



Clinical Interview Skills Seminar Schedule - PGY-4

1. Clinical interview seminars will be conducted on **Thursdays at 8am**.
2. In PGY4 each resident will get 4 formal clinical interview practices before the EXIT CITE. Residents are encouraged to schedule other informal CITE practices with their supervisors on their home rotations as needed.
3. The assigned resident will interview the patient in a timed interview **for 45 mins and up to 50 mins**. They will then **take 10 minutes to prepare for presentation** of the case without being interrupted. Presentation includes synthesizing a summary of the history, MSE, differential and plan with formulation starting in PGY2 and above (see details of CITE structure in appendix A below). *Residents are expected to keep track of the time themselves, tutors will only remind them when 5 minutes of interview time are left.*
4. Regulations, see appendix A:
 - a. Instructions to tutors:
 - i. Tutors are expected to find an appropriate patient as per resident training stage.
 - ii. The tutor is expected to observe the interview without interruption (unless there is an acute safety concern that has not been addressed by the resident).
 - iii. Tutors are expected to give verbal feedback and written feedback on CITE form on Elentra (signed by both tutor and resident).
 - iv. The focus of clinical interview in PGY1 is to learn interviewing techniques (history and mental status examination) and presentation skills.
 - v. The focus of clinical interview in PGY2 and above is to master interviewing techniques, presentation skill and learn formulation.
 - vi. The focus of clinical interview in PGY4 is to master all skills at competent junior consultant level.
 - vii. If a tutor is on leave or unable to attend, they are expected to arrange a substitute tutor. If no tutor is available the program director should be informed.
 - b. Instructions to residents (see Appendix A):
 - i. Residents are expected to adhere to all rules related to clinical interview, be on time, maintain professionalism and are not expected to interfere in patients management plan unless there is a safety concern.
 - ii. If a tutor is on leave or unable to attend, they are expected to arrange a switch with their colleagues for that day. If no resident is available for a switch that day, the program director should be informed.

5. Residents are divided into the following TWO groups

Group 1	Group 2
A - Dr Bandar AlMutairi	A - Dr Fajer AlSumait
B - Dr Bedour AlBader	B- Dr Elham AlDuaij
C- Dr Fawzia AlReshedi	C- Dr Noura AbdulSalam
D - Dr Fatima AlKandari	D- Dr Noura AlSumait

6. **PGY4 Residents must pass 2 EXIT CITEs** scheduled later in the year as part of their promotion to the next level.

Clinical Interview Schedule – 2026/2027

WEEK	PRESENTER	TUTORS
WEEK 2 (08/10/2026)	Group 1 - A Group 2 - A	Dr. Hussain Al-Shatti Dr. Najah Al-Enzi
WEEK 4 (22/10/2026)	Group 1 - B Group 2 - B	Dr. Ammar Al-Sayegh Dr. Mahmoud Bekheit
WEEK 6 (05/11/2026)	Group 1 - C Group 2 - C	Dr. Maged Bahyeldin Dr. Hamad Al-Safi
WEEK 8 (19/11/2026)	Group 1 - D Group 2 - D	Dr. Sarah Al-Shalabi Dr. Sarah AlShamali
WEEK 10 (03/12/2026)	Group 1 - A Group 2 - A	Dr. Shereen Abo Alfotoh Dr. Mahmoud Bekheit
WEEK 12 (17/12/2026)	Group 1 - B Group 2 - B	Dr. Hussain AlSarraf Dr. Hawra AlMahmeed

WEEK	PRESENTER	TUTORS
WEEK 14 (31/12/2026)	Group 1 - C Group 2 - C	Dr. Eman Al-Bloushi Dr. Abdullah AlOzairi
WEEK 16 (14/1/2027)	Group 1 - D Group 2 - D	Dr. Najah AlEnezi Dr. Kostas Francis
Week 17 (21/1/2027)	Group 1 - A Group 2 - A	Dr. Ibrahim AlMazidi Dr. Khaled Al-Shafi
Week 19 (04/02/2027)	Group 1 - B Group 2 - B	Dr. Fajer AlHashemi Dr. Sarah Al-Shalabi
Week 23 (04/03/2027) **Ramadan Timing 9-11am	Group 1 - C Group 2 - C	Dr. Sarah AlShamali Dr. Hussain AlSarraf
Week 25 (18/03/2027)	Group 1 - D Group 2 - D	Dr Abdullah AlHashemi Dr. Noura AlNouri

