SAUDI

PSYCHOSOMATIC MEDICINE

FELLOWSHIP PROGRAM

PSYCHOSOMATIC MEDICINE
FELLOWSHIP COMMITTEE, PSYCHIATRY COUNCIL, SAUDI
COMMISSION FOR HEALTH SPECIALTIES

UNIT OF ADULT PSYCHOSOMATIC MEDICINE
DEPARTMENT OF PSYCHIATRY
COLLEGE OF MEDICINE & KING SAUD MEDICAL CITY
KING SAUD UNIVERSITY

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Psychosomatic Medicine Fellowship Training Program

I. INTRODUCTION

Psychosomatic Medicine (PM) (consultation Liaison Psychiatry) is the medical discipline encompassing the study and practice of psychiatric disorders in patients with medical, surgical, obstetrical, and neurological conditions, particularly for patients with complex and/or chronic conditions. Overall, psychiatric disorders are common, serious but treatable illness. Lifetime prevalence of mental disorders is 33% in general population & 42% in patients with chronic medical conditions. In patients with short-term medical or surgical conditions, 30-60% of them presented also with a psychiatric condition. Patients with serious mental illnesses like schizophrenia or bipolar disorders may die 15 years younger than general populations because of higher medical co-morbidity. The medical costs are twice higher in depressive patients and they require seven times more frequently the emergency services.

The Adult Psychosomatic Medicine Units comprises of specialized mental health teams who provide comprehensive mental health specialist assessment, feedback and brief intervention to adult inpatients of medical, surgical & obstetric units in the general hospitals. The psychosomatic team assists the medical treating staff by providing diagnostic, management and referral advice for their patients who are suffering from a mental disorder or psychological distress.

Moreover, they provide collaborative, integrative mental health care to primary and secondary outpatient medical & surgical populations e.g. psycho-oncology, psycho-nephrology, cardiac psychiatry, perinatal psychiatry, neuropsychiatry, transplant & bariatric surgery psychiatry, GI psychiatry and shared care family medicine. The rapid and impressive progress in the field of psychosomatic medicine in recent decades (and the expected advances in the future) require the
specialty to be practiced in a milieu in which teaching and research are actively conducted.

The mission of the Saudi Psychosomatic Medicine Fellowship Program supervised by the Saudi Commission for Health Specialties in collaboration with King Saud University (KSU) is to train psychiatrists to become highly qualified consultants of Psychosomatic Medicine. The program expects trainees to complete training leading to eligibility for certification in Psychosomatic Medicine. This fellowship program lasts two (2) years. It is expected that trainees in this program will possess excellent clinical skills, deep knowledge of this discipline and high standard of professional ethics.
II. GOALS AND OBJECTIVES:

The Psychosomatic Medicine Fellowship Program provides a structure within which trainees can develop clinical competence in the overall specialty of Psychosomatic Medicine. We will follow the worldwide guidelines about core competencies for Fellowship Training in Psychosomatic Medicine especially the American¹ and Canadian² ones. However, local cultural differences will be taken in consideration. Following the CANMEDS model, theses competency are:

²HTTP://WWW.PSYCHIATRY.UTORONTO.CA/EDUCATION/POSTGRADUATE-PROGRAM/CORE-CURRICULUM/
1.) MEDICAL EXPERT KNOWLEDGE:

1.1 ) Demonstrate Fund of Knowledge, Including Conceptual Theory and Scientific Literature of:

1.1.1 Relevant sciences (e.g., neurosciences, psychology, psychopharmacology, epidemiology, and social sciences) that are important for the care of medically ill psychiatric patients and their families

1.1.2 The nature and extent of psychiatric morbidity in medical populations

1.1.3 The impact of psychological factors and comorbid psychiatric disorders on the course of medical illnesses

1.1.4 Appropriate treatment interventions for coexisting psychiatric disorders in medically ill patients, including pharmacotherapy, other somatic therapies (e.g., ECT), and psychotherapy (especially, evidence-based psychotherapies)

1.1.5 Psychological and psychiatric effects of toxins, medical and surgical treatments and medications.

1.1.6 Psychiatric complications of medical illnesses, including trauma

1.1.7 Indications for, and use of, psychiatric medications in medically-ill patients, including knowledge of drug–drug interactions
1.1.8 Forensic psychiatric issues (e.g., capacity and guardianship) as they apply to Psychosomatic Medicine and End of life care issues.

