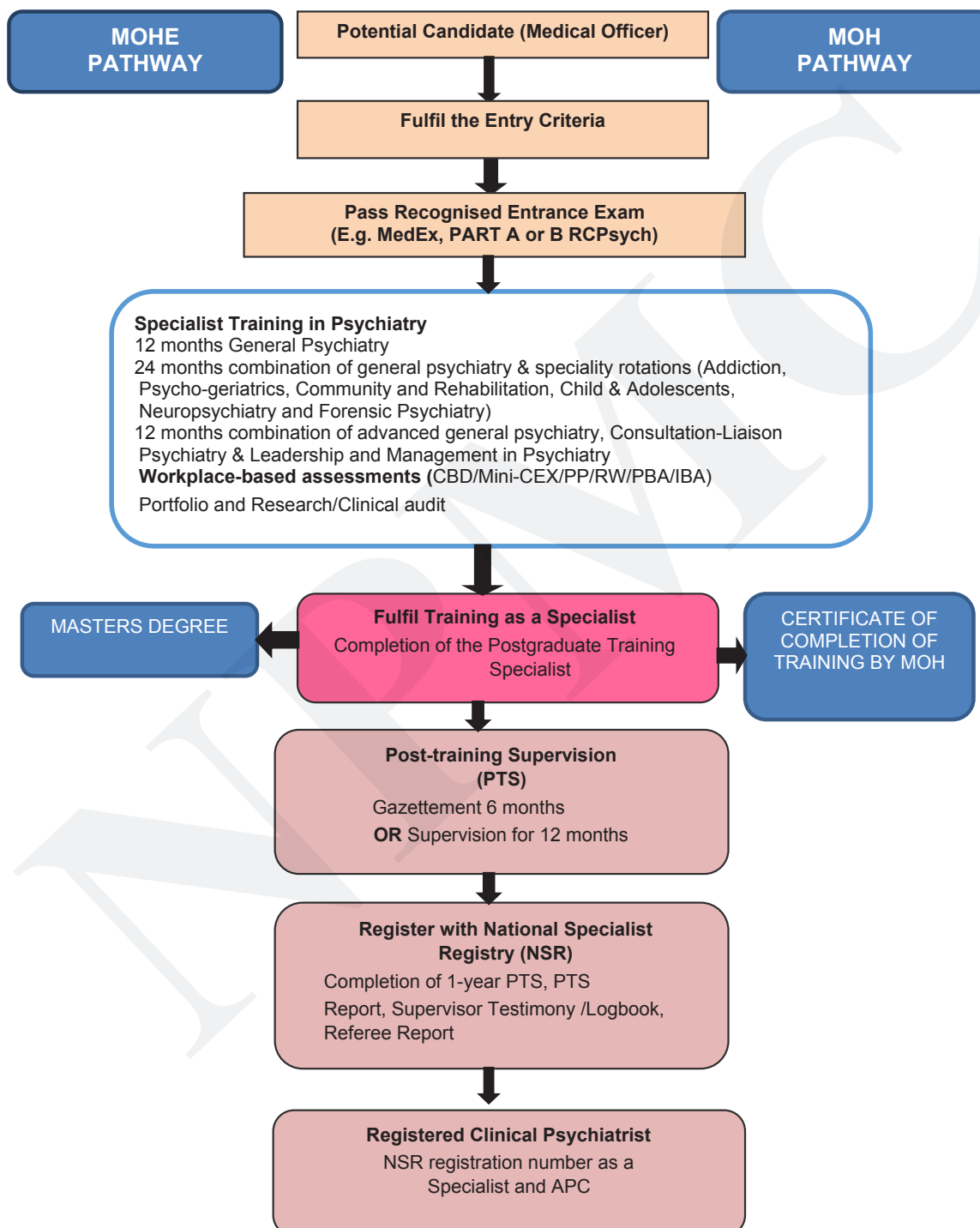
### 2.2 Three-Phases of Training

Both pathways cover all of the elements in the curriculum's three-phases of training:

- i. **Phase 1:** This is the initial 12 months training, designed to ensure that the trainee acquires fundamental and foundational skills in general psychiatry and knowledge of the basic sciences as well as their application.
- ii. **Phase 2:** Comprises of a total of 24 months of training in general psychiatry, as well as sub-speciality rotations.
- iii. **Phase 3:** The final 12 months of the 4-year programme, during which the trainee undergoes training in advanced general psychiatry, consultation-liaison psychiatry, as well as leadership and management in psychiatry postings.

