



# المجلس العربي للاختصاصات الصحية

The Arab Board of Health Specializations

دليل برنامج الطب النفسي عند الأطفال والمراهقين

المجلس العلمي لاختصاص الطب النفسي

Child and Adolescent Psychiatry Program Guide

The Scientific Council of Psychiatry

2016

<b>Content</b>	<b>Page</b>
Introduction	
General Objectives and Entry requirements	
Program Structure/ Clinical Rotations and Supervision	
Hospital/ Centre Accreditations	
Continuous Evaluation of Trainee	
Trainee Evaluation of Clinical Supervision	
Evaluation and Qualifying examination Structure	
References	

## Preamble:

Mental Health Disorders are one of the leading causes of disability, accounting to one third of the global disability 1-2.

Furthermore, there is evidence that disorders such as major depressive disorders, suicidal behavior, conduct disorder and antisocial behavior start early during childhood and adolescence<sup>3</sup>. Worldwide 10-20% of children may develop mental disorder, if not treated, which can affect their development, academic achievement and future job productivity. However only 62.4% of all countries and 36% of low income countries have mental health programs for children<sup>4</sup>.

Studies from Arab countries revealed similar prevalence rates of mental disorders among children comparable to those reported internationally. In these countries, services for mental health especially for children are limited and severally under covered. This calls for an urgent need to develop child and adolescent mental health services and programs<sup>5</sup>.

A major step to achieve better coverage of services and to fulfill unmet needs of accessible mental health programs for these children in the area is to train future child and Adolescent psychiatrists. The shortage of child and adolescent psychiatrists is worldwide but may be more profound in the Arab countries. The shortage is compounded by unequal distribution of child and adolescent psychiatrists. Children living in poverty, rural areas, conflicts and as refugees are less likely to have access to child and adolescent psychiatrists 6-7.

Child and adolescent psychiatrists work with children, adolescents and their families, in hospital, schools, courts, universities, private offices, social agencies, research institutes and can become active in their community or government as advocates for child mental health<sup>8</sup>.

Recognizing the shortage of child and adolescent psychiatrists necessitates upon the expansion of training in this specialty, to improve the children mental health.

# **The Arab Board for Health Specializations**

## **Arab Board of Psychiatry**

### **Training Requirements for**

### **Child & Adolescent Psychiatry**

## **Introduction:**

This is the training program in the child and adolescent psychiatry. It consists of Four parts; the first part details the structure of the program and starts with the rational; followed by its goals, inclusion criteria, and a description of its duration, and methods of training. The second part involves the Program Functions and includes; the third details trainee duties and responsibilities in each of the training areas, and the fourth part describes trainees and training centers with relevant evaluation forms and conditions pertaining to the center accreditation.

## **Part one: Structure of Proposed Training Program**

### **Rational:**

Provide essential information for candidates regarding the fellowship training in Child & Adolescent Psychiatry as part of Arab Board qualification.

### **VISION AND MISSION STATEMENT:**

#### **VISION**

The ultimate goal is to produce highly trained specialists in the field of Child and Adolescent psychiatry to provide ethical and quality clinical care, with special emphasis on the unique socio-cultural characteristics of the Arab communities.

#### **MISSION**

The mission is to encourage Arab Countries to enhance mental health services to children and adolescents through developing training programs to graduate specialists in Child and Adolescent psychiatry who are highly capable, confident, ethical and humane in managing the complete spectrum of conditions that arise in the area of Child and Adolescent mental health care. The program will focus on developing specific general areas of medical competence; patient care, medical knowledge, interpersonal and communication skills and professionalism.

**Goals:**

1. Familiarize trainees with the general set up of child and adolescent psychiatry; and various sources of care.
2. Prepare trainees with the fundamental skills of assessing, diagnosing, and management of the common psychiatric disorders encountered in the child mental health settings.
3. Equip trainees with the necessary knowledge skills and attitudes to be a source person for change and development agent in the field of child and Adolescent psychiatry.

**Inclusion criteria:**

**Candidate should hold the following:**

1. Arab Board certification in general psychiatry or equivalent.
2. Work in a center accredited by Arab Board Council.
3. Has valid registration in the country where a full time training is forecast.

Exemption from training or part of training can be granted according to Arab Board Council regulation.