1.2 Demonstrate the Knowledge Competencies delineated above for a multitude of psychiatric problems that present in a wide range of medical-surgical-obstetrical patients, including:

- Mood disorders
- Anxiety disorders
- Adjustment disorders
- Bereavement
- Acute stress disorders
- Delirium
- Dementia
- Psychotic disorders
- Catatonia
- Substance-related disorders
- Psychiatric disorders due to another medical condition or a toxic substance
- Somatic symptoms and related disorders
- Factitious disorders and malingering
- Sleep disorders
- Sexual disorders
- Psychological factors that affect physical illness
- Personality disorders in the medical setting
- Developmental disorders
- Eating disorders
Clinical Skills:

1. Be skillful to provide care for patients with psychopathology encountered in general-medical settings (e.g., inpatient and outpatient medical-surgical-obstetrical settings).

2. Demonstrate competency to gather essential information through review of pertinent records and interviews of patients, their family members, caregivers, and other healthcare professionals, with particular attention to:

   2.1 The chief complaint and relevant history
   2.2 Adjustment to illness (including the influence of personality), treatment adherence, patient-physician relationships, response to hospitalizations, rehabilitation efforts, and outpatient care.
   2.3 The course of medical illness, response to medical and surgical interventions, prognosis, functional abilities, and the presence of significant disabilities
   2.4 Mental status (including the use of relevant neurobehavioral and structured cognitive tools)
   2.5 The signs and symptoms of intoxication or withdrawal, addiction, drug-drug interactions, treatment non-adherence, and the manifestations of polypharmacy or overmedication
   2.6 Medical and surgical conditions (which include performance of a neurological examination when appropriate)
   2.7 Decision-making capacity (e.g., decisions regarding treatment, personal care, and placement)
   2.8 Potential abuse and or neglect of the patient
   2.9 The emotional state of family, caregivers, and the capacity to function as stable social supports
2.10 The impact of cultural, gender, socio-economic status, life stage and age on patients

3. Able to develop a plan for diagnostic evaluation that may include selecting ancillary investigations, obtaining corroborative history or information, and performing pertinent testing (e.g., serum and urine chemistries, blood counts, cultures, neuro imaging, electro encephalograms, and neuro psychological evaluations).

4. Able to develop and implement comprehensive medical/psychiatric treatment plans that address biological, psychological, and sociocultural domains, including:

   4.1 The provision of direct or consultative care to medical-surgical-obstetrical patients with comorbid psychiatric conditions
      4.1.1 Use of input and recommendations from members of the mental health care team, hospitalists, primary physicians, other consultants, and representatives from allied disciplines.
      4.1.2 Use of information technology to support patient care decisions and patient education.

5. Psychosomatic Medicine psychiatrists shall:

   5.1 Be cognizant of the stressors experienced by patients undergoing medical treatment.

   5.2 Provide expertise regarding the use of restraints and one-to-one sitters.

   5.3 Identify and use appropriate somatic interventions (including pharmacotherapies and electroconvulsive therapy [ECT]) for medical-surgical-obstetrical patients, when indicated.

   5.4 Identify and use appropriate psychotherapeutic interventions (e.g., psychotherapy [cognitive–behavioral, group, interpersonal,
psychodynamic, and supportive], mindfulness-based therapies, relaxation therapy, and hypnosis) for medical-surgical-obstetrical patients, when indicated e.g. to help patients with their adaptation to illness and treatment.