WEEK	PRESENTER	TUTORS
Week 27 (01/04/2027)	Group 1 - A Group 2 - A	Dr. Tariq Shokri Dr. Sameh Yosri
Week 28 (08/04/2027)	Group 1 - B Group 2 - B	Dr. Waleed Wasfy Dr. Mohammed Abo-zaid
Week 29 (15/04/2027)	Group 1 - C Group 2 - C	Dr. Khaled Al-Shafi Dr. Ibrahim Al-Mazidi
Week 30 (22/04/2027)	Group 1 - D Group 2 - D	Dr. Ashraf Al-Shathly Dr. Talal Ahmed
Week 32 (06/05/2027)		
<u>EXIT CITE (Resident 1)</u>	8-10	
Week 33 (13/05/2027)		
<u>EXIT CITE (Resident 2)</u>	8-10	
Week 34 (20/05/2027) *May be affected by Eid AlAdha		
<u>EXIT CITE (Resident 3)</u>	8-10	
Week 35 (27/05/2027)		
<u>EXIT CITE (Resident 4)</u>	8-10	
Week 37 (10/06/2027)		
<u>EXIT CITE (Resident 5)</u>	8-10	
Week 38 (17/06/2027)		
<u>EXIT CITE (Resident 6)</u>	8-10	
Week 39 (24/6/2027)		

WEEK	PRESENTER	TUTORS
<u>EXIT CITE (Resident 7)</u>	8-10	
Week 40 (01/7/2027)		
<u>EXIT CITE (Resident 8)</u>	8-10	
Week 41 (08/07/2027)		
<u>EXIT CITE (Resident 1)</u>	8-10	
Week 42 (15/07/2027)		
<u>EXIT CITE (Resident 2)</u>	8-10	
Week 43 (22/07/2027)		
<u>EXIT CITE (Resident 3)</u>	8-10	
Week 44 (29/07/2027)		
<u>EXIT CITE (Resident 4)</u>	8-10	
Week 45 (05/08/2027)		
<u>EXIT CITE (Resident 5)</u>	8-10	
Week 46 (12/08/2027)		
<u>EXIT CITE (Resident 6)</u>	8-10	
Week 47 (19/08/2027)		
<u>EXIT CITE (Resident 7)</u>	8-10	
Week 48 (26/08/2027)		
<u>EXIT CITE (Resident 8)</u>	8-10	

Appendix A - Clinical In-Training Evaluation (CITE) Procedure

The purpose of the CITE is to assess the Psychiatry Resident's ability to acquire a comprehensive history from a patient, evaluate his/her current mental state, interpret the acquired information and arrive at a diagnosis, formulation and management plan. The assessing psychiatrist(s) will also provide feedback to the Resident.

Residents will begin practice CITEs in PGY1, at the end of PGY2 they must complete 1 General CITE as part of their portfolio. Practice CITES continue up to PGY4. Before the end of PGY4, residents are expected to pass two CITES at a senior level.

Evaluating psychiatrist(s) responsibilities:

1. Ensure the selection of an appropriate **adult patient unknown to both the psychiatrist(s) and the resident.**
2. **Ensure that the patient understands the process and provides consent** and also ensures that appropriate time and facilities are made available.
3. The procedure for the CITE must be shown to the Resident at least three days before the assessment.

4. For **final CITE procedures (PGY2 Final General CITE and PGY4 Exit CITE)**, residents must be assessed by **two different assessors for each CITE** assessment may improve the effectiveness and validity of the assessment.

Organizing the CITE should not be onerous for the evaluating psychiatrist(s) and it should be possible to incorporate it into usual clinical care with minor modifications.

CITE Procedure:

1. The patient will be brought to the examination room and introduced to the Resident. The assessing psychiatrist(s) will review the process and then turn the encounter over to the Resident. The assessing psychiatrist(s) should not ask questions or interrupt during the encounter nor meet with the patient after the initial assessment unless there is a compelling reason to intervene (e.g. patient safety).
2. In Part I of the CITE, the resident will be allowed up to 50 minutes for the interview and examination. The assessing psychiatrist(s) will then allow the resident 10 minutes to reflect and organize his/her thoughts prior to Part II.
3. Part II of the CITE consists of the resident presenting the history and mental state
4. examination findings, followed by a synthesis of the obtained data, a diagnosis (utilizing DSM-5 , a diagnostic formulation and a management plan. The assessing psychiatrist(s) may ask probing questions if necessary to clarify the resident's diagnostic and therapeutic reasoning. This process may take about 20-30 minutes.
5. The assessing psychiatrist(s) must observe and rate the Resident's performance according to the evaluation grid (attached below - it is ***strongly recommended that supervisors print the grid and bring it to the CITE to be able to accurately rate resident performance***).
6. At the end of the assessment, the assessing psychiatrist(s) must provide consensual feedback on the Resident's performance both verbally and written (see Feedback form) and sign the form on Elentra.
7. The Resident must review and sign the feedback form on Elentra.
8. The Competence Committee and the Program Director will keep track of resident progress on CITE through Elentra to ensure these competencies have been achieved by the end of psychiatry residency training.

