Psychiatry Milestones

for Singapore

May 2017

The Milestones are designed only for use in evaluation of residents in the context of their participation in ACGME-I-accredited residency programs. The Milestones provide a framework for the assessment of the development of the resident in key dimensions of the elements of physician competency in a specialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

Milestones Reporting

This document presents milestones designed for programs to use in semi-annual review of resident performance and reporting to the ACGME-I. Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME-I competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a learner moves from entry into their program through graduation.

For each period, review and reporting will involve selecting milestone levels that best describe each resident's current performance and attributes. Milestones are arranged in numbered levels. Tracking from "Level 1" to "Level 5" is synonymous with moving from novice to expert in the specialty. These levels do not correspond with time in the educational program. Dependent upon previous education and experience, residents may enter a program at varying points in the Milestones.

Selection of a level implies that the resident substantially demonstrates the milestones in that level, as well as those in lower levels (see the diagram on page v).

Level 1: The resident demonstrates milestones expected of an incoming resident.

Level 2: The resident is advancing and demonstrates additional milestones, but is not yet performing at a mid-residency level.

Level 3: The resident continues to advance and demonstrate additional milestones; the resident demonstrates the majority of milestones targeted for residency in this sub-competency.

Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.

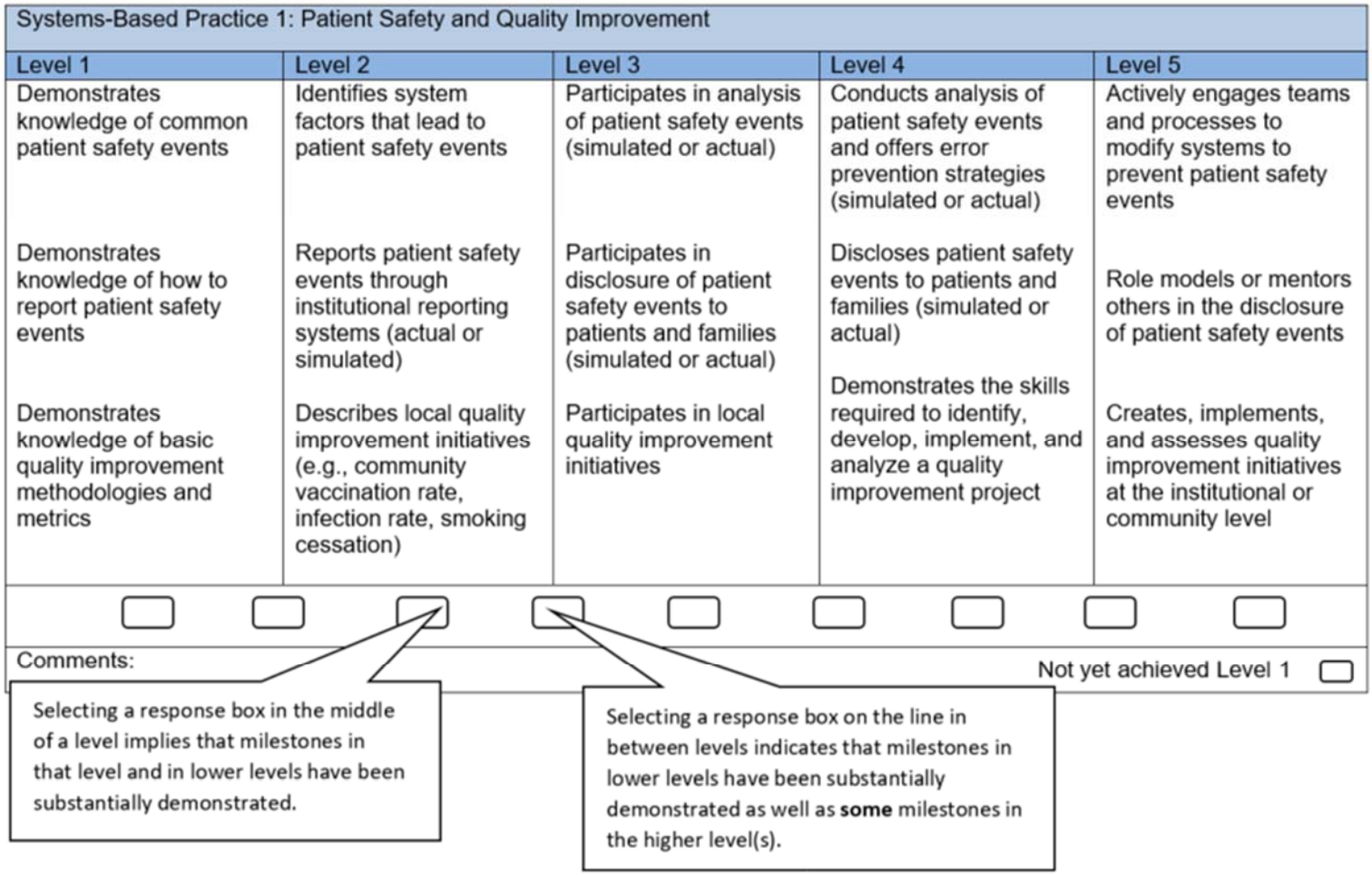
Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

Additional Notes

The “Level 4” Milestones are designed as the graduation *target* and *do not* represent a graduation *requirement*. Making decisions about readiness for graduation is the purview of the program director. Study of Milestones performance data will be required before the ACGME-I and its partners will be able to determine whether milestones in the first four levels appropriately represent the developmental framework, and whether Milestone data overall are of sufficient quality to be used for high-stakes decisions.