**Clinical Program description:**

The fellowship training program in child and adolescent psychiatry is of 2 years duration divided into 4 periods, each is 6 months as follows:

The first year includes basic training to help trainees acquire knowledge, skills and attitude for assessment, diagnosis and management of the common psychiatric disorders encountered in child mental health. Trainee should be placed in areas where he/she is exposed to the common childhood disorders (e.g. ADHD, Autism, Learning disabilities). These setups include the outpatient clinic or in-patient/day care facility for 6 months each; preferably the first 6 months are allocated for starting by outpatient services.

The second year is divided into two sections. The aim is to get expertise in special area of interest to child psychiatrist. The first half of the year will be devoted to practice liaison psychiatry with pediatrics service including emergency services. The 2<sup>nd</sup> half can be a repeat of the 1<sup>st</sup> year training previously mentioned areas or the candidate can rotate in one or two of the following rotations according to availability and interest:

1. School Mental Health.
2. Child protection.
3. Assessment of ADHD, Autism and learning disorder.
4. Administrative psychiatry – Resident works as chief resident where he/she will attend Quality improvement committee meetings and other Administrations meetings, patients' Relationship office and auditing ...etc.
5. Teaching fellow, where his main duty is to organize teaching activities for all trainees in The center, such as Nurses, social worker, medical students, family physician or interns.
6. Child Neurology.
7. Behavioral pediatrics (If available).
8. Consultation to centers for children with special needs – disabled.
9. Consultation to adolescent/ youth programs on substance abuse.
10. Research.
11. Others as available and credited.

**Methods of training:**

1. Case presentation
2. Individual supervision
3. Field visits
4. Supervised research involvement.

**Part Two: Didactic Academic Curriculum**

It is a requirement that content areas which are later detailed under “Certification examination” need to be taught throughout the training period according to a clear program didactic curriculum. The didactic teaching program is the prime responsibility of the training centers.

### **Part Three: Trainee's Duties and Responsibilities**

Fellow will spend a minimum period of 6 months in the outpatient clinic and an equivalent period of time in the inpatient unit. During these periods trainees are expected to perform the following activities. In outpatient rotation fellow is broadly exposed to common child and adolescent psychiatric disorders such as, intellectual disability, ADHD- Autism spectrum Disorder, conduct disorder, School related problems, and suicide attempts.

#### **I) Outpatient Service:**

1. Assess at least 50 cases of child and adolescent age group, include at least 10 cases of preschool age (3-6 years) and 10 cases of adolescent group (12-18 years).
2. The work load at any time should not exceed 10 cases.
3. Read and interpret results administered test of the following instruments:
  - 3.1 Tests for preschool developmental assessment.
  - 3.2 Tests or scales for ADHD assessment.
  - 3.3 Test for autism assessment.
  - 3.4 General Intelligent test for different ages.
4. Attends one meeting of child protection committee or activity.
5. Attend one home visit to one of his cases with the social worker.
6. Visits one of the following:
  - 6.1 Centre for disabled children.
  - 6.2 School visit.
7. Attend all administrative, service or teaching activity in the Unit.
8. Present at twice every 6 months in each teaching activity such as journal club or ground round or seminar.

9. Participate in on call duty for the services during working hours only in the psychiatric Hospital or department; and cover on call duty from home if training centers is a separate child psychiatry center, depending on the number of available residents. On call should be once/ week.
10. Meet with service supervisor once a week for one hour to discuss case management.
11. Meet with psychotherapy supervisor for once week for one hour.
12. Document all the above mentioned activities in a log book, which should be signed by head of services or training director and the trainee.

## **II) In patient service:**

1. Perform a thorough assessment (Mental, social, physical) for the assigned case by interviewing the child and his family on admission.
2. Outline the initial management plan.
3. Liaise with other medical services as required and order investigations.
4. Document history – mental and physical examination, initial diagnosis and management plan in the patient file.
5. Present case history in the inpatient unit meeting.
6. Document the approved management plan by the treating team in the patient file and supervise its implementation.
7. Attend all unit administrative and teaching activities.
8. Present one topic/ case presentation at least once/ 6 months rotation.
9. Respond to any emergency calls during regular working hours.
10. Cover night duty with other staff as per unit policy.
11. Arrange case conferences for long terms admission cases as per unit program.
12. Participate in the outpatient clinic by attending once/ week clinic when he/she got involved in assessment of one new case per each clinic (depending on the unit work load).
13. Participate in home visit or school visit or child protection committee meetings with the Unit social worker as required, it is expected that each fellow does one school / home visit during his rotation.
14. Meets individually with the Unit chief of services for discussion of cases under his responsibilities. The meeting is one hour/ week.
15. Workload during this rotation should include ten inpatients cases and ten outpatient cases at all times.

