

SPECIALITY TRAINING PROGRAM FOR CHILD AND ADOLESCENT PSYCHIATRY

Title of the residency study program	State code
CHILD AND ADOLESCENT PSYCHIATRY	733A30075

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Psychiatry clinic, A. Mickevičiaus g. 2, LT-44307 Kaunas	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 th level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Full-time studies, 4 years	264	7040	6160	880

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical sciences	Medicine	-

Professional qualification awarded
Child and adolescent psychiatrist

Study program director	Director's contact information
Professor dr. Virginija Adomaitienė (residency program coordinator dr. Darius Leskauskas)	Office tel: (+370 37) 326981 E-mail: virginija.adomaitiene@kaunoklinikos.lt

Institution of accreditation	Accreditation until
Centre for Quality Assessment in Higher Education	2014 m.

Aim of the residency study program
To prepare a doctor specialist, qualified child and adolescent psychiatrist, interested in science and practice innovations, seeking higher qualification.

Program profile		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
<p>Program consists of obligatory and optional cycles including theory, practice and self-sustaining job.</p> <p>Obligatory cycles are designed for psychiatrist to improve knowledge in the: biological, psychological and social mechanisms of development of mental</p>	<p>Child and adolescent psychiatry residency studies are applied orientation program, orientated to practical activity and developing abilities for scientific research work, developing general human values, providing child and adolescent psychiatrist professional qualification.</p>	<p>Residency program is prepared taking into account: Legislation of Lithuanian Republic, Directive of European Parliament and Council 2005/36/EB UEMS Section and Board of Psychiatry – COMPETENCY FRAMEWORK FOR PSYCHIATRY; approved: Ljubljana, Slovenia, 17 October 2009, Web access: http://www.uemspsy psychiatry.org/board/reports/2009-Oct-EFCP.pdf</p> <p>European Union of Medical Specialists. Chapter 6,</p>