Answers to Frequently Asked Questions about Milestones are posted on the ACGME-I website.

The diagram below presents an example set of milestones for one sub-competency in the same format as the ACGME-I Report Worksheet. For each reporting period, a learner's performance on the milestones for each sub-competency will be indicated by selecting the level of milestones that best describes that learner's performance in relation to those milestones.



Patient Care 1: Psychiatric Evaluation
A: General interview skills
B: Collateral information gathering and use
C: Safety assessment
D: Use of clinician's emotional response

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Obtains general medical and psychiatric history and completes a mental status examination	2.1/A Acquires efficient, accurate, and relevant history customized to the patient's complaints	3.1/A Consistently obtains complete, accurate, and relevant history	4.1/A Routinely identifies subtle and unusual findings	5.1/A Serves as a role model for gathering subtle and reliable information from the patient
1.2/B Demonstrates active interest and curiosity in a patient's story	2.2/A Performs a targeted examination, including neurological examination, relevant to the patient's complaints	3.2/A Performs efficient interview and examination with flexibility appropriate to the clinical setting and workload demands		5.2/A, B Teaches and supervises other learners in clinical evaluation
1.3/B Obtains relevant collateral information from secondary sources	2.3/B Obtains information that is sensitive and not readily offered by the patient	3.4/B Uses hypothesis-driven information gathering techniques[2]	4.2/B Follows clues to identify relevant historical findings in complex clinical situations and unfamiliar circumstances	
	2.4/B Selects laboratory and diagnostic tests appropriate to the clinical presentation			
1.4/C Screens for patient safety, including suicidal and homicidal ideation	2.5/C Assesses patient safety, including suicidal and homicidal ideation			
		3.5/D Recognizes that the clinician's emotional responses have diagnostic value[1]	4.3/D Begins to use the clinician's emotional responses to the patient as a diagnostic tool	

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:
[1]This milestone refers to the use of the resident's own emotional response to the patient's presentation as a source of information to generate ideas about the patient's own inner emotional state, both conscious and unconsious.
[2]This milestone focuses on the efficient and deductive conduct of the interview in accordance with diagnostic hypotheses to refine the differential diagnosis.

Patient Care 2: Psychiatric Formulation and Differential Diagnosis[1]
A: Organizes and summarizes findings and generates differential diagnosis
B: Identifies contributing factors and contextual features and creates a formulation

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Organizes and accurately summarizes, reports, and presents to colleagues information obtained from the patient evaluation 1.2/A Develops a working diagnosis based on holistic evaluation of the patient	2.1/A Develops a basic differential diagnosis for common syndromes and patient presentations 2.2/B Describes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis	3.1/A Develops a full differential diagnosis 3.2/B Efficiently synthesizes patients' symptoms and problems, precipitating stressors or events, predisposing life events or stressors, perpetuating and protective factors, and prognosis	4.1/A Incorporates subtle, unusual, or conflicting findings into hypotheses and formulations 4.2/B Organizes formulation around comprehensive models of phenomenology that take etiology into account [2]	5.1/B Efficiently synthesizes all information into a concise but comprehensive formulation

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:
[1]A psychiatric formulation is a theoretically-based conceptualization of the patient's mental disorder(s). It provides an organized summary of those individual factors thought to contribute to the patient's unique psychopathology. This includes elements of possible etiology, as well as those that modify or influence presentation, such as risk and protective factors. It is therefore distinct from a differential diagnosis that lists the possible diagnoses for a patient, or an assessment that summarizes the patient's signs and symptoms, as it seeks to understand the underlying mechanisms of the patient's unique problems by proposing a hypothesis as to the causes of mental disorders.
[2]Models of formulation include those based on either major theoretical systems of the etiology of mental disorders, such as behavioral, biological, cognitive, cultural, psychological, psychoanalytic, sociological, or traumatic, or comprehensive frameworks of understanding, such as bio-psycho-social or predisposing, precipitating, perpetuating, and prognostic outlines. Models of formulation set forth a hypothesis about the unique features of a patient's illness that can serve to guide further evaluation or develop individualized treatment plans.

Patient Care 3: Treatment Planning and Management **A**: Creates treatment plan **B**: Manages patient crises, recognizing need for supervision when indicated **C**: Monitors and revises treatment when indicated				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Identifies potential treatment options	2.1/A Sets treatment goals in collaboration with the patient	3.1/A Incorporates manual-based treatment[1] when appropriate	4.1/A Devises individualized treatment plan for complex presentations	5.1/A Supervises treatment planning of other learners and multidisciplinary providers
	2.2/A Incorporates a clinical practice guideline or treatment algorithm when available	3.2/A Applies an understanding of psychiatric, neurologic, and medical co-morbidities to treatment selection[2]	4.2/A Integrates multiple modalities and providers in comprehensive approach[3]	5.2/A Integrates emerging neurobiological and genetic knowledge into treatment plan[4]
	2.3/A Recognizes co-morbid conditions and side effects' impact on treatment	3.3/A Links treatment to formulation		
1.2/B Recognizes patient in crisis or acute presentation	2.4/B Manages patient crises with supervision			
	2.5/B Recognizes need for consultation and supervision for complicated or refractory cases			
1.3/C Recognizes patient readiness for treatment	2.6/C Monitors treatment adherence and response	3.4/C Re-evaluates and revises treatment approach based on new	4.3/C Appropriately modifies treatment techniques and flexibly	

		information and or response to treatment	applies practice guidelines to fit patient need	
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Achieved Level 1 ☐