### **III) Consultation to a center for children with Disabilities**

Attachment of fellow to a center for children with disabilities can be on daily basis (5 days/ week) or part of the week according to the expected work load. Consultation to more than one center during the rotation is on options as well. During this period the fellow Duties and Responsibilities are as follows:

1. Attend the center according to its regular hours.
2. Respond to all kind of requests whether it is assessment of new cases or follow up of cases under care of psychiatry.
3. Attend the center meetings as part of the management team.
4. Coordinate all activities – requests with outside medical/ psychiatric services as required.
5. Discuss all cases with chief of service supervisor in individual meeting. One hour per week, or as required.
6. Document history- Examination investigations and treatment plan, treatment received.
7. Document his patient visits every time in either especial separate file or the child file center as per the center policy.
8. Participate in the Unit teaching activities and night duty coverage as per psychiatry unity policy and procedures.
9. Attends meetings concerning children, outside the rehabilitation center as requested.

#### **IV) Consultations liaison service to general pediatric in-patient unit**

Fellows' duties and responsibilities involve the followings:

1. Respond to all consultation requests within 24 hrs, of receiving the request.
2. Keep record of all requests and the initial response within 72 hours of receiving the request.
3. Assess the reason for referral and document the initial assessment results and suggestions in the patient file/ request form as per hospital policy and procedures.
4. Present all referrals to the team or discuss each case with the service supervisor on daily basis.
5. Propose the appropriate intervention which may include management in pediatrics ward; transfer the case to in-patient / out-patient psychiatry services or requesting consultation to other specialty.
6. Follow-up the consultation recommended intervention with the management team in the ward and with the consultation head of service as per unit policy and procedures.
7. Attends pediatrics ward meetings as deemed necessary.
8. Inform all involved parties including family, school, outside social agency or police about the management plan as required.
9. Follow-up case in the ward on daily basis and document findings or any changes in the management plan. The work load of active cases should not exceed 10 cases at any time.
10. Night coverage as per hospital/ unit policy and procedures.
11. Participate in the child psychiatric unit teaching programs by presenting at least twice in 6 months rotation.
12. Attend other meeting that concerned the case under his responsibility as requested or required.
13. Minimum expected completed consultation is 50 cases during this rotation.
14. All Skills in Community/Medicolegal services for minors will be distributed over the two years training by case management and participation in the hospital child protection team or committee.

## **Part 4: Trainers and Training Center**

### **Training Committee:**

- A. **Structure:**membership of the training committee include program director/s, other supervisors,and a program administrator.
- B. **Functions:**To oversea all training functions of the program and the trainees. Including; implementation of the didactic schedule, completion of supervisory evaluations, promotions of fellows from year one to year two etc.

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## Application Form for Center Accreditation

Center Name:

Mailing Address:

Tel.:

Fax:

E-mail:

Chief of service,

Training program officer/ director,

Conditions pertaining to the center accreditation

### Manpower:

Available

Not available

At least two qualified psychiatrists in child and adolescents population.

☐☐

One qualified child and Adolescent psychiatrist and another psychiatrist work at least 5 years' experience dealing with children population.

☐☐

### Supportive professional staff,

- Clinical Psychologist,
- Social Worker,
- Especial Education Teacher,
- Speech Therapist,
- Specialized Nurses,
- Occupational therapy service
- Training Committee

☐☐☐☐☐☐☐☐☐☐☐☐☐☐

**Set up:**

	Available	Not available
➤ Out-patient clinic 6 – 8 hrs. / 5 days- week	<input type="checkbox"/>	<input type="checkbox"/>
➤ In-patient Facility – 24 hrs. service.	<input type="checkbox"/>	<input type="checkbox"/>
➤ In-patient Facility- less than 24 and more than 8 hrs. –5 days/ week.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Day care program, more than 6 hrs. /day.	<input type="checkbox"/>	<input type="checkbox"/>
Specify:	<input type="checkbox"/>	<input type="checkbox"/>
➤ Day care program less than 6 hrs. / day		
Specify:		
➤ Emergency service.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Night coverage by staff center.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Night coverage by others.	<input type="checkbox"/>	<input type="checkbox"/>
Specify:		
➤ Medical &SurgicalConsultation.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Community involvement.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Consultation to medical / social agencies.	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Yes</b>	<b>No</b>
➤ Centre is a separate identify.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Centre is part of psychiatry Department.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Center is part of Pediatrics Department.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Centre is part of general hospital.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Didactic Academic Program in Child/Adolescent Psychiatry	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other -	<input type="checkbox"/>	<input type="checkbox"/>
Specify:		