Figure 1 below summarises the Pathways of Psychiatry Postgraduate Training in Malaysia

Figure 1. Flow Chart of Specialty Training in Psychiatry





### 3. Entry Requirements

Applicants who wish to pursue postgraduate training in psychiatry must meet the entry requirements. Table 1 shows a summary of the academic and professional requirements for

entry into psychiatry training in Malaysia. The full (certified) version is contained in the curriculum itself.

**Table 1: Entry Requirements for Psychiatry Postgraduate Training in Malaysia**

Entry Requirement	MOHE Pathway	MOH Pathway	Portfolio of Evidence
<b>MBBS or other medical qualification recognised by MMC</b>	<b>Mandatory</b>	<b>Mandatory</b>	Original Certificate
<b>Full registration with MMC</b>	<b>Mandatory</b>	<b>Mandatory</b>	Certificate of Full Registration
<b>Professional Skills</b> The candidate must be able to perform tasks competently based <b>on Essential Learning Activities (ELA)</b> .	<b>Mandatory</b>	<b>Mandatory</b>	Completion of the entry Essential Learning Activities (ELA; see below) with associated Workplace-Based Assessment documentation and reflective notes
<b>Clinical experience</b> Experience in managing common psychiatric cases such as psychotic, mood and anxiety disorders.	<b>Desirable</b> Working in a department of psychiatry, or similar experience gained in primary care with Family Medicine Specialists (FMS)	<b>Desirable</b> Working in a department of psychiatry, or similar experience gained in primary care with Family Medicine Specialists (FMS)	Reports from clinical postings and signed copies of relevant Workplace-Based Assessment forms

(Continued)

Entry Requirement	MOHE Pathway	MOH Pathway	Portfolio of Evidence
<b>Entrance Assessment</b>	<b>Mandatory</b> Pass the Medical Specialist Entrance Examination (MedEx) <b>AND</b> obtain satisfactory results of the Entrance Interview	<b>Mandatory</b> Pass the recognised qualifying exam (E.g. Pass Part A or Part B of membership exams) <b>AND</b> obtain satisfactory results of the Entrance Interview	Medical Specialist Entrance Examination (MedEx) certificate <b>OR</b> Result slip of recognised external colleges (E.g. Part A or Part B of RCPsych exam)
<b>Preparatory course in psychiatry</b>	<b>Desirable</b>	<b>Desirable</b>	Certificates of attendance
<b>Participation in psychiatry conferences/ workshops</b>	<b>Desirable</b>	<b>Desirable</b>	Certificates of attendance
<b>Conduct psychiatric research/ audit and/ or publish a psychiatric related article</b>	<b>Desirable</b>	<b>Desirable</b>	Research/ audit report Publication front page and including DOI number.
<b>International or private applicants</b>	Subjected to the universities' entry requirement and regulations	Not applicable	Acceptance letter from the respective universities

**Important:**

Falsification of any documents, (mandatory or desirable), will result in the application being rejected and the doctor being reported to

the MMC. Any adverse reports such as an investigation by MMC must be declared to the selection committee.

### 3.1 Essential Learning Activities (ELA)

Applicants for training in psychiatry are required to demonstrate that they have learnt from their prior clinical experience by completing a series of Essential Learning Activities (ELA). An ELA is defined as; *“the identification and description of a clinical task in such a way that the trainee is fully aware of the knowledge, skills and attitudes needed to complete the task and the trainer is fully aware of what needs to be observed to deem the task completed to a professional level”*,

(Frostick & Pitts, 2017).

Through ELA, a trainee can demonstrate an acceptable level of competency in several clinical activities. The activities are chosen so that all trainees should have the opportunity to complete them whilst progressing through medical officer placements or working in general psychiatry. Applicants must submit an appropriate Workplace Based Assessment, (WPBA), and a short reflective note on each ELA.

Entry ELAs are professional activities that a trainee must be able to perform competently, whilst ensuring patient confidentiality is observed and maintained. The ELAs below must be completed before the application is submitted for speciality training. They may form the basis for interview questions or other assessments used as part of the selection process. These ELAs must be demonstrated when necessary from day one of the programme.

A trainee is expected to be able to perform the ELA as listed below.

1. Take a psychiatric history and perform a mental state examination.
2. Prioritise a diagnosis.
3. Manage acute cases of psychiatric emergency, (suicidal or violent cases).
4. Educate patients and/or their carer(s) about a common psychiatric disorder.

5. Prescribe psychiatric medications. All trainees should be able to perform the five ELAs listed above on day one of the programmes. The inability to perform these activities may result in a trainee being asked to leave the programme. ELA 1 is shown below as an example. The other four ELAs are shown in the Appendix 2.