Footnotes:
[1]Manual-based treatment is any psychotherapy that relies on written instructions for the therapist on the steps and conduct of treatment, often including specific indications, techniques, goals, and objectives. Manual-based treatments are frequently theory-driven and evidence-based. Examples of manual-based treatments include Interpersonal Psychotherapy, Dialectical-Behavioral Therapy, and many Cognitive-Behavioral Therapies.
[2]Examples might include psychopharmacology in the presence of neurodegenerative disorders, traumatic brain injury, critical medical illness, and cancer treatment, as well as understanding the family, systems, and multidisciplinary team efforts for the best outcome for treatment.
[3]Understanding and use of an array of modalities and providers may include consideration of complementary and alternative medicine, occupational therapy, and physical therapy.
[4]Examples may include cytochrome genetics, ethnic differences, and family counseling, etc.

Patient Care 4: Psychotherapy
Refers to 1) the practice and delivery of psychotherapies, including psychodynamic[1]cognitive-behavioral[2], and supportive therapies[3]; 2) exposure to couples, family, and group therapies; and 3) integrating psychotherapy with psychopharmacology
A: Empathy and process
B: Boundaries
C: The alliance and provision of psychotherapies
D: Seeking and providing psychotherapy supervision

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Accurately identifies patient emotions, particularly sadness, anger, and fear[4]	2.1/A Identifies and reflects the core feeling and key issue for the patient during a session	3.1/A Identifies and reflects the core feeling, key issue, and what the issue means to the patient 3.2/A Links feelings, behavior, recurrent/central themes/schemas, and their meaning to the patient as they shift within and across sessions		
1.2/B Maintains appropriate professional boundaries	2.2/B Maintains appropriate professional boundaries in psychotherapeutic relationships while being responsive to the patient[5]	3.3/B Recognizes and avoids potential boundary violations	4.1/B Anticipates and appropriately manages potential boundary crossings and avoids boundary violations	
1.3/C Demonstrates a professional interest and curiosity in a patient's story	2.3/C Establishes and maintains a therapeutic alliance with patients with uncomplicated problems[6]	3.4/C Establishes and maintains a therapeutic alliance with, and provides psychotherapies (at least supportive, psychodynamic, and cognitive-behavioral) to, patients with uncomplicated problems	4.2/C Selects a psychotherapeutic modality and tailors the selected psychotherapy to the patient on the basis of an appropriate case formulation	5.1/C Establishes and maintains a therapeutic alliance with, and provides supportive psychotherapy to, patients with complicated problems

1.4/D Recognizes need to seek supervision	2.4/C Utilizes elements of supportive therapy in treatment of patients	3.5/C Manages the emotional content of, and feelings aroused during, sessions 3.6/C Successfully guides the patient through the different phases of psychotherapy, including termination 3.7/C Integrates the selected psychotherapy with other treatment modalities and other treatment providers [7] 3.8/D Balances autonomy with needs for consultation and supervision	4.3/C, D Recognizes, seeks appropriate consultation about, and manages treatment impasses	5.2/C Personalizes treatment based on awareness of one's own skill sets, strengths, and limitations

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:

[1]Psychodynamic therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to understand the concepts of resistance/defenses, transference/countertransference.

[2]Cognitive-behavioral therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, including behavior change, skills acquisition, and to address cognitive distortions.

[3]Supportive therapy includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to strengthen the patient's adaptive defenses, resilience, and social supports.

[4]This thread (A), consisting of the first items in Levels 1-4, regarding the development of empathy across residency, is adapted from the American Association of Directors of Psychiatric Residency Training (AADPRT) Psychotherapy Workgroup's document "Benchmarks for Psychotherapy Training."

[5]This refers to the ability to maintain professional boundaries in psychotherapy without being aloof or overly detached.

[6]Examples of uncomplicated problems are major depression or panic disorder without co-morbidity.

[7]At this level, the resident is expected to be able to integrate both psychotherapy and psychopharmacology in combined treatment of a patient, to deliver psychotherapy or psychopharmacology in collaboration with another provider who is doing the other treatment (shared treatment), and to be able to anticipate, discuss, and manage issues that result from a patient's receiving other treatments (e.g., family, couples, or group therapy; psychopharmacology) at the same time as individual psychotherapy.

Patient Care 5: Somatic Therapies Somatic therapies including psychopharmacology, electroconvulsive therapy (ECT), and emerging neuromodulation therapies **A:** Using psychopharmacologic agents in treatment **B:** Education of patient about medications **C:** Monitoring of patient response to treatment and adjusting accordingly **D:** Other somatic treatments				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Lists commonly used psychopharmacologic agents and their indications to target specific psychiatric symptoms (e.g., depression, psychosis) 1.2/A Appropriately prescribes[1] commonly used psychopharmacologic agents 1.3/B Reviews with the patient/family general indications, dosing parameters, and common side effects for commonly prescribed psychopharmacologic agents	2.1/B Incorporates basic knowledge of proposed mechanisms of action and metabolism of commonly prescribed psychopharmacologic agents in treatment selection, and explains rationale to patients/families	3.1/A Manages pharmacokinetic and pharmacodynamic drug interactions when using multiple medications concurrently	4.1/A Titrates dosage and manages side effects of multiple medications	5.1/B Explains less common somatic treatment choices to patients/families in terms of proposed mechanisms of action