## Environment:

	Available	Not available
➤ Suitable building for out-patient clinic.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Suitable building for In-patient/ day care service.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Pharmacy.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Parking space.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Office spaces.	<input type="checkbox"/>	<input type="checkbox"/>
➤ Other	<input type="checkbox"/>	<input type="checkbox"/>

## Other Useful Information.

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# **Arab Board Certification**

## **Child and Adolescent Psychiatry**

### **Requirements for Site Accreditation**

## Arab Board Certification

### Child and Adolescent Psychiatry

#### Requirements for Site Accreditation

#### **1-Program Personal:**

##### 1-A Program Director:

The training program must be lead by a program director with authority and accountability for the operation of the program. Qualifications of the program director must include:  
((current certification in Child and Adolescent Psychiatry and active medicallicensure in the country of the site.

##### **The program director is expected to:**

- Administer and maintain an educational environment to the fellows.
- Oversee and ensure the quality of didactics, clinical education and supervision in all sites that participate in the program.
- Submit all information required and requested by the Arab Board for the site accreditation(e.g. Application forms, supporting documents, etc...).
- Provide verification of fellowship education for all fellows, including those who leave the program prior to completion.
- Implement policies and procedures consistent with the institutional and program requirements for fellow duty hours and the working environment.
- Monitor fellow stress, including mental or emotional conditions inhibiting performance or learning and be able to refer for counseling and psychological support if needed.

#### 1-B Program Director;

At each site, there must be a sufficient number of faculties with documented qualifications to instruct and all fellows.

The faculty is expected to devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities.

At a minimum it is expected to have one fully trained and credentialed child and adolescent psychiatrist and one psychiatrist with at least 5 years experience working with children and adolescents.

The site is also expected to be staffed by non-physician health professionals (as faculty or staff) who must contribute to the teaching activities of the fellows (psychologists, social workers, speech therapists, occupational therapists, etc...).

Programs with larger patient populations, multiple sites, are expected to have the number of faculty members appropriate to those programs' size and structure.

The physician faculty must possess current medical licensure and appropriate medical staff appointment.

The non physician faculty must have appropriate qualifications in their field and hold appropriate institutional appointments.

The programs' educational resources must be adequate to support the number of fellows appointed to the program, a typical fellow to faculty ratio should not exceed 2:1.

#### 1-C Other Program Personal:

There must be an administrator who has adequate time, based on program size to support the program administratively.

## **II- Non-Personal Program Resources:**

II.A The institution and the program must jointly ensure the availability of adequate resources for fellow education including:

- Office space, containing play materials available for each fellow to use to see patients.
- Space for physical and neurological examinations with appropriate medical equipment, as well as access to laboratory testing.
- Adequate space and equipment, including audiovisual equipment with the capability to record and play back sessions, specifically designated for seminars, lectures, and other educational activities.
- Access to child and adolescent psychiatry reference material in print or electronic format (electronic medical literature databases of books and journals, etc...)

II.B The institution and program should allocate adequate educational resources to facilitate fellow involvement in scholarly activities (research):

The program must provide fellows with research opportunities and the opportunity for development of research skills for fellows interested in conducting research in child psychiatry or related fields. The program must provide interested fellows access to and psychiatry or related fields. The program must provide interested fellows access to and the opportunity to participate actively in ongoing research under a mentor and access to professional who would help them with data analysis and statistics (biostatistician, epidemiologist, etc...). When not available at the local site, efforts to establish distant mentoring programs are encouraged.