6. Psychosomatic Medicine psychiatrists shall:

6.1 Facilitate referrals to appropriate social support resources (e.g., Spiritual care, community programs, home health services, crisis and outreach services, respite care, and institutional long-term care)

6.2 Provide appropriate guidance to caregivers of medical-surgical-obstetrical patients with psychiatric problems who are discharged to home.

6.3 Psychosomatic Medicine psychiatrists shall provide capacity-determinations when indicated and provide expertise regarding advance directives, the right to refuse treatment, informed consent, living wills, the duty to warn, and the withholding of medical treatments; the application of the mental health act

2.) COMMUNICATOR

2.1 Establish rapport with a culturally diverse population of medically-ill patients and their families

2.2 Communicate effectively with consultees

2.3 Skillfully manage transference and counter-transference issues and / or interpersonal conflicts that arise between patients with psychiatric disorders and their caregivers in general-medical settings

2.4 Use verbal and written communication skills that effectively convey the consultant’s impressions and recommendations to the healthcare team
2.5 Serve as an educational resource for patients and their families and for multidisciplinary staff about the interaction of psychiatric and general-medical disorders and their treatments

2.6 Provide guidance to the multidisciplinary team, effectively promoting the implementation of an appropriate biopsychosocial treatment plan for medically-ill patients with comorbid psychiatric disorders and symptoms

2.7 Abide by regulations that respect patient privacy and confidentiality in both written and verbal communications

3.) COLLABORATOR

3.1 Consults effectively with other health care team members, including non-psychiatric physicians, nurses, social workers, Psychologists, and Spiritual Care staff, recognizing their roles and responsibilities.

3.2 Can participate effectively and respectfully in a “collaborative care” model with other health care providers in the management of a patient’s psychiatric or behavioral issues.

3.3 Contributes effectively to the interdisciplinary management of the medical/surgical patient.

3.4 Is able and willing to teach and learn from colleagues/students and/or other health care professionals, within the context of a clinical care team.

3.5 Is able to address interpersonal conflict in patient care, utilizing negotiation skills, to arrive at a workable endpoint.

4.) MANAGER

4.1 Time: is able to effectively prioritize clinical, educational and personal demands in order to provide safe and effective care, and maintain a sustainable practice.
4.2 Resources: Addresses human and hospital resources issues, such as social work, sitters, need for transfer, and scope of practice of other staff, with consideration of cost appropriateness.

4.3 Coordinates the efforts of the consultation-liaison treatment team including, when appropriate, the triaging and allocation of incoming referrals.

5.) HEALTH ADVOCATE

5.1 Identifies and addresses stigma affecting the medical/surgical patient with psychiatric illness.

5.2 Advocates for the patient within the context of the treatment setting, and with respect to access to services.

5.3 Identifies and understands the determinants of physical and mental health affecting medical/surgical patients individually or as a group, and recognizes and responds to those issues where advocacy is appropriate for the patient or their community.

6.) SCHOLAR

6.1 Demonstrate an ongoing effort to maintain and expand their knowledge and skills to optimize the evaluation and treatment of psychiatric disorders in medically-ill patients.

6.2 Demonstrate skills for obtaining up-to-date reliable information from the literature to optimize the care of patients. As specific examples, Psychosomatic Medicine psychiatrists will:

6.2.1 Locate, critically appraise, and assimilate evidence from the medical literature applicable to patient care.
6.2.2 Apply knowledge of research study designs and statistical methods to the appraisal of clinical studies

6.2.3 Use medical libraries and information technology, including Internet-based searches of the literature and relevant databases

6.2.4 Facilitate the learning of other healthcare professionals and trainees (e.g., other physicians, medical students, nurses, and allied health professionals) through active participation in conferences, seminars, Grand Rounds, and other modalities of professional communication

6.2.5 Maintain currency in the literature specific to Psychosomatic Medicine (e.g., psychosomatic medicine journals, textbooks, and other media)

6.2.6 Apply knowledge of research in conducting a study, writing manuscript, submission to national and/or international journals and presentations at local, national, and international scientific meetings; under the guidance of the psychosomatic medicine staff

7.) PROFESSIONAL

7.1 Demonstrates accountability, integrity, honesty, compassion, and respect for diversity within the context of CL practice. Also, interacts with colleagues and other health care professionals in an honest and respectful manner with the context of CL practice.