1.4/C Obtains basic physical exam and lab studies necessary to initiate treatment with commonly prescribed medications	2.2/D Seeks consultation and supervision regarding potential referral for ECT	3.2/C Monitors relevant lab studies throughout treatment, and incorporates emerging physical and laboratory findings into somatic treatment strategy 3.3/C Uses augmentation strategies, with supervision, when primary pharmacological interventions are only partially successful[1]	4.2/C Appropriately selects evidence-based somatic treatment options (including second and third line agents and other somatic treatments[2]) for patients whose symptoms are partially responsive or not responsive to treatment	5.2/C Integrates emerging studies of somatic treatments into clinical practice
☐	☐	☐	☐	☐ ☐ ☐ ☐

Comments: Not Yet Achieved Level 1 ☐

Footnotes:
[1]This includes: (a) selection of agent, dose, and titration, based on psychiatric diagnoses, target symptoms, and specifics of patient's history; (b) discussion of potential risks and benefits with patients (and family members, where appropriate); (c) decision regarding whether or not to prescribe a medication (or medication versus other type of treatment).
[2]Examples of other somatic therapies include neuromodulation, biofeedback, and phototherapy.

Medical Knowledge 1: Development Through the Life Cycle (Including the Impact of Psychopathology on the Trajectory of Development and Development on the Expression of Psychopathology)
A: Knowledge of human development
B: Knowledge of pathological and environmental influences on development
C: Incorporation of developmental concepts in understanding

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes the basic stages of normal physical, social, and cognitive development through the life cycle[1]	2.2/A Recognizes deviation from normal development, including arrests and regressions at a basic level	3.1/A Explains developmental tasks and transitions throughout the life cycle, utilizing multiple conceptual models[3]		5.1/A Incorporates new neuroscientific knowledge into his or her understanding of development
	2.3/B Describes the effects of emotional and sexual abuse on the development of personality and psychiatric disorders in infancy, childhood, adolescence, and adulthood at a basic level	3.2/B Describes the influence of psychosocial factors (gender, ethnic, cultural, economic), general medical, and neurological illness on personality development and psychopathology	4.1/B Describes the influence of acquisition and loss of specific capacities in the expression of psychopathology across the life cycle	
			4.2/B Gives examples of gene-environment interaction influences on development and psychopathology[4]	
	2.4/C Utilizes developmental concepts in case formulation	3.3/C Utilizes appropriate conceptual models of development in case formulation		

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:
[1]Includes knowledge of motoric, linguistic, and cognitive development at the level required to pass the United States Medical Licensing Examination (USMLE) Step 2, and also knowledge of developmental milestones in infancy through senescence, such as language acquisition, Piagetian cognitive development, and social and emotional development, such as the emergence of stranger wariness in infancy and the theme of independence versus dependence in adolescence.
[2]Knowledge of fetal, childhood, adolescent, and early adult brain development, including abnormal brain development caused by genetic disorders (Tay-Sachs), environmental toxins, malnutrition, social deprivation, and other factors.
[3]Using the theoretical models proposed by psychodynamic, cognitive, and behavioral theorists.
[4]An example is bipolar disorder with genetic diathesis + environmental stress leading to manic behavior.

Medical Knowledge 2: Psychopathology[1]
Includes knowledge of diagnostic criteria, epidemiology, pathophysiology, course of illness, co-morbidities, and differential diagnosis of psychiatric disorders, including substance use disorders and presentation of psychiatric disorders across the life cycle and in diverse patient populations (e.g., different cultures, families, genders, sexual orientation, ethnicity, etc.)
A: Knowledge to identify and treat psychiatric conditions
B: Knowledge to assess risk and determine level of care
C: Knowledge at the interface of psychiatry and the rest of medicine

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Identifies the major psychiatric diagnostic system (DSM)	2.1/A Demonstrates sufficient knowledge to identify and treat common psychiatric conditions in adults in inpatient and emergency settings (e.g., depression, mania, acute psychosis)	3.1/A Demonstrates sufficient knowledge to identify and treat most psychiatric conditions throughout the life cycle and in a variety of settings[2]	4.1/A Demonstrates sufficient knowledge to identify and treat atypical and complex psychiatric conditions throughout the life cycle and in a range of settings (inpatient, outpatient, emergency, consultation liaison)[3]	
1.2/B Lists major risk and protective factors for danger to self and others	2.2/B Demonstrates knowledge of, and ability to weigh risks and protective factors for, danger to self and/or others in emergency and inpatient settings	3.2/B Displays knowledge of, and the ability to weigh, risk and protective factors for, danger to self and/or others across the life cycle, as well as the ability to determine the need for acute psychiatric hospitalization	4.2/B Displays knowledge sufficient to determine the appropriate level of care for patients expressing, or who may represent, danger to self and/or others, across the life cycle and in a full range of treatment settings	5.1/B Displays knowledge sufficient to teach assessment of risks and the appropriate level of care for patients who may represent a danger to self and/or others
1.3/C Gives examples of interactions between medical and psychiatric symptoms and disorders		3.3/C Shows sufficient knowledge to identify and treat common psychiatric manifestations of medical illness (e.g., delirium,	4.3/C Shows knowledge sufficient to identify and treat a wide range of psychiatric conditions in	5.2/C Shows sufficient knowledge to identify and treat uncommon psychiatric conditions in