II.C The institution must have or be affiliated with clinical sites that allow fellows to rotate through in order to meet their core training requirements and these include:

- Outpatient child and adolescent psychiatry clinic covering all age groups from toddlerhood to late adolescence (6-8 hours/ 5 days week).
- Emergency room (either a general ER that services children or a Pediatric ER) (Core training requirement: Management of psychiatric emergencies).
- Inpatient unit, partial hospitalization program, day treatment program, or intensive outpatient program (Core training requirements: Care for children and adolescents with acute psychiatric illness).
- Pediatric floor/ service (Core training requirements: Consultation liaison to Pediatrics).
- Child neurology service/ clinic.
- Consultation to schools.
- Consultation to other community services (e.g., centers for developmental disabilities, legal system etc...).

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## Child and Adolescent Psychiatry Fellowship

**Fellow's name:**

**Date:**

[illegible]

## **Job description**

### **Program Coordinator**

Each participating center/unit should appoint one of their staff as training coordinator for the fellowship program.

**The candidate should hold the following qualification / experience:**

- Certified child and adolescent psychiatry by a body approved by the Arab Council of health specialties.
- Arab Board Certification in General psychiatry or equivalent certificate and at least 5 years' experience in child and adolescent psychiatry.

### **Duties and responsibilities**

- Participate in fellow selection process for the program.
- Supervise resident / fellow in their clinical care during service rotation.
- Fill and sign appraisal discussion and action plan.
- Develop a schedule with a didactic curriculum and oversee its implementation.
- Ensure the program of the plans for continuing professional development.
- Prepare the final report of competency and skill prior to the final examination.
- Participate in the final examinations as examiner according to the criteria for selecting examiners publishing by the examination committee.
- Arrange the clinical rotations with the chief of services in the unit for each fellow. during the period of training.
- Others .....

## **Evaluation Procedure within the individual Training Program**

### **I- Evaluation of Fellows:**

Fellow performance assessment must include both **Formative Evaluation** and **Summative Evaluation**

#### **Formative Evaluation/Assessment:**

- The faculty must evaluate fellow performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.
- The evaluation should assess core competencies (medical knowledge, skills and attitude) and provide objective measures.
- The evaluations must be accessible for review by the fellow.
- The program must maintain records of all evaluations required and these must be made available on review of the program.
- The program director must review all fellow evaluations semi-annually; provide each fellow with documented semiannual evaluation of performance with feedback.
- Provision should be made for remediation in cases of unsatisfactory performance.
- Fellows must be advanced to positions of higher responsibility only on the basis of evidence of their satisfactory progressive professional growth.
- The program director must provide a summative evaluation for each fellow upon completion of the program which documents the fellow's performance during the final period of education; and, verify that the fellow has demonstrated sufficient competence to enter practice without direct supervision. This summative evaluation becomes part of the fellow's permanent record maintained by the institution, and must be accessible for review by the fellow. This evaluation should also include documented evidence of any unethical behavior, unprofessional behavior, or clinical incompetence.

### **II- Evaluation of Faculty:**

The program must evaluate faculty performance as it relates to the educational program on an annual basis. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program. This evaluation must include at least annual written confidential evaluations by the fellows.

**THE ARAB LEAGUE**  
**Council of Arab Health Ministers**  
**The Arab Board of Health Specializations**  
**General Secretariat**

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# **Evaluation of Fellowand Program**

## Appraisal Discussion

Name:

Level:

Rotation

Date from ..... to .....

<u>Assessment area</u>	<u>Poor</u>	<u>Fair</u>	<u>Satisfactory</u>	<u>Better than satisfactory</u>	<u>Unable to assess</u>
<b>Clinical Care</b> <ul style="list-style-type: none"> <li>Ability to assess and make diagnosis</li> <li>Initiate investigations, management plans</li> <li>Practical skills</li> <li>Record keeping</li> </ul>					
<b>Medical Practice</b> <ul style="list-style-type: none"> <li>Medical knowledge</li> <li>Practices with guidelines</li> </ul>					
<b>Working relationships with colleagues</b> <ul style="list-style-type: none"> <li>Reliable &amp; effective team member</li> <li>Willing to consult colleagues</li> </ul>					
<b>Relationships with Patients</b> <ul style="list-style-type: none"> <li>Communication skills</li> <li>Rapport with patients</li> <li>No clinical complaints</li> <li>Honest and trustworthy</li> <li>Respect patient confidentiality</li> </ul>					
<b>Practice based learning and improvements</b> Participate in the education of patients, families other trainees and health professionals, and this should be documented in the evaluation of teaching abilities by supervisor and/or learners. <ul style="list-style-type: none"> <li>Identify strengths, deficiencies, and limits in one's knowledge and expertise; and Set learning and improvement goals;</li> <li>Search for, appraise, and use evidence from scientific studies related to their patients' health problems;</li> </ul>					

## Discussion and agreed Action

Good Clinical Care:

Good Medical Practice:

Working relationships with colleagues:

Relationships with Patients:

Practice based learning and improvements

Agreed and signed by

Appraiser

Name and signature

Date: .....