Each ELA has a detailed outline of the knowledge, skills, attitudes and values required. All trainees must be able to demonstrate the relevant knowledge, skills and other behaviours listed in the detailed ELA to the required standard. The language and terminology used throughout the ELA is intended to be understood by a house officer, medical officer, (and some patients).

All the items shown in the table below are examples; (the list is not exhaustive).

Table 2: Example of Essential Learning Activities (ELA 1)

## ELA 1: Taking a psychiatric history and mental state examination

All items on the table below are examples; they do not constitute an exhaustive list in any aspect

Psychiatric History And Mental State Examination		
KNOWLEDGE (Knows, Facts, Information)	SKILLS (Do, Practical, psychomotor, techniques, soft skills)	ATTITUDE & VALUES (Feel, behaviours displaying underlying values or emotions)
<ul style="list-style-type: none"> <li>Format of history taking and mental state examination.</li> <li>Clinical features of common psychiatric illnesses.</li> <li>Common psychopathologies.</li> </ul>	<ul style="list-style-type: none"> <li>Develops good rapport with the patient.</li> <li>Demonstrates good interview techniques.</li> <li>Elicits relevant psychopathology and timelines.</li> <li>Collects clinical information in an organised manner and efficiently.</li> </ul>	<ul style="list-style-type: none"> <li>Empathetic, ethical and professional.</li> <li>Respectful of social and cultural beliefs.</li> <li>Mindful of confidentiality.</li> <li>Attentive and open to patients' and carers' thoughts and views.</li> </ul>
BEHAVIOURAL MARKERS		
POSITIVE (Things that should be done, correct techniques or practices, things a trainee might do right)	NEGATIVE (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	NEGATIVE PASSIVE (OMITTED) (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<ul style="list-style-type: none"> <li>Demonstrates professionalism: makes personal introduction, develops rapport, assure confidentiality.</li> <li>Elicits and explores relevant positive &amp; relevant negative symptoms to arrive to diagnoses.</li> <li>Establishes timelines of symptoms.</li> <li>Identifies verbal &amp; nonverbal cues.</li> <li>Acknowledges interviewee's emotions.</li> </ul>	<ul style="list-style-type: none"> <li>Appears judgmental, shows inappropriate emotions when listening</li> <li>Condescending attitude towards interviewee.</li> <li>Disorganised.</li> <li>Unstructured questions and assessments</li> <li>Too many close-ended &amp; leading questions.</li> <li>Hurried approach, speaks too quickly and asks questions without waiting for or acknowledging the answers</li> </ul>	<ul style="list-style-type: none"> <li>Fails to follow through cues of psychopathology described by the patient</li> <li>Fails to respect religious, cultural and/ or racial sensitivities.</li> <li>Fails to recognise cues of self harm or violence</li> </ul>
ASSESSMENT / EVIDENCE		
MINI Clinical Evaluation Exercise (Mini-CEX)		

## 4. Entry Process

### Choosing a preferred pathway

To apply for postgraduate psychiatry training, applicants must first choose their preferred pathway.

#### 4.1 MOHE Pathway

Applicants who are currently employed by the Ministry of Health and require a scholarship should visit the website of *Sistem Permohonan Hadiah Latihan Persekutuan* at <http://ehlp.moh.gov.my>. Applications are submitted online to the Medical Development Division of the Ministry of Health and are evaluated based on the entry requirements. The short-listed names will be forwarded to all the universities in Malaysia that run the programme.

Applicants who are not from the Ministry of Health, (private and international candidates), are required to apply via the graduate website of the university of their choice.

All the applicants must sit for the Medical Specialist Entrance Examination, (MedEx), conducted by the *Majlis Peperiksaan Malaysia (MPM)* in November of the year prior to the year of course commencement. Applicants will be called for an interview in January of the following year if they have passed the MedEx. The final results of the applications will be communicated to applicants in April. Successful applicants are required to attend a briefing in May and report to the university in June.

Unsuccessful applicants may appeal against the decision if they feel that they have grounds to do so. The reassessment results will be communicated to them by the end of May. Unsuccessful candidates may also re-apply the following year.

#### 4.2 MOH Pathway

To enrol in the MOH pathway, applicants must ensure that they are able to meet the membership requirements of the respective recognised external colleges e.g. the Royal

College of Psychiatrists, (RCPsych). The requirements are listed on the college website. To fulfil these requirements applicants should register to take the relevant examination (e.g. Part A or B) depending upon their eligibility.

To register for the MOH intake interview; On passing the (RCPsych) examination, (e.g. Part A or B), applicants are required to send a copy of their results (certified by their Head of Department) together with the “Registration form for Medical Officers doing the MOH pathway”, via their respective hospitals, to the Medical Development Division of the Ministry of Health.