1.4/C Shows sufficient knowledge to perform an initial medical and neurological evaluation in psychiatric inpatients 1.5/C Demonstrates sufficient knowledge to identify common medical conditions (e.g., hypothyroidism, hyperlipidemia, diabetes) in psychiatric patients		depression, steroid-induced syndromes) 3.4/C Demonstrates sufficient knowledge to include relevant medical and neurological conditions in the differential diagnoses of psychiatric patients	patients with medical disorders 4.4/C Demonstrates sufficient knowledge to systematically screen for, evaluate, and diagnose common medical conditions in psychiatric patients, and to ensure appropriate further evaluation and treatment of these conditions in collaboration with other medical providers	patients with medical disorders 5.3/C Demonstrates sufficient knowledge to detect and ensure appropriate treatment of uncommon medical conditions in patients with psychiatric disorders
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments: Not Yet Achieved Level 1 ☐				

Footnotes:
[1]This milestone focuses on knowledge needed for patient care. Thus, knowledge of psychopathology can be assessed through multiple choice knowledge examinations (e.g., the Psychiatry Resident In-Training Examination (PRITE)), and/or through evaluations of the application of knowledge of psychopathology to patient care, such as standardized patients or case vignettes, clinical skills evaluations, and knowledge evidenced during clinical rotations and the routine, supervised care of patients during residency.
[2]This level includes identification and treatment of a wider array of conditions, across the life cycle (including childhood, adolescent, adult, and geriatric conditions), and in a variety of settings (e.g., outpatient, consultation liaison, subspecialty settings).
[3]"Atypical" and "complex" psychiatric conditions refer to unusual presentations of common disorders, co-occurring disorders in patients with multiple co-morbid conditions, and diagnostically challenging clinical presentations.

Medical Knowledge 3: Clinical Neuroscience[1]
Includes knowledge of neurology, neuropsychiatry, neurodiagnostic testing, and relevant neuroscience and their application in clinical settings
A: Neurodiagnostic testing
B: Neuropsychological testing
C: Neuropsychiatric co-morbidity
D: Neurobiology
E: Applied neuroscience

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Knows commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them	2.1/A Knows indications for structural neuroimaging (cranial computed tomography [CT] and magnetic resonance imaging [MRI]) and neurophysiological testing (electroencephalography [EEG], evoked potentials, sleep studies)	3.1/A Recognizes the significance of abnormal findings in routine neurodiagnostic test[4] reports in psychiatric patients	4.1/A Explains the significance of routine neuroimaging, neurophysiological, and neuropsychological testing abnormalities to patients 4.2/A Knows clinical indications and limitations of functional neuroimaging[5]	5.1/A Integrates recent neurodiagnostic research into understanding of psychopathology
1.2/B Knows how to order neuropsychological testing	2.2/B Describes common neuropsychological tests and their indications	3.2/B Knows indications for specific neuropsychological tests and understands meaning of common abnormal findings		5.2/B Flexibly applies knowledge of neuropsychological findings to the differential diagnoses of complex patients
			4.3/C Describes psychiatric co-morbidities of neurologic disorders[6] and less common neurologic co-morbidities of psychiatric disorders[7]	
		3.3/D Describes neurobiological and genetic hypotheses of common psychiatric disorders and their limitations		5.3/D Explains neurobiological hypotheses and genetic risks of psychiatric disorders[9] to patients 5.4/D Integrates knowledge of neurobiology into advocacy

	2.3/E Identifies the brain areas thought to be important in social and emotional behavior[3]		4.4/E Demonstrates sufficient knowledge to incorporate leading neuroscientific hypotheses of emotions and social behaviors[8] into case formulation	for psychiatric patient care and stigma reduction[10]
☐	☐	☐	☐	☐	☐	☐	☐	☐

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:

[1]This milestone focuses on knowledge needed for patient care. Thus, knowledge of clinical neuroscience can be assessed through multiple choice knowledge examination (e.g., PRITE), and/or through evaluations of the application of knowledge of clinical neuroscience to patient care, such as standardized patients or case vignettes, clinical skills evaluations, and knowledge evidenced during clinical rotations and the routine, supervised care of patients during residency.

[2]Common neuropsychological tests include the Montreal Cognitive Assessment (or Mini Mental State Examination), Wechsler Adult Intelligence Scale (or Halstead-Reitan battery), Wechsler Memory Scale, Wide Range Achievement Test, Wisconsin Card Sorting Test, Clock Drawing Test.

[3]Areas might include dorsolateral prefrontal cortex, anterior cingulate, amygdala, hippocampus, etc.

[4]These include structural imaging and electrophysiologic testing.

[5]For example, positron emission tomography (PET)/single-photon emission computed tomography (SPECT) in the diagnosis of Alzheimer's disease (supportive but non-diagnostic); functional magnetic resonance imaging (fMRI) is not yet reimbursable for clinical use.

[6]Examples include: mood disorder due to neurological condition, manic type, in right hemisphere or orbitofrontal strokes/tumors; depression in peri-basal ganglionic infarcts; manic behavior in limbic encephalitis.

[7]Examples include: neuroleptic malignant syndrome; lethal catatonia; "Parkinson plus" syndromes (e.g., multisystem atrophy, dementia with Lewy bodies, etc).

[8]Social behaviors might include attachment, empathy, attraction, reward/addiction, aggression, appetites, etc.