Appraise

Name and signature

Date: .....

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\*This document must be filed in the appraises file and a copy must be returned to the service administration office.

## Personal Development Plan (PDP)

Action to develop and acquire new skills:

Action to acquire new knowledge:

Action to change or improve existing practice:

Agreed and signed by

Appraise

Name and signature

Date .....

appraiser

Name and signature

Date .....

---

\* Objectives should be specific – measurable, achievable, time constrained (months).

## Trainee Assessment of Clinical Supervision

Period from: ..... To: .....  
Supervisor: .....

Please evaluate the following aspects of your experience in clinical supervision.

Please rate the following on a scale of 1-3

1 Never/ Rarely	2 Occasionally	3 Always/ Regularly
--------------------	-------------------	------------------------

1. Supervisor provided (and helped me develop) useful conceptual frameworks for understanding clients.
2. Exploration of new ideas, assessment strategies, and/ or therapeutic techniques was encouraged.
3. Supervisor responded adequately to my specific questions about treatment or assessment.
4. Supervisor attended to ethical and legal issues knowledgeably.
5. Supervisor addressed my relative weaknesses.
6. Exploration of personal growth issues was encouraged.
7. Supervisor referenced/ discussed research relevant to our clinical or assessment discussions.
8. Supervisor's feedback was direct and straightforward.
9. Practical/ technical skills were taught.
10. Mistakes were welcomed as learning experiences.
11. Support and encouragement were frequently provided.
12. Supervision time was used productively.
13. Supervisor respected value differences between us.
14. Supervisor acknowledged his/ her own limitation.
15. Readings were suggested/ provided.
16. Overall, how would you describe the quality of this supervisory experience?

1 Disappointing	2 Average	3 Excellent
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Please return this form to Training Coordinator

## Trainee Assessment of Supervision Comment Sheet

Supervisor: .....

Research ☐

Clinical ☐

Year From: .....

To: .....

**Please answer the following questions.**

1. What are this supervisor's special areas of competence?
2. In what areas does this supervisor seem less competent to help you?
3. How comfortable did you feel bringing difficulties/ concerns to this supervisor?
4. How could this supervisor improve the quality of his/ her supervision?

**Please return this form to Training Coordinator**

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# **Child & Adolescent Psychiatry Certification Examination**

## Child and Adolescent Psychiatry Certification Examination

### GENERAL REQUIREMENTS:

The Candidates can sit for the written and clinical exam after completing the two years training The clinical exam will be arranged within 6-8 weeks following successfully passing the written exam”

#### To qualify to sit for examination, an applicant must:

1. Be a graduate of an accredited medical school recognized by the Arab Board: Listed with world health organization(WHO).
2. Have an active, unrestricted medical license in his country of practice
3. Have satisfactorily completed the requirements of the Arab Board specialized training requirements in child and adolescent psychiatry in an accredited program by the Arab Board/ Equivalent board according to the Arab Board criteria.
4. Must be certified in General Psychiatry in a program recognized by the Arab Board / Child Psych. Committee
5. Submit the examination application, completed Log book and fee By the specified deadline.

#### Specific conditions for examinations:

##### -Training Programs at variance with the approved training patterns:

A resident who contemplates training programs at variance with the approved training patterns is advised to have his Program director submit a letter detailing the propose training sequence to the Chairman of the Arab board Child Psychiatry Committee . The committee then provides an advisory opinion as to whether the proposed training meets the board requirement for admission to certification examination.

##### -Training Programs at variance with the approved training patterns:

A resident who contemplates training programs at variance with the approved training patterns is advised to have his Program director submit a letter detailing the proposed training sequence to the Chairman of the Arab board Child Psychiatry Committee . The committee then provides an advisory opinion as to whether the proposed training meets the board requirement for admission to certification examination.