Applicants will be called for an interview on a date fixed by the MOH. Applicants who pass the interview and meet all the entry requirements successfully will be informed by the Medical Development Division, Ministry of Health, of the date of commencement of training at the accredited healthcare facilities.

Refer to Table 4 for the summary of the entry process.

#### Important:

1. All applications must be completed, and all supporting documentation submitted in the appropriate format by the date indicated.
2. Only the documents listed should be submitted.
3. Late applications will not be accepted.
4. If supporting documents are not submitted as required, the application will be rejected.
5. Unsolicited letters, telephone calls, emails etc. supporting an applicant will result in the application being rejected.
6. Falsification of documents will result in rejection of the application and a report being sent to the Malaysian Medical Council (MMC).

**Table 4: Summary of the Entry Process**

Entry process	MOHE Pathway	MOH Pathway
<b>Malaysian applicants</b>	Places for Masters in Psychiatry programme are advertised in the university's website and the mainstream newspaper in the month of June.  The application is to be completed by July of each year.	Applicants who wish to train via the MOH pathway will register to the recognised colleges (E.g. the Part A or B examination with the Royal College of Psychiatrists (RCPsych)). On passing the first exam, the trainees will register themselves with the MOH to enrol in the programme.
<b>International applicants</b>	Online application via the appropriate web link for postgraduate studies at each university	Not applicable
<b>Screening of applications by the Training Management Division, MOH</b> (Eligibility; completion of mandatory requirements; evaluation of other required documents).	Completed by the end of October	Not applicable
<b>Entrance examination</b>	November each year	Dependant on the recognised external college exam dates
<b>Entrance Interview</b>	January each year	Once or twice a year depending on the number of candidates who have passed the examination
<b>Outcome of the process</b>	April each year	Two months before the intake
<b>Briefing</b>	By the Medical Development Division of MOH in May before enrolment.  Report to the University on June each year.	By the Medical Development Division of MOH Before enrolment  Report to the accredited healthcare facilities on receipt of the letter from the Ministry of Health.

### 4.3 Scholarships

The offer of scholarships is advertised by The Public Service Department [*Jabatan Perkhidmatan Awam Malaysia (JPA)*] in local newspapers and website [www.jpa.gov.my](http://www.jpa.gov.my).

### 4.4 MOHE Pathway Entrance Examination and Interview

The entrance examination (MedEx) is organised by the National Examination Council of Malaysia and is comprised of 40 questions, divided into

True/False multiple-choice questions, (MCQ), consisting of Core Neurosciences (80%), and Single Best Answer (SBA) on General Psychiatry (20%).

The interview is conducted by one or more (depending on applicant numbers) panels selected by the Psychiatry Specialty Committee on the campus of a selected Malaysian University each year. It includes a review of the applicant's portfolio and a direct assessment.

The applicants portfolio is a collection of evidence consisting of the following:

- The applicant's curriculum vitae
- A list of placements
- Clinical logbook,
- Workplace-Based Assessments
- Reflective notes
- Original certificates
- Any other relevant original documents

The direct assessment is based on clinical scenarios to assess the applicant's clinical competence, professional attitude and ethical conduct.

The Psychiatry Specialty Committee will select the successful candidates who pass either the MedEx or recognised external college examinations, (e.g. Part A or B), AND the interview to join the programme.

Candidates who pass the MedEx or recognised external college examinations (e.g. Part A or B), but are unsuccessful in the interview can reapply for the next year's intake interview.

#### 4.5 MOH Pathway Entrance Examination and Interview

The MOH Pathway applicant is required to meet the eligibility criteria set by the Ministry of Health and the respective recognised colleges (e.g. Royal College of Psychiatrists (RCPsych)); following which the applicant is required to

attend an interview. The applicant will be informed of the date of commencement of training at an accredited training centre by the Medical Development Division of the Ministry of Health.

#### 4.6 Induction Process (for both pathways)

The induction process is compulsory for all trainees. Failure to attend will result in the trainee not being able to commence their training. The successful applicants from the MOH will be called for a one-day briefing session by the Medical Development Division of MOH prior to registration at the university or training centre. The induction process is in place to ensure that trainees are familiar with all aspects of the curriculum, including the following:

- The structures and processes of MOHE / MOH pathways.
- Continuing Professional Development (CPD) requirements and attendance at teaching sessions.
- The healthcare facilities in which the training will take place.
- Rotations and the duties of a trainee and the role of trainers and supervisors.
- Disciplinary processes and the processes to report concerns about training.
- Guidelines, protocols and support provided in the workplace