<p>disorders, general psychopathology, clinical psychology, psychotherapy, organization of mental health care and its regulating laws,</p> <p>to provide skills, necessary for diagnosing and treatment of all mental disorders, applying psychopharmacological treatment and other biological and non-biological treatment methods, psychosocial rehabilitation, providing emergency medical and psychiatric help, work as an expert psychiatrist, participate in the prevention of mental disorders of children and adolescents.</p> <p>Special obligatory cycles are designed to provide knowledge in related medical and specific narrow psychiatry fields - child neurology, developmental disorders, pediatrics, psychiatry of addictions, forensic psychiatry.</p> <p>Optional cycles are meant to deepen the knowledge in some particular field, e.g.: psychosomatic medicine, neurophysiology.</p>		<p>Charter on Training of Medical Specialists in the EU. Requirements for the speciality of Child and Adolescent Psychiatry. UEMS 1995. Web access http://www.uems.net/Child%20and%20Adolescent%20Psychiatry/ , UEMS Section/Board on Child and Adolescent Psychiatry / Psychotherapy (CAPP) Working Group on Harmonization of CAPP-Training, Training Log-Book for specialist training in Child and Adolescent Psychiatry/ Psychotherapy training (08-12-2000). Web access:http://www.uems-cap.eu/documents/training/logbook_08-12-2000.pdf</p> <p>Lithuanian Medical Standart: MN 53:2005 "Psychiatrist. Functions, duties, competence and responsibilities", Web access: http://www3.lrs.lt/cgibin/getfmt?C1=e&C2=260351</p> <p>Cumming AD, Ross MT. The Tuning Project (medicine) – learning outcomes / competences for udergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008 Web access: http://www.tuning-medicine.com</p> <p>Bulajeva T., Lepaite D., Sileikaite-Kaishauri D. Study program manual. Vilnius, 40 p., 2012 (prepared for project “National Concept Preparation for European Credit Transfer and Accumulation System (ECTS): Harmonisation of Credits as well as Creation and Implementation of the Learning Outcomes Based Study Programs Methodology“ (Nr. VP1-2.2-ŠMM-08-V-01-001).</p> <p>The program is based on the integration of theoretical studies, clinical job and scientific research from the first year of study. Practical skills are obtained and theory course is realised will the help of University professors – residency base specialists</p> <p>There are accredited bases for certain cycles of residency program: Child Neurology and Child Neurosurgery Clinic, Pediatric Clinic, LUHS Institute of Psychophysiology and Rehabilitation in Palanga, Kaunas County Addiction Center, Kaunas 1st court expert commission of the National Service of Forensic Psychiatry in Lithuania under the Ministry of Health, Kaunas Viliampolė Children's Rehabilitation Center.</p> <p>The main base – Psychiatry Department of the Hospital of Lithuanian University of Health Sciences Kaunas Clinics including 5 specialized sectors, Child and Adolescent Psychiatry sector, Outpatient unit, that provide secondary and tertiary mental health services, Neuroradiology, Ultrasound and other diagnostic departments and units, Children's Neuroscience Unit and others.</p> <p>Each residency base responds to certain study cycle. In some cases it can be chosen according to the University residency regulations.</p> <p>Scientific research is done under the supervision of the teachers of the Psychiatry Clinic of the</p>
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		University. There is an opportunity provided to accomplish part of the residency (up to one year) in accredited clinics abroad (for separate residency cycles studies).
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Admission requirements	Recognition of previous learning
<p>Master degree in medicine and medical doctor professional qualification are obligatory. Admission by the way of general competition. Competitive score structure of is given in the conditions for entrance to the LUHS residency programs. The main components of competitive score is the average assessment of all subjects, studied during integral studies, final exam assessment, clinical medicine practice assessment, student's scientific activities assessment (appointed by Student Science Association (SMD)), motivational interview assessment.</p> <p>Motivational interview criteria and rating scale is prepared by Psychiatry Clinic Admission Commission. Motivational interview schedule and residency program Motivation Committee are approved by Rector and set public in advance. Motivation Committee is composed of academic psychiatrist staff and representatives of residents.</p> <p>Scientific activities in the field of psychiatry, voluntary work in the departments of Child and Adolescent Psychiatry, personal human qualities are evaluated. Competition is public and takes place separately to every residential study program in two stages (main and additional). Second or additional stage can be organised if after the main admission free places are still available.</p>	<p>Results of previous studies are accepted individually, taking into account the developed competencies and goals of program that correspond to „Child and adolescent psychiatry“ residency study program, with the guidance of procedures set by LUHS Senate.</p>

Access to further education
Degree providing third cycle doctoral studies (are chosen by 5-10% with obtained child and adolescent psychiatry professional qualification).

Access to professional activities (employability)
<p>Doctor with child and adolescent psychiatry speciality can do practical job in state as well as in private health care institutions, which have a licence to run psychiatry services. Child and adolescent psychiatrist licence is given by the State Health Care Accreditation Agency under the Ministry of Health of the Republic of Lithuania, after submitting diploma of completed medical studies program, internship certificate and certificate of completed residency.</p> <p>Also psychiatrist can seek a scientific degree in doctoral studies, work as pedagogue or scientific researcher.</p> <p>The certificate of completed residency and given professional qualification are acknowledged by the European Union countries. All graduated of child and adolescent psychiatry residency program are employed.</p> <p>According to data of Ministry's of Health of the Republic of Lithuania data provided by Health Care Institutions the demand for specialists Child and adolescent psychiatrists was 18 in 2008, 5 in 2010. The results of these studies clearly justify the need for the preparation of the highly qualified child and adolescent psychiatrists.</p>

Learning and teaching approaches	Methods of assessment (of learning achievements)
<p>Various teaching and studying methods are applied: lectures, seminars, consultations, group discussions together with doctors-residents, every-day activity logbook writing, case presentations, educational films reviews.</p> <p>Activities of independent self-directed learning may</p>	<p>Participation in lectures, activity during the seminars, consultations, group discussions is being registered. It is required to account for at least 75% of the theoretical sessions.</p> <p>Assessment is conducted at the end of each theory cycle. Answers to open-ended questions/tests, clinical</p>

