



DEPARTMENT OF PSYCHIATRY

LIAQUAT UNIVERSITY OF MEDICAL & HEALTH SCIENCES, JAMSHORO
SIR COWASJEE JEHangIR INSTITUTE OF PSYCHIATRY, HYDERABAD



TEACHING & TRAINING PROGRAM

DIPLOMA IN PSYCHIATRIC MEDICINE

LIAQUAT UNIVERSITY OF MEDICAL AND
HEALTH SCIENCES, JAMSHORO/ HYDERABAD

&

SIR COWASJEE JEHangIR INSTITUTE OF
PSYCHIATRY, HYDERABAD

PREFACE

The modern day world is in an unprecedentedly constant state of evolution, and it is important for our educational system to evolve at an equally fast pace to match the needs of the world. The responsibility thus lies on us to provide the coming generation with an adaptable and future-oriented model of education, enabling them to shape a better future for themselves.

This revised curriculum is an attempt at rethinking medical education to cope with rapid changes at the threshold of the twenty-first century, in line with the latest educational theories, and the most recent developments in the relevant field of knowledge, all grounded adult learning principles. It hopes to build analytical and critical thinking, clinical and lifelong learning skills, and desired professional behaviors in post graduates by appropriate multi-modal teaching, learning and assessment and feedback strategies.

What sets this curriculum apart from the previous versions is that it not only defines the competencies expected to be gained by residents but offers a detailed description of competencies. Furthermore, all the modifications introduced to this curriculum (by the Department of Psychiatry) adhere to the guiding principles of Harden's SPICES Models in the Curriculum Development.

PROF. DR. MOIN AHMED ANSARI

Professor & Chairman,
Department of Psychiatry,
LUMHS & CJIP, Hyderabad

INTRODUCTION AND OVERVIEW

LIAQUAT UNIVERSITY OF MEDICAL AND HEALTH SCIENCES

VISION STATEMENT:

Liaquat University of Medical & Health Sciences aims to achieve prominence as a top-tier world-class medical research and teaching university, producing topnotch healthcare providers operating excellence in every segment of the community.

MISSION STATEMENT:

The mission of Liaquat University of Medical & Health Sciences is to foster excellence in health professional education and research, to educate and train undergraduate and graduate students of medical and health sciences in accordance with highest professional standards and ethical values and to meet the healthcare needs of the community through dissemination of knowledge and service.

LOCATION:

Located in the province of Sindh on the right bank of river Indus at Jamshoro. It is 160 km north from the port city of Karachi and 16 km from the historical city of Hyderabad.

DEPARTMENT OF PSYCHIATRY

MISSION STATEMENT:

Mission of the Department of Psychiatry is to provide mental health specialists to fulfil the changing needs of the community and expand the application of mental health services in society via academics and research.

FACULTY

PROF. DR. MOIN AHMED ANSARI

Professor and Chairman

DR. QASIM JAMAL CHACHAR

Assistant Professor

DR. SADAF AIJAZ

Assistant Professor

DR. JAMIL JUNEJO

Assistant Professor

MS. AISHA NIGHAT

Clinical Psychologist

GENERAL OUTLINE OF THE PROGRAM

INTRODUCTION:

The training program at Department of Psychiatry, (Liaquat University of Medical & Health Sciences and Sir Cowasjee Jehangir Institute of Psychiatry) for Diploma in Psychiatric Medicine (DPM) is a two year training program designed to provide a well-supervised, progressive educational experience in the field of Psychiatry. The department promotes an intellectual environment to develop psychiatrists who are equipped with the knowledge, skill, and attitudes to work effectively and efficiently with patients having psychiatric problems. It is envisaged to emphasize develop competence in clinical recognition of disease and possible complications. He should understand the value of serious investigations and be familiar with management of disease and their complications.

ELIGIBILITY CRITERIA:

- Applicant must have an MBBS degree.
- Applicant must have completed one year house job preferably in Psychiatry.
- Applicant must have a valid registration with Pakistan Medical and Dental Council.
- Applicant must have passed DPM entrance examination.