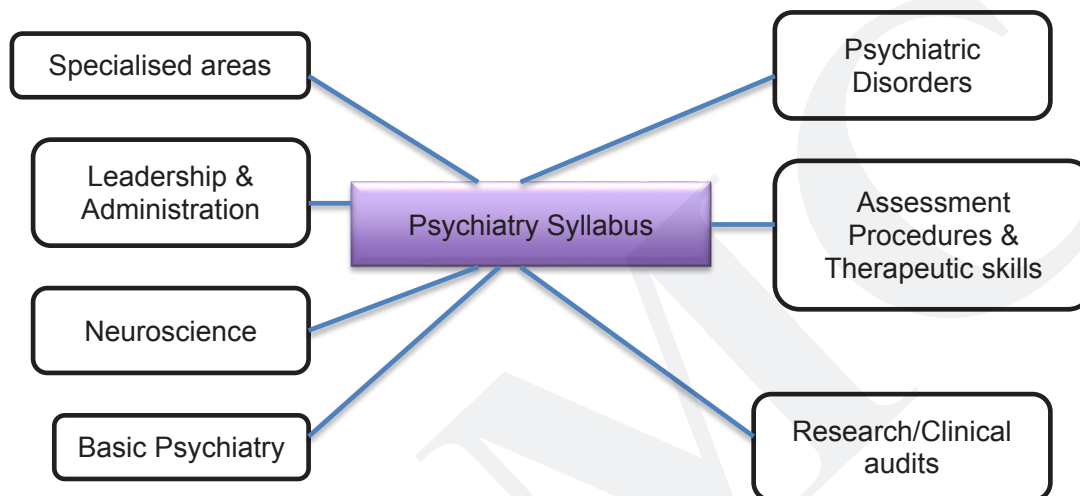
On registration at the accredited healthcare facilities, the trainees will undergo an orientation session.



## 5. Syllabus

There are seven (7) modules in Psychiatry Curriculum Syllabus:

**Figure 2: Syllabus of Malaysian Psychiatric Curriculum**



### 1. Neuroscience

This module provides an overview of the scientific disciplines of neuroanatomy, neurophysiology, neurochemistry, psychopharmacology, psycho-immunology, genetics and psychological sciences. The knowledge and understanding of these disciplines are essential to the understanding of psychiatric disorders and their clinical management.

### 2. Basic Psychiatry

This module consists of phenomenology and psychopathology, socio-cultural, religion and spirituality in psychiatry. These are the fundamental basis for understanding symptoms formation and clinical disorders in psychiatry.

### 3. Psychiatric Disorders

This module consists of a list of both common and rare but important psychiatric disorders and associated conditions. The module aims to focus on important clinical disorders throughout all stages of training.

### 4. Leadership and Administration in psychiatry

This module provides skills for psychiatrists

to become leaders, managers and administrators in psychiatry as part of their professional and personal development.

### 5. Assessment Procedures and Therapeutic skills

This module highlights the three important assessment procedures, (suicide risks, violence risks and mental capacity), and the therapeutic interventions in psychiatry.

### 6. Research / Clinical Audits

This module provides skills that must be acquired to enable the trainee to produce research, a survey, a systematic review or a clinical audit report by the end of the course. Candidates should note that this module is required in both pathways.

### 7. Specialised areas

This module gives an overview of specialised areas in psychiatry including addiction psychiatry, geriatric psychiatry, consultation-liaison psychiatry, community and rehabilitation psychiatry, neuropsychiatry, child and adolescent psychiatry and forensic psychiatry.

## 6. Assessment Tools

The assessment strategy for the programme is described in detail in the psychiatry curriculum document. This brief outline is to provide applicants an overview of the tools they will expect to encounter during their training.

The programme uses assessment tools in two ways, Summative and Formative. Summative means the assessment is being used to determine whether the trainee can progress to the next stage, Formative is when an assessment is being used to inform the trainee of both the positive feedback of their performance and ways in which it can or must improve.

Trainees in the MOHE programme are evaluated summatively through formal theory and clinical examinations, presentations of research related work and consultation viva. Failure to reach the required standard in these assessments will prevent the trainee progressing to the next stage of the training programme.

Trainees in the MOH pathway are required to sit the membership examinations of the Royal College of Psychiatrists that consist of both theory and clinical examinations. Failure to pass these examinations will prevent the trainees' entry onto the programme. Failure to complete the RCPsych CASC exam (within the specified time period) will mean that the trainee will not successfully complete the programme.

Although the above are primarily summative examinations they also provide the trainee with valuable information about their knowledge and skill. In that respect they also have a formative component.

A series of Workplace-Based Assessments (WPBA) are used on a regular basis throughout both pathways. These tools are primarily formative, they provide evidence for the trainee of their progress in the learning skills identified in the syllabus. They also provide information on what the trainee must do to improve.