[9]Examples include : Obsessive-Compulsive Disorder (OCD); eating disorders ; Gilles de la Tourette syndrome.

[10]Uses neurobiologic hypotheses of psychiatric disorders to advocate for health coverage, treatment availability, etc.

Medical Knowledge 4: Psychotherapy
Refers to knowledge regarding: 1) individual psychotherapies, including but not limited to psychodynamic[1], cognitive-behavioral[2], and supportive therapies[3]; 2) couples, family, and group therapies; and, 3) integrating psychotherapy and psychopharmacology
A: Knowledge of psychotherapy: theories
B: Knowledge of psychotherapy: practice
C: Knowledge of psychotherapy: evidence base

Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Identifies psycho-dynamic, cognitive-behavioral, and supportive therapies as major psychotherapeutic modalities	2.1/A Describes the basic principles of each of the three core individual psychotherapy modalities[4]	3.1/A Describes differences among the three core individual therapies	4.1/A Describes proposed mechanisms of therapeutic change	5.1/A Incorporates new theoretical developments into knowledge base
	2.2/A Discusses common factors across psychotherapies[5]	3.2/A Describes the historical and conceptual development of psychotherapeutic paradigms		
	2.3/B Lists the basic indications, contraindications, benefits, and risks of supportive, psychodynamic and cognitive behavioral psychotherapies	3.3/B Describes the basic techniques of the three core individual therapies		
		3.4/B Describes the basic principles, indications, contraindications, benefits, and risks of couples, group, and family therapies		
		3.5/C Summarizes the evidence base for each of the three core individual therapies	4.2/C Discusses the evidence base for combining different psychotherapies and psychopharmacology	

			4.3/C Critically appraises the evidence for efficacy of psychotherapies	
☐	☐	☐	☐	☐

Comments:

Not Yet Achieved Level 1 ☐

Footnotes:
[1]This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to understand the concepts of resistance/defenses, and transference/countertransference.
[2]This includes the capacity to generate a case formulation, and to demonstrate techniques of intervention, including behavior change, skills acquisition, and addressing cognitive distortions.
[3]This includes the capacity to generate a case formulation, to demonstrate techniques of intervention, and to strengthen the patient's adaptive defenses, resilience, and social supports.
[4]Throughout this subcompetency, the three "core" or "major" individual psychotherapies refer to supportive, psychodynamic, and cognitive-behavioral therapy.
[5]Common factors refer to elements that different psychotherapeutic modalities have in common, and that are considered central to the efficacy of psychotherapy. These include accurate empathy, therapeutic alliance, and appropriate professional boundaries.

Medical Knowledge 5: Somatic Therapies Medical Knowledge of somatic therapies, including psychopharmacology, ECT, and emerging somatic therapies, such as transcranial magnetic stimulation (TMS) and vagnus nerve stimulation (VNS) **A:** Knowledge of indications, metabolism and mechanism of action for medications **B:** Knowledge of ECT and other emerging somatic treatments **C:** Knowledge of lab studies and measures in monitoring treatment				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Describes general indications and common side effects for commonly prescribed psychopharmacologic agents 1.2/B Describes indications for ECT	2.1/A Describes hypothesized mechanisms of action and metabolism for commonly prescribed psychopharmacologic agents 2.2/A Describes indications for second- and third-line pharmacologic agents 2.3/A Describes less frequent but potentially serious/dangerous adverse effects for commonly prescribed psychopharmacological agents 2.4/A Describes expected time course of response for commonly prescribed classes of psychotropic agents 2.5/B Describes length and frequency of ECT	3.1/A Demonstrates an understanding of pharmacokinetic and pharmacodynamic drug interactions 3.2/A Demonstrates an understanding of psychotropic selection based on current practice guidelines or treatment algorithms for common psychiatric disorders 3.3/B Describes specific techniques in ECT	4.1/A Describes the evidence supporting the use of multiple medications in certain treatment situations (e.g., polypharmacy and augmentation)	5.1/A Integrates emerging studies of somatic treatments into knowledge base

	treatments, as well as relative contraindications 2.6/C Describes the physical and lab studies necessary to initiate treatment with commonly prescribed medications	3.4/B Lists emerging neuro-modulation therapies[1]	4.2/C Integrates knowledge of the titration and side effect management of multiple medications, monitoring the appropriate lab studies, and how emerging physical and laboratory findings impact somatic treatments	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments: Not Yet Achieved Level 1 ☐				
Footnotes: [1]Examples of neuromodulation techniques include TMS and variations, VNS, Deep Brain Stimulation, etc. This is in limited practice in the Middle East.				