• **Candidates who cannot sit Part I examination:**

Part-time training will not be accredited by the Arab board for Child Psychiatry

## **CERTIFICATION EXAMINATION IN CHILD AND ADOLESCENT PSYCHIATRY**

**Written MCQ exam:**

Number of Questions 200		%
I	Development	13-17
II	Biological and Clinical Science	13-17
III	Psychopathology / Classification	13-17
IV	Developmental Assessment/ Diagnostics	13-17
V	Treatment	13-17
VI	Issues in practice	8-12
VII	Consultation	8-12
VIII	Prevention	4-6
Total		100

## **CONTENT AREAS:**

### **I.Development:**

A. Normal Child Development

B. Child Development Theory(e.g. Cognitive theory, moral development, learning theory, Psychodynamics)

C. Developmental Psychopathology

1.Risk Factors (e.g. Child –Parent Relational Problems, genetic environment, ..etc.)

2.Developmental Factors

3. Longitudinal Course

D. Family Systems/ Development

## **II. BIOLOGICAL AND CLINICAL SCIENCE**

A. NEUROSCIENCE

**1. Developmental Neurobiology**

**2.Neuroimaging**

B. BASIC PHARMACOLOGY

**1. Developmental Neurotoxicity e.g. Neurotoxicity in utero**

C. ANIMAL MODELS OF DISEASE

D. GENETICS

**1. Molecular genetics**

**2. Population genetics**

E. EPIDEMIOLOGY

F. STATISTICS

G. Research design/ Methodology e.g. Cohort, Placebo control,...etc.

**III. PSYCHOPATHOLOGY/CLASSIFICATION**

A. Developmental Disorders

**1. Intellectual Disability**

**2. Autism Spectrum Disorders**

**3. Learning Disorders**

**4. Communications/ Language Disorders**

B. genetic Disorders

C. Disruptive Behaviors Disorders

D. Bipolar and Related Disorders/ Depressive Disorders

E. Substance Use Disorders

F. Sleep Disorders

G. Eating Disorders

H. Anxiety Disorders

I. Obsessive Compulsive Disorder

J. PTSD/Dissociative Disorders

K. Adjustment Disorders

L. Movement Disorders

M. Personality Disorders and traits

N. Schizophrenia/ Psychotic Disorders

O. Somatization Disorders

P. Co-morbid Psychiatric Disorders

Q. Elimination Disorders

R. Disorders 2ry to general Medical Conditions e.g. delirium, toxic, metabolic,, endocrine, infectious)

S. Reactive Attachment Disorders

T. Disorders secondary to environmental Exposure e.g. heavy metals toxicity, prenatal drug exposure.

U. Sexual and Gender Identity Disorders

V. Other DSM Mental Disorders

#### **IV. Developmental Assessment/diagnostics**

A. Mental Status Observations

B. Diagnostic Interviews

C. Differential Diagnosis

D. Rating Scales

E. Psychological testing

F. Medical/Lab/genetic testing

G. Diagnostic Imaging

## **V. Treatment**

A. Clinical Psychopharmacology

B. Psychotherapies

**1. Individual: Supportive, Psycho-educational, Psychodynamic, CBT, DBT**

**Others; e.g. IPT, motivational interviewing, Parent-Child Interactional Therapy**

**2. Family**

**3. Group**

C. Settings/ Level of Care:

**Outpatient, Community Based (e.g. respite, school based, shelters**

**Day treatment, Residential, Inpatient, Other**

## **VI. Issues In Practice:**

A. Family Psychopathology

B. Bereavement

C. Abuse/ neglect

D. Violence/ Homicide

E. Suicide

F. Adoption/ Foster care

G. Custody, Divorce

H. Delinquency

I. Interpersonal and communication skills

J. Cross-Cultural Issues

K. Legal Issues

L. Ethics/ Professionalism

M. Integration and systems of care

N. Managed Care Issue

O. Utilization management and review

P. Quality assurance and performance management

Q. Medical errors

## **VII. Consultation**

A. Pediatrics

B. Neurology

C. School

D. Community

E. Forensic

## **VIII. Prevention**

## EXAM FORMAT

*At the end of two years of approved training there will be a qualifying exam composed of two components. The first component is a written MCQ exam and the second component is an Oral/Clinical Exam. It is required that the candidate obtain a passing score on the Written MCQ component before being eligible to apply for the Oral/Clinical Exam. The Oral/Clinical Exam will be conducted approximately within 8 weeks of the Written Exam.*

### A. WRITTEN (MCQ) EXAM FORMAT:

- The written examination is comprised of:
- 200 multiple choice questions
- It consists of two sessions , 4-5 sections, in three hours and 30 minutes (210 minutes) long
- Candidate will sign nondisclosure agreement at the start
- Examinations ends with 5 minutes survey
- Optional Breaks between each section

### TYPES OF QUESTIONS/ITEMS:

There are two types of questions:

- ☒ **Stand alone:** a multiple choice question with one best answer not related to any other
- ☒ **Vignette Questions:** One case vignette with 5-10 multiple choice questions, total number 60.