7.2 Fulfills the medical, legal and professional obligations of a psychiatrist. Notably, completes consults and reports in a timely manner.

7.3 Demonstrates responsibility, dependability, self-direction, and punctuality.

7.4 Accepts and constructively utilizes feedback.
7.5 Adhere to ethical principles of autonomy (e.g., informed consent) and confidentiality.

7.6 Demonstrate an understanding of and sensitivity to end-of-life care, withdrawal and withholding of care, and issues regarding the provision of compassionate care.
III. **Training Program Outline**

The program allows the fellow to engage in a variety of required and elective clinical and research rotations as well as to engage in a wide variety of educational activities where the fellow can serve as a learner and as an educator. The program also allows each PM-Fellow to develop his or her own unique strengths and interests.

Besides the required Psychosomatic Medicine Inpatient and Outpatient rotations, the Fellowship offers a menu of elective rotations, including Neuro critical Care, Research, Psycho-Oncology, Palliative Care, Ethics, Neuropsychiatry, Transplant Psychiatry, Pain, Bariatric Surgery, and etc.

(A) **In patient consultation-liaison Rotation**

**Description and Objectives:**

- The psychosomatic medicine Fellow will have the opportunity to provide comprehensive mental health specialist assessment, feedback and brief intervention to adult inpatients of medical, surgical & obstetric units in the general hospitals wards and ICUs.
- The Fellow will follow all consultations (new and old) and will be responsible in the day-to-day evaluation of patients, tracing results and writing progress notes.
- Responsibilities will be upgraded as the Fellow advances in his/her training program.
• It is of paramount importance that the Fellow should achieve the pertinent CANMEDS competencies of psychosomatic medicine as detailed above.

(B) Out-patient

The Fellow will be assigned in the Outpatient Clinics where he/she prepares the initial assessment of the patients, summarize history, physical/mental and laboratory findings and will discuss management of care with the Attending Consultants as needed.

Description and Objectives:

• The fellow will cover the general/ specialized psychosomatic clinics under supervision of the attending consultant.

• It is of paramount importance that the Fellow should achieve the pertinent CANMEDS competencies of psychosomatic medicine as detailed above.

(C) Research

The Individualized clinical research projects tailored to the Fellow’s interests and career path with a specified mentor will be undertaken within the first year of the Fellowship. During the Fellowship program at least one study will be expected by each candidate. The fellow will continue to cover clinical activities during the research rotation.
• Fellows will be expected to initiate, develop, conduct and complete a research project in Psychosomatic Medicine with supervision, assistance and direction from his research supervisor.

• Each fellow should present his progress of his research project on a regular basis and at the end of each academic year; the fellow will present the data during a ‘Grand Rounds’.
IV. Structure of the training program

One- three Fellows will be accommodated per year in the program. However, the number will increase in the future, if numbers of training sites and the total hospital beds/outpatients capacity increased.

Total duration of the training will be for two (2) years.

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>TOTAL</th>
<th>First Year</th>
<th>Second Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Psychiatric Consult Service</td>
<td>22 months</td>
<td>10.5 months</td>
<td>10.5 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4-7 hrs/day every week day</td>
<td>4-7 hrs/day every week day</td>
</tr>
<tr>
<td>General Psychosomatic Medicine Clinic</td>
<td>22 months</td>
<td>11 months</td>
<td>11 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 days/week</td>
<td>2 days/week</td>
</tr>
<tr>
<td>Specialty Psychosomatic Medicine Clinic (Elective)</td>
<td>6-12 months</td>
<td>0</td>
<td>6-12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.5-1 day/week</td>
</tr>
<tr>
<td>Neuro-critical Care Service</td>
<td>2 weeks</td>
<td>2 weeks</td>
<td>0</td>
</tr>
<tr>
<td>Palliative Care service</td>
<td>2 weeks</td>
<td></td>
<td>2 weeks</td>
</tr>
<tr>
<td>Research</td>
<td>6 months</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Elective</td>
<td>6 months</td>
<td>0</td>
<td>6 months</td>
</tr>
<tr>
<td>Leave</td>
<td>2 months</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24 months</td>
<td>12 months</td>
<td>12 months</td>
</tr>
</tbody>
</table>
V. INSTITUTIONS