Medical Knowledge 6: Practice of Psychiatry **A:** Ethics **B:** Regulatory compliance **C:** Professional development and frameworks				
Level 1	Level 2	Level 3	Level 4	Level 5
1.1/A Lists common ethical issues in psychiatry	2.1/A Lists and discusses sources of professional standards of ethical practice 2.2/A Lists situations that mandate reporting or breach of confidentiality	3.1/A Discusses conflict of interest and management		
1.2/B Recognizes and describes institutional policies and procedures[1]		3.2/B Describes applicable regulations for private and public reimbursement of clinical services.	4.1/B Describes the existence of local variations regarding practice, involuntary treatment, health regulations and psychiatric forensic evaluation.	5.1/B Describes international variations regarding practice, involuntary treatment, and health regulations
	2.3/C Describes how to keep current on regulatory and practice management issues	3.3/C Describes how to seek out and integrate new information on the practice of psychiatry	4.2/C Describes professional advocacy[2]	5.2/C Proposes advocacy activities, policy development, or scholarly contributions related to professional standards
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:			Not Yet Achieved Level 1 ☐	

Footnotes:
[1]"Institutional policies and procedures" refers to those related to the practice of medicine and psychiatry at the specific institution where the resident is credentialed. These include a Code of Conduct (addressing gifts, etc.) and privacy policies (related to PDPA, etc.), but not patient safety policies. These are usually covered during an orientation to the institution and program.
[2] Advocacy includes efforts to promote the wellbeing and interests of patients and their families, the mental health care system, and the profession of psychiatry. While advocacy can include work on behalf of specific individuals, it is usually focused on broader system issues, such as access to mental health care services or public awareness of mental health issues. The focus on larger societal problems typically involves work with policy makers and peer or professional organizations (eg Singapore Psychiatry Association (SPA), the College of Psychiatrists Singapore).

Systems-Based Practice 1: Patient Safety and Quality Improvement				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of common patient safety events	Identifies system factors that lead to patient safety events	Participates in analysis of patient safety events (simulated or actual)	Conducts analysis of patient safety events and offers error prevention strategies (simulated or actual)	Actively engages teams and processes to modify systems to prevent patient safety events
Demonstrates knowledge of how to report patient safety events	Reports patient safety events through institutional reporting systems (actual or simulated)	Participates in disclosure of patient safety events to patients and families (simulated or actual)	Discloses patient safety events to patients and families (simulated or actual)	Role models or mentors others in the disclosure of patient safety events
Demonstrates knowledge of basic quality improvement methodologies and metrics	Describes local quality improvement initiatives (e.g., community vaccination rate, infection rate, smoking cessation)	Participates in local quality improvement initiatives	Demonstrates the skills required to identify, develop, implement, and analyze a quality improvement project	Creates, implements, and assesses quality improvement initiatives at the institutional or community level
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Achieved Level 1 ☐

Systems-Based Practice 2: System Navigation for Patient-Centered Care				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively utilizing the roles of the interprofessional teams	Coordinates care of patients in complex clinical situations effectively utilizing the roles of their interprofessional teams	Role models effective coordination of patient-centered care among different disciplines and specialties	Analyzes the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems, including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities for their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with health care inequities
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Achieved Level 1 ☐

Systems-Based Practice 3: Physician Role in Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies components of the complex health care system Describes basic health payment systems, including government, private, public, and uninsured care and different practice models	Describes the physician's role and how the interrelated components of complex health care system impact patient care Delivers care informed by patient-specific payment model	Analyzes how personal practice affects the system (e.g., length of stay, readmission rates, clinical efficiency) Utilizes shared decision making in patient care, taking into consideration payment models Identifies resources and effectively plans for transition to practice (e.g., information technology, legal, billing and coding, financial, personnel)	Manages the interrelated components of the complex health care systems for efficient and effective patient care Advocates for patient care understanding the limitations of each patient's payment model (e.g., community resources, patient assistance resources) Describes basic elements needed to transition to practice (e.g., contract negotiations, malpractice insurance, government regulation, compliance)	Advocates for or leads change to enhance systems for high-value, efficient, and effective patient care Participates in advocacy activities for health policy to better align payment systems with high-value care
☐	☐	☐	☐	☐
Comments:			Not Yet Achieved Level 1	☐

Practice-Based Learning and Improvement 1: Evidence-Based and Informed Practice				
Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates how to access and use available evidence, and incorporate patient preferences and values in order to take care of a routine patient	Articulates clinical questions and elicits patient preferences and values in order to guide evidence-based care	Locates and applies the best available evidence, integrated with patient preference, to the care of complex patients	Critically appraises and applies evidence even in the face of uncertainty and conflicting evidence to guide care tailored to the individual patient	Coaches others to critically appraise and apply evidence for complex patients and/or participates in the development of guidelines
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				
Not Yet Achieved Level 1 ☐				

Practice-Based Learning and Improvement 2: Reflective Practice and Commitment to Personal Growth				
Level 1	Level 2	Level 3	Level 4	Level 5
Accepts responsibility for personal and professional development by establishing goals Identifies the factors that contribute to gap(s) between expectations and actual performance Actively seeks opportunities to improve	Demonstrates openness to performance data (feedback and other input) in order to inform goals Analyzes and reflects on the factors that contribute to gap(s) between expectations and actual performance Designs and implements a learning plan, with prompting	Seeks performance data episodically, with adaptability and humility Analyzes, reflects on, and institutes behavioral change(s) to narrow the gap(s) between expectations and actual performance Independently creates and implements a learning plan	Intentionally seeks performance data consistently, with adaptability and humility Challenges assumptions and considers alternatives in narrowing the gap(s) between expectations and actual performance Uses performance data to measure the effectiveness of the learning plan and, when necessary, improves it	Role models consistently seeking performance data, with adaptability and humility Coaches others on reflective practice Facilitates the design and implementation of learning plans for others
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments: Not Yet Achieved Level 1 ☐				