WPBAs will be carried out over a number of assessments, circumstances may change, and performance may vary. A single WPBA will not be used as a definitive summative assessment or evaluation of any particular skill.

A collection of WPBAs conducted over a period of time, from different assessors may be used as evidence to suggest that a trainee is not making progress in their learning and may be used in the summative annual review process.

An individual WPBA cannot be used as a summative assessment. WPBAs are a requirement in the curriculum and are essential for the assessment of trainees. Any trainee that does not utilise them will be unable to progress as they will not be able to provide the required evidence of learning.

WPBA in Psychiatry consist of the following:

### Case-based Discussion (CBD)

This assessment is a record of a discussion between a trainee and a trainer about a case that is managed by the trainee as inpatient or outpatient at the workplace. The trainer assesses the trainee's clinical skills in formulating the case, based on psychiatric history and examination, provisional diagnosis management of the case, completion of proper documentation and record-keeping.

### MINI Clinical Evaluation Exercise (Mini-CEX)

In Mini-CEX a trainer directly observes a trainee-patient interaction, rates their performance and (most importantly) gives feedback to the trainee immediately. An assessment is made by the trainer of the trainee's clinical skills and the attitudes and behaviours they show in the clinical care setting, taking into account the stage of training.

### **Professional Presentations Tool (PP)**

The trainer uses the Professional Presentations Tool to record their observations of a trainee's performance in giving a presentation to an audience. Feedback is provided immediately to the trainee.

### **Procedure-Based Assessment (PBA) and Intervention-based Assessment (IBA)**

The Procedure-Based Assessment tool (PBA) was initially developed by David Pitts and the UK Orthopaedic Curriculum team for use in assessing the progress of Orthopaedic trainees in learning surgical procedures, (Pitts & Rowley 2009. Pitts et al 2007). It has been used throughout the UK Surgical curricula as a compulsory tool since 2005. It uses a series of validated behavioural markers to assess key elements of performance in indicative operative procedures. The results of the direct observation of the trainee's performance are recorded by the trainer with feedback given to the trainee immediately following the procedure.

The Intervention Based Assessment tool (IBA) is based on the PBA. "The Intervention Based Assessment applies the successful principles and features of the Procedure Based

Assessment tool for use in clinical specialties which do not have surgical procedures but are looking for a tool to assess interventions in a similarly simple and robust way to the PBA", (David Pitts & Prof Simon Frostick, Assessment Workshop April 2017)

The IBA in Psychiatry was developed during and following a curriculum workshop in 2017. It will be used to provide assessment and structured feedback for a range of psychiatric interventions including psycho-education, supportive psychotherapy, problem-solving, crisis intervention, family intervention, motivational interviewing; psychotherapies; such as cognitive behaviour therapy, psychodynamic psychotherapy and physical therapy, namely electroconvulsive therapy.

Intervention-based Assessments (IBA) are workplace based assessments to assess the trainee's technical and professional skills in a range of psychiatric procedures and interventions including assessments of suicide risk, violence risk and mental capacity. Both IBA and PBA provide a framework to assess clinical skills, assist teaching and facilitate structured feedback in clinical settings.

## 7. Appendices

### 7.1 References

- Ng Chong Guan, Toh Chin Lee, Benedict Francis, Tan Shean Yen (2018). Psychiatrists in Malaysia: The ratio and distribution. Malaysian Journal of Psychiatry. Vol 27, No 1
- Frostick SPF, Pitts D. Essential Learning Activities (ELA). Residential Curriculum Workshop 2017.
- Pitts D, Rowley Marx, Sher, Banks, Murray. Specialist Training in Trauma and Orthopaedics – A Competency Based Curriculum 2007 [www.ocap.org.uk/curriculum](http://www.ocap.org.uk/curriculum)
- Pitts D, Rowley DIR. Competence evaluation in orthopaedics – a “bottom up” approach, Chapter in Flin R.H. & Mitchell L. Safer Surgery: Analysing Behaviour in the Operating Theatre, Ashgate, UK 2009
- Marriott, Purdie, Crossley and Beard) Evaluation of procedure-based assessment for assessing trainees’ skills in the operating theatre. British Journal of Surgery 2011; 98: 450–457
- Pitts D., Frostick Prof S.P. Intervention Based Assessment introduced during Next Steps Assessment workshop April 2017, University Malaya

## 7.2 Entry Level ELA

**ELA 1: Taking a psychiatric history and mental state examination (refer to page 12 under the subheading ELA)**

### ELA 2: Prioritise a diagnosis

All items on the table below are examples; they do not constitute an exhaustive list in any aspect