<p>include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals.</p>	<p>situations are evaluated in the 10 grade scale.</p>
<p>Skills and competences are acquired during clinical job as residents in Child and Adolescent Psychiatry Department, Emergency Department, Neurology Department, other specialty departments, Outpatient Department; Head of the Department led word-rounds, personal word-rounds, Multi-disciplinary team meetings, licenced psychiatrist led night shifts, according to residency base demands.</p> <p>Residents have supervised responsibility for the care of in-patients. This includes day-to-day review of clinical conditions, note keeping, and the initial management of the acutely ill patient with referral to and liaison with clinical colleagues as necessary.</p>	<p>Permanent assessment of clinical work, assessment of proper accomplishment and / or interpretation of diagnostic procedures, weekly review of logbook notes, signed by study program director.</p> <p>The assesment of individual clinical cases analysis and presentation during weekly visitation, registering in logbook and acknowledging by study program director.</p> <p>The reviews from residency bases personnel (doctors and younger personnel) in the end of each cycle concerning doctors-residents abilities to work independently. The reviews are registered as supplements to the logbook.</p> <p>Practical skills and abilities acquired during the cycle are assessed by ten-point scoring system and registered in logbook also in resident's garde book.</p> <p>The reviews of scientific literature, presentations of clinical cases during morning's conferences on individual schedule. The presentation is registered in logbook and signed by study program director once in half a year.</p> <p>The topic for scientific research can be offered by resident or his professor. Preliminary research subject, the subject matter and methods are discussed and approved in the meeting of Psychiatry clinic. The results of research work are presented in the conference of Psychiatry clinic no later than one month before the final exam.</p> <p>Final exam of psychiatry residency consists of practical and theoretical parts. During practical exam resident has to complete independently examination of the patient, establish the diagnosis, evaluates data from clinical tests/examinations, develops the plan for further assessment and treatment, discusses differential diagnosis, writes clinical case history and defends it against the exam committee. Theory exam consists of answering in written form to 3 open-ended questions and discussing them with the exam committee.</p>

General competencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional attributes	1.1	Be honest and honourable with patients with mental and related disorders and their parents/ foster-parents, follow medicine ethics norms and requirements for good medicine practice, be critical toward others and himself/herself, be able to feel compassion for the patient, be creative and initiative.
2.	Professional activity	2.1	To know perfectly child and adolescent psychiatrist's professional activities and patient's rights regulations laws.

		2.2	Have ability to evaluate the boundaries of his/her competencies in child and adolescent psychiatry and other related specialities, to act independently, if there is a need, seek for a help, solve problems and take decisions, communicate and work in a team with specialists from other fields: psychologists, children neurologist, family doctors, paediatricians, rehabilitation specialists, social care professionals, pedagogues and others; be able to organise work and to plan time properly.
3.	Doctor as an expert	3.1	Have ability to analyze mental disorders symptoms and to synthesize them to psychiatric syndromes, constantly seek perfection in child and adolescent psychiatry while continuing lifelong learning, be able to apply theoretical knowledge in practice, to pass own knowledge and abilities to colleges that have less practice, abilities to plan and to do scientific research.
Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Patient and family psychiatric consulting	4.1	Have ability to accomplish general assessment of the patient, to analyze and interpret psychiatric symptoms, to assemble targeted psychiatric anamnesis and interpret it, to interpret other's specialist's and analysis's conclusions (results), to interpret the records of the patient's neurological, somatic condition and other relevant factors (legal and social factors), to formulate logical syndrome psychiatric diagnosis.
		4.2	Be able to explain to the patient and his parents/ foster-parents a goal and a meaning for the actions taken to the patient, to explain psychiatric examination's results and to discuss further actions, to reassure and to motivate patient and his parents/ foster-parents.
		4.3	Be able to perform a psychosocial assessment of the family, to assess the risk of abuse or neglect of the child.
		4.4	Be able to consult patient's family members, assess the indications and to direct for family psychotherapy
5.	Diagnosing of mental disorders and development of the treatment plan	5.1	To have a knowledge of general psychopathology (the symptoms and syndromes of mental disorders), and it's determinant biological, psychological and social mechanisms.
		5.2	To know perfectly peculiarities of communication psychology between psychiatrists and patient with mental disorder and his parents / foster-parents
		5.3	To know perfectly the mechanisms of psychopharmacological treatment for child and adolescent mental disorders, indications, contraindication, dosage, be able to assess effectiveness, possible side effects and drug interactions of prescribed treatment.