Professionalism 1: Professional Behavior and Ethical Principles				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies and describes potential triggers for professionalism lapses	Demonstrates insight into professional behavior in routine situations	Demonstrates professional behavior in complex or stressful situations	Recognizes situations that may trigger professionalism lapses and intervenes to prevent lapses in self and others	Coaches others when their behavior fails to meet professional expectations
Describes when and how to appropriately report professionalism lapses, including strategies for addressing common barriers	Takes responsibility for own professionalism lapses	Analyzes complex situations using ethical principles	Recognizes and utilizes appropriate resources for managing and resolving ethical dilemmas as needed (e.g., ethics consultations, literature review, risk management/legal consultation)	Identifies and seeks to address system-level factors that induce or exacerbate ethical problems or impede their resolution
Demonstrates knowledge of the ethical principles underlying informed consent, surrogate decision making, advance directives, confidentiality, error disclosure, stewardship of limited resources, and related topics	Analyzes straightforward situations using ethical principles	Recognizes need to seek help in managing and resolving complex ethical situations		
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Achieved Level 1 ☐

Professionalism 2: Accountability/Conscientiousness				
Level 1	Level 2	Level 3	Level 4	Level 5
Takes responsibility for failure to complete tasks and responsibilities, identifies potential contributing factors, and describes strategies for ensuring timely task completion in the future Responds promptly to requests or reminders to complete tasks and responsibilities	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in routine situations Recognizes situations that may impact own ability to complete tasks and responsibilities in a timely manner	Performs tasks and responsibilities in a timely manner with appropriate attention to detail in complex or stressful situations Proactively implements strategies to ensure that the needs of patients, teams, and systems are met	Recognizes situations that may impact others' ability to complete tasks and responsibilities in a timely manner	Takes ownership of system outcomes
☐	☐	☐	☐	☐ ☐ ☐ ☐ ☐
Comments:				Not Yet Achieved Level 1 ☐

Professionalism 3: Self-Awareness and Help-Seeking				
Level 1	Level 2	Level 3	Level 4	Level 5
Recognizes status of personal and professional well-being, with assistance Recognizes limits in the knowledge/skills of self or team, with assistance	Independently recognizes status of personal and professional well-being Independently recognizes limits in the knowledge/skills of self or team Demonstrates appropriate help-seeking behaviors	With assistance, proposes a plan to optimize personal and professional well-being With assistance, proposes a plan to remediate or improve limits in the knowledge/skills of self or team	Independently develops a plan to optimize personal and professional well-being Independently develops a plan to remediate or improve limits in the knowledge/skills of self or team	Coaches others when emotional responses or limitations in knowledge/skills do not meet professional expectations
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
Comments:				Not Yet Achieved Level 1 ☐

Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and non-verbal behavior to demonstrate respect and establish rapport	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Easily establishes therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Identifies common barriers to effective communication (e.g., language, disability) while accurately communicating own role within the health care system	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Role models self-awareness practice while identifying teaching a contextual approach to minimize communication barriers
Identifies the need to adjust communication strategies based on assessment of patient/family expectations and understanding of their health status and treatment options	Organizes and initiates communication with patient/family by introducing stakeholders, setting the agenda, clarifying expectations, and verifying an understanding of the clinical situation	With guidance, sensitively and compassionately delivers medical information; elicits patient/family values, goals and preferences; and acknowledges uncertainty and conflict	Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication in situations with a high degree of uncertainty/conflict
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Comments:				Not Yet Achieved Level 1 ☐

Interpersonal and Communication Skills 2: Interprofessional and Team Communication				
Level 1	Level 2	Level 3	Level 4	Level 5
Respectfully requests a consultation	Clearly and concisely requests a consultation	Checks own understanding of consultant recommendations	Coordinates recommendations from different members of the health care team to optimize patient care	Role models flexible communication strategies that value input from all health care team members, resolving conflict when needed
Respectfully receives a consultation request	Clearly and concisely responds to a consultation request	Checks understanding of recommendations when providing consultation	Communicates feedback and constructive criticism to superiors	Facilitates regular health care team-based feedback in complex situations
Uses language that values all members of the health care team	Communicates information effectively with all health care team members	Uses active listening to adapt communication style to fit team needs		
	Solicits feedback on performance as a member of the health care team	Communicates concerns and provides feedback to peers and learners		
☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐
Comments:				Not Yet Achieved Level 1 ☐

Interpersonal and Communication Skills 3: Communication within Health Care Systems				
Level 1	Level 2	Level 3	Level 4	Level 5
Accurately records information in the patient record	Demonstrates organized diagnostic and therapeutic reasoning through notes in the patient record	Concisely reports diagnostic and therapeutic reasoning in the patient record	Communicates clearly, concisely, in a timely manner, and in an organized written form, including anticipatory guidance	Models feedback to improve others' written communication
Safeguards patient personal health information	Demonstrates accurate, timely, and appropriate use of documentation shortcuts	Appropriately selects direct (e.g., telephone, in-person) and indirect (e.g., progress notes, text messages) forms of communication based on context	Produces written or verbal communication (e.g., patient notes, e-mail, etc.) that serves as an example for others to follow	Guides departmental or institutional communication around policies and procedures
Communicates through appropriate channels as required by institutional policy (e.g., patient safety reports, cell phone/pager usage)	Documents required data in formats specified by institutional policy Respectfully communicates concerns about the system	Uses appropriate channels to offer clear and constructive suggestions to improve the system	Initiates difficult conversations with appropriate stakeholders to improve the system	Facilitates dialogue regarding systems issues among larger community stakeholders (e.g., institution, health care system, field)
☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Comments:			Not Yet Achieved Level 1	☐