### B. ORAL/ CLINICAL EXAM FORMAT AND CONTENTS:

#### ORAL:

##### 60- Minute Oral Section on Adolescents:

- In the adolescent section, the candidate is given approximately 30 minutes to examine a patient under observation of one or two examiners
- Following the examination of the patient, the discussion with the examiners, which is approximately 30 minutes in length, focuses on physician-patient interaction, conduct of the clinical examination, capacity to elicit clinical data, formulation, differential diagnosis and prognosis, therapeutic management, and knowledge of therapies.

## CLINICAL:

- The Preschool/ Grade School Section 1 section each:
  - **All Candidates will watch Two 5-15 minutes long videos**

Each video will be followed directly by 30 minutes interview with 2 examiners

- Candidates are evaluated on their ability to observe and describe the most significant behaviors of the child and to determine the additional data needed to define the clinical situation and to formulate a differential diagnosis and treatment plan.
- The examiners may ask candidates other questions related to the case.
- **Alternatively Written Vignettes** may be given followed by the 30 minutes interview following the same procedure
- **Other alternative may include an interview with a parent.**

## Child Psychiatry Exam Appeal Procedures:

- The board provides applicants appeal procedure for certain negative determinations, specifically a candidate may appeal:
  - ❖ The rejection of credentials for admission to an examination....refer to another section
  - ❖ Invalidation of examination due to irregular behavior
  - ❖ Failing grade due to a compromise in the examination process
- Appeal process for Rejection of credentials, invalidation of examination score due to irregular behavior or denial of request for disability accommodation.
- The applicant may appeal the process if:
  - ❖ If the applicant submitted a formal application and received a negative determination regarding the application
  - ❖ The applicant's examination score were invalidated because of irregular behavior
  - ❖ The applicant request for disability accommodation was denied
- Appeal must be filed within 30 days of receiving the decision
- Such applicants or candidates must submit the following materials to the chair of the board:

**THE ARAB LEAGUE**  
**Council of Arab Health Ministers**  
**The Arab Board of Health Specializations**  
**General Secretariat**

جامعة الدول العربية  
مجلس وزراء الصحة العرب  
المجلس العربي للإختصاصات الصحية  
الأمانة العامة

- ❖ Written request for a formal appeal
- ❖ Applicable appeal fee
- ❖ Additional written information and documents that support the appeal

### شروط الممتحن:

1. أن يكون أستاذ أو أستاذ مشارك أو ما يعادلها من العاملين في القطاع الصحي وله خبرة في التعليم والبحث العلمي.
2. أن يكون حاصلاً على شهادة المجلس العربي للإختصاصات الصحية أو ما يعادلها من الشهادات المؤهلة في التخصص من إحدى الجهات المعتمدة العالمية أو المحلية وأن تكون له خبرة بعد حصوله على التخصص لا تقل عن 5 سنوات.
3. أن يكون لديه خبرة في اجراء الامتحانات ويفضل أن يكون تابعاً لجهة أكاديمية.
4. الممتحن يتم ترشيحه من قبل لجنة الامتحانات واختياره بالتنسيق مع رئيس المجلس العلمي .
5. الممتحن الخارجي يسمى من قبل المجلس العلمي بناء على توصية من قبل لجنة الامتحانات ويفضل أن يتم ترشيحه من قبل مؤسساتهم مباشرة .
6. عند تأليف اللجان الامتحانية للامتحان السريري والشفوي يفضل أن يكون أحد أعضائها من الممتحنين الأجانب.
7. التقيد باس أعضاء الممتحنين للامتحان السريري والشفوي بحيث يكون كالتالي:
  - 50% حد أعلى للممتحنين الداخليين ( مكان انعقاد الامتحان ).
  - 50% حد أدنى أعضاء خارجيين.

المصدر: الهيئة العليا / يناير 2010

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