		5.4	To know perfectly other biological treatment methods for mental disorders (electric pulses therapy, light therapy, other), the mechanisms of those treatments, indications, contraindication, possible side effects.
		5.5	To know perfectly the principles of treatment methods and indications for psychotherapy, psychosocial rehabilitation and other non-biological psychiatric disorder treatments.
		5.5	To know perfectly the principles of child and adolescent psychiatric nursing.
		5.6	To be able to recognize the clinical psychiatric condition and to assess its severity, to develop a plan for necessary diagnostic examinations, be able to interpret results of examinations, to perform primary (complaints, anamnesis, psychiatric examination) and secondary (interpreting examination results and planning, performing and interpreting complementary examination results), differential diagnostics of psychiatric symptoms; to make a relevant treatment plan for an individual patient, to discuss it with a patient and his parents / foster-parents, to be able to assess effectiveness, possible side effects and drug interactions of prescribed psychopharmacological treatment.
		5.7	Ability to communicate with patient and his/ her parents / foster-parents in case of critical condition; to gain confidence and written agreement from informed person, to communicate in writing (filling up medical documents), communicate with aggressive patient.
		5.8	To be able to diagnose and treat organic and symptomatic mental disorders, mental and behavioral disorders due to abuse of psychoactive substances, schizophrenia, schizotypal disorder, delirium, mood (affective) disorders, neurotic disorders, stress and somatoform disorders related to physiological disorders and somatic factors (eating, sleep, sexual, puerperal and other), adult personality and behavioral disorders, mental retardation, psychological development disorders, emotional and behavioral disorders, that that begin in childhood and adolescence.
		5.9	To be able to properly complete medical records
		5.10	To know perfectly the principles of medical and social rehabilitation for patients with disorders of addictions.
		5.11	To know perfectly basic psychological tests and psych- diagnostic scales, to be able to interpret their results, assessing the diagnose and evaluating treatment efficiency.
6.	Medical emergencies and resuscitation	6.1	Be able to recognise somatic and psychiatric conditions that need emergency medical treatment, provide first aid, provide intensive care according to the valid recommendations, provide aid in case of trauma, have abilities to treat psychiatric conditions that require emergency assistance.

		6.2	Be able to assess the risk of suicide and dangerous behavior to themselves or others and to provide the necessary assistance to avoid or reduce the risk.
		6.3	Be able to provide integrated emergency assistance in the cases of abuse against child or in a state of child neglect.
		6.4	To know perfectly the procedures and indications of compulsory hospitalization
7.	Psychotherapeutic consulting	7.1	To know perfectly theoretical background of psychotherapy, it's forms, practice principles.
		7.2	To be able to get in touch with a patient, to realize and to recognize how doctor's behaviour and interaction can affect relationship with the patient, to recognize and be able to deal with treatment resistance and treatment mode problems.
		7.3	To be able to perform psychotherapeutic assessment of the patient.
		7.4	To be able to assess the indications for psychotherapy treatment, to integrate it into relevant treatment plan.
8.	Psychiatric expertise		To assess the state of intoxication To perform evaluations of disability: To sent person to Disability And Working Capacity Assesment Office At The Ministry Of Social Security And Labour Republic Of Lithuania
		8.1	To assess medical indications and contraindications for person's accommodation in the social care institution. To assess medical indications for individual education.
9.	Participation in health preservation, promoting and encouraging a healthy lifestyle	9.1	To know basics of suicidology, the peculiarities of abuse of psychoactive substance, other addictions, misbehavior with children and other risk factors for mental health.
		9.2	Be able to assess risk for patient's health and apply proper and rational remedies to lower the risk, apply infection control precautions, asses professional activities risk for his/her own health and take precautions to avoid this risk.
		9.3	To participate in health programs on the level of population and of an individual.