Sponsoring Department: Psychiatry Department
Primary Training Site: King Khalid University Hospital / King Saud medical city

Participating Sites:
1) King Faisal Specialist Hospital & Research Center, Jeddah, SA
2) University of Toronto, Queen's University, Canada.
3) Other potential collaborating centers may include Stanford University, USA and others.

Important consideration:

- The fellow may spend 6-12 months of his second year of fellowship in any well-recognized training center in psychosomatic medicine, approved by the program Director of the Saudi PM fellowship, as an elective rotation of the second year of the PM fellowship. However, he can still spend the whole two years PM training in Saudi Arabia.
- It is of paramount importance that the Fellow should achieve the pertinent CANMEDS competencies of psychosomatic medicine as detailed above.
- This rotation will be sponsored either by the trainee himself or through his sponsoring hospital.
Program Training Committee (under the umbrella of psychiatry council of the Saudi Commission for Health Specialties):

1. Dr. Fahad Alosaimi (the chairman).
2. Dr. Abdulgader Aljarad
3. Dakhil Alsaeidi
4. Sayed Abdulkader

Program Director:

Dr. Fahad Alosaimi
VI. Responsibility of fellows

Under the supervision of Consultants, Fellows are expected to:

Year 1: The 1st Clinical Year Fellowship

(a) Provide consultation to other services in the Hospital.
(b) Carry out rounds every morning on all patients.
(c) Joint the consultants’ rounds.
(d) Attend the hand-over rounds.
(e) Be responsible for the care of all inpatients/ outpatients under the supervision of a Consultant.
(f) Supervise Rotating students/ Residents/Fellows joining the unit.
(g) Do on-call duties of 5 - 8 days per month.
(h) Participate in educational activities in the department or in the unit.

Year 2: The 2nd Clinical Year Fellowship

(a) Participate in upgraded responsibilities and will take a more senior role.
(b) Make more appropriate clinical decisions and manage patients efficiently.
(c) Conduct daily rounds/sessions with Resident, Assistant and Consultant.
(d) Do on-call duties of 5 - 8 days per month.
VII. Enrollment criteria

(a) Possess a Saudi/Arab Board certification in General Psychiatry or other equivalent certificates; the program director must comply with the criteria for fellow eligibility as specified in the Postgraduate Policies. Fellows must have completed a core training program in general psychiatry accredited by SCFHS.

(b) Submit all relevant documents thought SCFHS gate when opened usually on September every year. The program start on March.

(c) Pass successfully the admission interview set by the Psychosomatic Medicine Subspecialty Scientific Committee.

VIII. Resources

(A) Universal Resources

Fellows are expected to know the contents of and use of the following resources:

- Psychosomatic medicine Fellowship Program Manual.
- The American Psychiatric Publishing Textbook of Psychosomatic Medicine: Psychiatric Care of the Medically Ill by James Levenson
- Massachusetts General Hospital Handbook of General Hospital Psychiatry by Theodore A. Stern
- Psychosomatic Medicine: An Introduction to Consultation-Liaison Psychiatry by James J. Amos
- Clinical Manual of Psychopharmacology in the Medically Ill Paperback – June 1, 2010 by Stephen J. Ferrando
- Major general psychiatry and specialized journals in psychosomatic medicine field
- Internet resources: Pubmed database, Ovid, etc.
- Computer resources including a word processing program, spreadsheet, database program, statistics program and a reference manager program.