Interview Process

Item	Expectation	Criterion	Comments
Rapport	Establishes relationship	· Introduces self · Explains interview · Respectful · Open, explorative beginning	
Rapport	Develops and sustains rapport	· Remains respectful and non-judgmental · Genuine interest displayed by verbal and non-verbal responses · Acknowledges patient's distress with empathic responses	

Control of process	Maintains control of the interview	· Interrupts politely when required · Redirects when required	
Cultural sensitivity	Demonstrates cultural sensitivity	· Engages patient in a culturally appropriate manner	
Ends the interview	Smoothly closes the interview	· Attends to timing · Provides a pertinent closing statement	

Name: _____

2. Interview technique

Item	Expectation	Criterion	Comments
Information gathering	Maintains an open, explorative process	· Non-verbal behavior encourages patient to tell his/her story · Listens attentively · Note taking is inconspicuous	
	Uses a facilitative questioning style	· Questioning follows a logical sequence · Asks clear questions in plain language · Avoids leading questions · Avoids stacked (multiple) questions · Moves appropriately between open and closed questions · Facilitates expression of emotions	
	Pursues important information	· Appropriately responds to informational cues · Appropriately responds to affective cues · Pursues symptoms appropriately · As required, pursues details and clarifies	
	Maintains flow	· Supportively confronts inconsistencies · Appropriately deals with unusual, difficult or distressing content · Comfortably allows silence to facilitate further expression · Reframes when required · Summarizes when appropriate	

Name: _____

3. Interview Content

Item	Expectation	Criterion	Comments
Elicits a complete, relevant and accurate history	Identifies the person	Obtains complete demographic information	
	Identifies the presenting complaint(s) or problem(s) and its/their history (History of Presenting Complaint)	- Obtains data on presenting complaint(s) or problem(s) - Assesses pre-morbid state - Assesses stressors related to presenting illness - Assesses previous episodes, if relevant, and determines similarities with/difference from this episode - Identifies treatment interventions and response for this illness episode	
	Screens for symptoms relevant to the differential diagnosis and identification of co-morbid symptoms	- Reviews 'A' criteria of relevant other diagnoses - Reviews substance use and abuse - Assesses impact of substance use on person and others - If appropriate, assesses motivation to change current substance use	
	Ensures safety	- Completes an appropriate risk assessment (self-harm, aggression and legal history, self-care) - Reviews current medication(s), dosage(s) and response - Reviews use of over-the-counter products - Assesses side-effects - Defines allergic status	
	Identifies relevant past history	- Reviews past medical history including family history of medical disorders - Reviews past psychiatric history - Reviews family psychiatric history - Reviews forensic history	

Elicits a complete, relevant and accurate history	Identifies the developmental and psycho-social history	· Reviews family history and dynamics · Reviews gestational and perinatal history · Reviews childhood and adolescent development · Reviews academic achievement · Reviews occupational history and current functioning · Reviews relationship history · Assesses past and current history of abuse · Assesses current supports · Identifies current cultural identities, migration history and associated trauma and stress · Identifies spirituality · Identifies social and cultural supports including family, kin networks and communities · Identifies social and cultural and systemic inequities · Explore patient's explanatory	
	Conducts a formal Mental State Examination as indicated	· Appropriately adopts the MSE · Assesses mood symptoms · Assesses anxiety symptoms · Assesses psychotic symptoms · Appropriately screens for cognitive impairment · Gauges intelligence · Assesses judgment and insight	

Name: _____

4. Case presentation

Item	Expectation	Criterion	Comments
Defines limitations of the data	Identifies issues in the information gathering process	· Reports on the reliability of the patient (with examples) · Reports on the accessibility of the patient (with examples) · Identifies deficits in the interview and their potential effect on the data collection	
Presentation skills	Provides a coherent, accurate summary of the case	· Uses descriptive terms correctly (e.g., delusions) · Presents case in an orderly, concise, systematic manner that is sufficiently detailed · Accurately reports the Mental State Examination · Accurately reports the risk assessment (self-harm, aggression, self-care, competency) · Accurately identifies relevant comorbidities	
Synthesizing skills	Synthesizes all the clinical information into a diagnosis, differential diagnosis and case formulation	· Presentation emphasizes the necessary information to support the preferred diagnosis and differential · Provides a realistic multi-axial working diagnosis supported by evidence from the interview · Discusses difficulties in supporting or refuting the diagnosis · Provides a brief and realistic differential diagnosis supported by evidence from interview in a thoughtful manner · Discusses co-morbidities and interplay between diagnoses · Provides a realistic prognosis · Describes barriers to compliance or optimal treatment for this patient	

Name: _____

5. Treatment Plan

Item	Expectation	Criterion	Comments
Presents a coherent, safe and appropriate treatment plan	Identifies information required to consolidate the diagnosis	· Identifies further, appropriate and cost-effective bio-psycho-social-cultural investigations required to confirm the diagnosis or provide optimal care to the patient	
	Communicates a multimodal and comprehensive treatment plan	· Utilizing a bio-psycho-social matrix defines an immediate and short-term treatment plan · Recommends specific biological therapies (pharmacotherapy, ECT, TMS etc) for the patient · Recommends a specific psychotherapeutic approach for the patient · Considers social and cultural factors in all aspects of treatment planning · Identifies appropriate collaborations with family, community or other service providers · Provides evidence for efficacy of treatment plan · Identifies the expected benefits and risks of the treatment plan · Identifies the follow-up procedure	