<b>TASK: PRIORITISE A DIAGNOSIS</b>		
<b>KNOWLEDGE</b> (Knows, Facts, Information)	<b>SKILLS</b> (Do, Practical, psychomotor, techniques, soft skills)	<b>ATTITUDE &amp; VALUES</b> (Feel, behaviours displaying underlying values or emotions)
<ul style="list-style-type: none"> <li>Core symptoms of common psychiatric diagnoses.</li> <li>Psychiatric diagnostic systems.</li> <li>Common psychiatric co-existing illness.</li> <li>Rationale of the priority of diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>Articulating all evidence in such a way that it can be effectively compared</li> <li>Balancing the importance of each element against its urgency</li> <li>Considering both opportunities for improvement through clinical interventions and possible threats if treatments are not given priority</li> <li>Application of the relevant diagnostic criteria to prioritise provisional and differential diagnoses.</li> </ul>	<ul style="list-style-type: none"> <li>Willingness to seek advice.</li> <li>Open to shared decision making.</li> <li>Patience and persistence in reviewing evidence for treatment and considering patient safety</li> </ul>
<b>BEHAVIOURAL MARKERS</b>		
<b>POSITIVE</b> (Things that should be done, correct techniques or practices, things a trainee might do right)	<b>NEGATIVE</b> (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	<b>NEGATIVE PASSIVE (OMITTED)</b> (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<ul style="list-style-type: none"> <li>Gives a provisional diagnosis.</li> <li>Provides reasons for the provisional diagnosis.</li> <li>Lists differential diagnoses.</li> <li>Provides reasons for the differential diagnoses.</li> <li>Prioritises the differential diagnoses accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>Inflexible in making diagnosis.</li> <li>Fails to differentiate between normal psychological reaction and psychiatric illness.</li> <li>Gives diagnosis without eliciting enough evidence.</li> <li>Gives diagnosis based on the misinterpretation of symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to acknowledge the co-existing illness.</li> <li>Uses outdated psychiatric diagnostic system.</li> </ul>
<b>ASSESSMENT / EVIDENCE</b>		
MINI Clinical Evaluation Exercise (Mini-CEX) or Case-based Discussion (CBD)		

### ELA 3: Acute management of psychiatric emergency (suicidal or violent cases)

All items on the table below are examples; they do not constitute an exhaustive list in any aspect

TASK: ACUTE MANAGEMENT OF PSYCHIATRIC EMERGENCY (SUICIDAL AND VIOLENT CASES)		
KNOWLEDGE (Knows, Facts, Information)	SKILLS (Do, Practical, psychomotor, techniques, soft skills)	ATTITUDE & VALUES (Feel, behaviours displaying underlying values or emotions)
<ul style="list-style-type: none"> <li>Risk assessment of suicide and violence.</li> <li>Common risk and protective factors for suicide and violence.</li> <li>Basic biopsychosocial interventions.</li> <li>Provision of involuntary admission for suicide and violence under the Mental Health Act 2001.</li> </ul>	<ul style="list-style-type: none"> <li>Effectively evaluate suicidal and violence risk</li> <li>Summarises cases and consults appropriately.</li> <li>Basic therapeutic handling of suicidal and violent patient</li> <li>Clear documentation</li> </ul>	<ul style="list-style-type: none"> <li>Safety-first attitude; placing safety as a priority in decision making</li> <li>Non-judgmental attitude towards suicidal and violent behaviour.</li> <li>Willingness to seek assistance when required</li> </ul>
BEHAVIOURAL MARKERS		
POSITIVE (Things that should be done, correct techniques or practices, things a trainee might do right)	NEGATIVE (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	NEGATIVE PASSIVE (OMITTED) (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<ul style="list-style-type: none"> <li>Prioritise patient's evaluation.</li> <li>Attentive to the concerns of patients and their family members.</li> <li>Applies continuous observation of suicidal and/or violent patient.</li> <li>Identifies the different level of risk of suicide and violence.</li> <li>Manages the case in line with the legal requirement</li> </ul>	<ul style="list-style-type: none"> <li>Dismissive attitude towards suicidal and violent behavior.</li> <li>Poor and incomplete documentation of the act.</li> <li>Ignores safety.</li> </ul>	<ul style="list-style-type: none"> <li>Failure in attempting to engage patient.</li> <li>Failure to create a conducive environment.</li> <li>Not involving caregiver.</li> <li>Failure to consult relevant personnel when needed.</li> <li>Failure to seek assistance when required.</li> </ul>
ASSESSMENT / EVIDENCE		
Case Based Discussion (CBD)		