(B) Institutional Resources
- Core curriculum tutorials
- Grand Rounds/Management conferences
- PM meeting
- Clinic conferences
- International and national meetings: at least one per year
- Journal club
- Medical Library
IX. Fellow Evaluation and Promotion

Psychosomatic medicine Fellows will be evaluated continuously using CANMEDS competency framework for intellectual abilities, technical skills, professional attitudes and inter-personal relationships, as well as specific tasks of patient management, decision-making skills and critical analysis of clinical observations. Fellows will also be evaluated with respect to their knowledge in Psychiatry and also in literature review. There is a provision for appropriate feedback of this information to the Fellow for guidance. On the other hand, Fellows are given the opportunity to evaluate the staff performance with appropriate feedback to the staff members concerned to resolve any problems.

The Fellows’ performance will be assessed by:

(a) Formal evaluation forms from each faculty member on each rotation.
(b) Formal Annual evaluation held at the end of each year by the program training committee in each training center.
(c) Log book.
(d) Research progress report.
(e) Written and clinical examinations.

The fellow can be promoted to the second year of the fellowship if he achieved minimum of 60 % as a total (minimum of 60% in each of the following), or as per the updated SCFHS regulations:

- Written MCQ examination (60%), (marks will be multiplied by 1.2 for F1, if shared same MCQ exam with F2).
X. **Evaluation of rotations by fellows (questionnaire)**

The psychosomatic medicine Fellow is encouraged to complete this questionnaire at the end of each rotation and to forward it to the Director of the PM Fellowship Training Program.

A. Were the objectives of rotation fulfilled?
   1. Yes
   2. No

B. How would you rate your interaction with the consultant?
   1. Excellent
   2. Average
   3. Poor

C. Was there a regularly allocated time for educating the PM Fellow?
   1. Yes
   2. No

D. Was there a provision of educational material/ references?
   1. Yes
   2. No

E. How would you rate the overall yield you got from the rotation?
   1. Excellent
2. Average
3. Poor

Suggestions to improve rotation

1. __________________________________________________________
   __________________________________________________________
2. __________________________________________________________
   __________________________________________________________
3. __________________________________________________________
   __________________________________________________________

Fellow’s Name: ______________________
Signature: ______________________
Date: ______________________
XI. Ethical issues

**Goal:** Acquisition of knowledge and skills to deal with arising ethical issues during work. The trainee should be familiar with the health worker code of ethics in their center and should consult with colleagues and Islamic scholars when faced with medical ethical dilemma.

XII. Leaves

Regulations governing holidays are as per KSU.

(a) Fellows are entitled to four weeks’ vacation annually and a maximum of 10 days both EID holidays and emergency leave.
(b) Sick and maternity leave shall be compensated for during or at the end of training.
(c) Holidays are to be scheduled by the institution in such a way that it will not interfere with the quality of the training and with patient care.

XIV. Final Examination

-The trainees can be considered fulfilled all the training requirements of the fellowship if he achieved minimum of 60 % as a total in the 2nd year of the fellowship; minimum of 60% in each of the following:
  • Written MCQ examination
  • Research
• Log book
• Formal Annual evaluation

- If the candidate scored 60-69% in the Written MCQ examination of the 2nd year of the fellowship in addition to other requirements as outlines above, he needs to repeat the Written MCQ examination before allowed to set for the final clinical exam.

- If the candidate scored minimum of 70% in the Written MCQ examination of the 2nd year of the fellowship in addition to other requirements as outlines above, he will be allowed to set for the final clinical exam:
  - The final clinical exam consists of either structured oral exam stations or OSCE stations or both.
  - To pass the final clinical exam, the candidate must score a minimum of 70% in the entire exam or as per the updated SCFHS regulations.

XV. Completion

A certificate of completion of the Saudi psychosomatic medicine Subspecialty will be awarded by the Saudi Commission for Health Specialties/ King Saud University upon satisfactory completion of the requirements of the program, which includes passing the required examinations.

Also, another certificate for the elective rotation spent abroad, may be awarded by the participating site, upon satisfactory completion of the requirements of the program.