#### ELA 4: To educate patients and/or their caregivers about common psychiatric disorders

All items on the table below are examples; they do not constitute an exhaustive list in any aspect

TASK: TO EDUCATE PATIENTS AND/OR THEIR CAREGIVERS ABOUT COMMON PSYCHIATRIC DISORDERS		
KNOWLEDGE (Knows, Facts, Information)	SKILLS (Do, Practical, psychomotor, techniques, soft skills)	ATTITUDE & VALUES (Feel, behaviours displaying underlying values or emotions)
<ul style="list-style-type: none"> <li>The purpose of psychoeducation.</li> <li>Nature of the common psychiatric disorders.</li> <li>Psychological reactions towards receiving a psychiatric diagnosis.</li> <li>Ethical and legal issues concerning the patient's autonomy, consent, privacy and confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>Assess the receptiveness of the patients and/or their caregivers.</li> <li>Address the needs of the patients and/or their caregivers.</li> <li>Clear documentation.</li> <li>Effective communication skills.</li> </ul>	<ul style="list-style-type: none"> <li>Respectful, empathetic and non-judgemental.</li> <li>Open to shared decision-making.</li> <li>Non-stigmatising attitude</li> </ul>
BEHAVIOURAL MARKERS		
POSITIVE (Things that should be done, correct techniques or practices, things a trainee might do right)	NEGATIVE (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	NEGATIVE PASSIVE (OMITTED) (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<ul style="list-style-type: none"> <li>Appropriate eye contact.</li> <li>Make efforts to establish rapport.</li> <li>Active listening.</li> <li>Use words that are comprehensible to the and/or their caregivers.</li> <li>Give time to the patients and/or their caregivers to respond, provide feedback and facilitate decision making by the patients.</li> </ul>	<ul style="list-style-type: none"> <li>One-way communication.</li> <li>Condescending and hurried manner.</li> <li>Uses excessive medical jargons.</li> <li>Disrespectful.</li> </ul>	<ul style="list-style-type: none"> <li>Not addressing the patient and/or the caregivers and their concerns.</li> <li>Failure to acknowledge the patient's emotion.</li> <li>Withhold certain information e.g. common side effects of medication.</li> </ul>
ASSESSMENT / EVIDENCE		
MINI Clinical Evaluation Exercise (Mini-CEX)		



## ELA 5: Prescribing common psychiatric medications

All items on the table below are examples; they do not constitute an exhaustive list in any aspect

<b>TASK: PRESCRIBING COMMON PSYCHIATRIC MEDICATIONS</b>		
<b>KNOWLEDGE</b> (Knows, Facts, Information)	<b>SKILLS</b> (Do, Practical, psychomotor, techniques, soft skills)	<b>ATTITUDE &amp; VALUES</b> (Feel, behaviours displaying underlying values or emotions)
<ul style="list-style-type: none"> <li>Common psychiatric medications and preparations.</li> <li>Indication, contra-indications, dose and side effects.</li> <li>Relevant investigations before prescribing and monitoring.</li> <li>Cost-effective and risk-benefit awareness.</li> </ul>	<ul style="list-style-type: none"> <li>Assessing and managing side effects.</li> <li>Providing counselling about psychiatric medication to patient and family.</li> <li>Assessing and monitoring adherence.</li> </ul>	<ul style="list-style-type: none"> <li>Putting the patient's interest first.</li> <li>Avoiding a conflict of interest.</li> </ul>
<b>BEHAVIOURAL MARKERS</b>		
<b>POSITIVE</b> (Things that should be done, correct techniques or practices, things a trainee might do right)	<b>NEGATIVE</b> (Things that should not be done, incorrect techniques or practices, things a trainee might do wrong)	<b>NEGATIVE PASSIVE (OMITTED)</b> (Things that may be forgotten or omitted that constitute incorrect or substandard patient care, things a trainee might forget to do)
<ul style="list-style-type: none"> <li>Offers treatment options.</li> <li>Explains the benefits and side effects.</li> <li>Prescribes appropriate medication and dose.</li> <li>Assesses response and side effect.</li> <li>Assess adherence.</li> </ul>	<ul style="list-style-type: none"> <li>Does not assess the possibility of pregnancy.</li> <li>Does not ask past history of allergic reactions and/ or serious adverse events.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to perform a comprehensive medication review.</li> <li>Failure to elicit co-morbid illnesses.</li> </ul>
<b>ASSESSMENT / EVIDENCE</b>		
MINI Clinical Evaluation Exercise (Mini-CEX) or Case-based Discussion (CBD)		

**Contact**

National Postgraduate Medical Curriculum  
npmcmym@gmail.com