AIMS:

To produce a specialist in psychiatry who could provide psychiatric care for the people living in underserved areas.

RATIONALE:

There is a dire need for competent specialists in psychiatry in the community. The program will provide well trained psychiatrists for specialized health care to serve in peripheral and underserved areas of the country.

LEARNING OUTCOMES:

By the end of the residency program, the student will be able to:

- Diagnose common psychiatric disorders precisely
- Manage common psychiatric disorders competently
- Refer the cases, not possible to be managed at local set up, to appropriate facility
- Communicate effectively in the professional set-up
- Follow the principles of professional bio-ethics
- Conduct epidemiological studies and surveys

EDUCATIONAL STRATEGY

In the line with the modern teaching methods and ever evolving; field of psychiatry, it is crucial that psychiatric teaching should also to be reformed to prepare better clinicians. The old curriculum was uniform, discipline-based and teacher-centered but acknowledging the need of change, now more attention has been paid to curriculum reform. The traditional educational strategy is revised and modern approach, on the foundations of Harden's SPICES Model^a, will be used for this revised training program. This curriculum offers;

1. Elective, Structured and Problem Based, Student Centered Education
2. More Integrated Clinical and Theoretical Education
3. Better Learning Objectives to go beyond knowledge acquisition and fundamental clinical skills.

SPICES MODEL	TRADITIONAL APPROACH
Student Centered	Teacher Centered
Problem Based	Information Gathering
Integrated	Discipline Based
Community Based	Hospital Based
Elective	Uniform
Systematic	Apprenticeship Based

a. Harden RM, Sowden S, Dunn WR. Educational strategies in curriculum development: the SPICES model. Medical education. 1984 Jul;18(4):284-97.

ESSENTIAL COMPETENCIES

The Department of Psychiatry endorses its own formatted set of competencies to express the essential skills that every resident psychiatrist should possess. This set of competencies reflect skills and attributes that are directly relevant to patient care, aim to help residents shape and evaluate the professional training, hence preparing them for a successful daily practice.

The set of essential competencies are formulated to help residents develop a better understanding about the acquisition of skills during their professional training.

Department of Psychiatry's defined Set of Essential Competencies for DPM residents, is as follows:

1. Patient Care
2. Knowledge and Critical Thinking
3. Procedural Skills
4. Practice based Learning and Development
5. Interpersonal & Communication Skills
6. Professionalism
7. Team Work
8. System Based Practice
9. Advocacy

RESIDENT'S LEVEL OF COMPETENCE:

In addition to defining the essential competencies that a resident needs to develop in himself for becoming a better professional in general and specifically in psychiatry, the Department of Psychiatry have also set forth guidelines for the resident to differentiate between various levels of acquisition of skills and knowledge.

One of the significant challenging issues in designing an integrated curriculum is defining the levels of knowledge of each curricular element along with level of competence in psycho-motor clinical skills. There is no doubt that knowledge lays the foundation for its application in terms of execution of clinical skills and the acquired factual information serves as the framework for the development and execution of particular psychomotor skills, but the skills pertinent to psychiatry are different in nature as they all require a significant component of affective skills.

In order to help residents understand how much depth of knowledge and level of competence is required for any particular curricular content, the Department of Psychiatry has defined the levels of knowledge and competencies according to Webb's Model of Depth of Knowledge (**Appendix B**) and Modified Dreyfus Model (**Appendix C**), respectively. The mentioned appendices help residents in respect of reflection and self-appraisal via clear and precise knowledge and competency level descriptions.

A supplementary document titled, **Resident's Guide**, contains the expected levels of knowledge and clinical competence against each curricular element.

STRUCTURED TRAINING PROGRAM

YEAR 1: BASIC PSYCHIATRY

Course Title:	Duration (In Months)
1. Psychiatric Clinical Skills	2
2. Diagnostics & Therapeutics	10

YEAR 2: APPLIED PSYCHIATRY

Rotation Title:	Duration (In Months)
1. Clinical Psychology	2
2. Emergency Psychiatry	2
3. Addiction Psychiatry	2
4. Bio-Ethics & Professionalism	1
5. Forensic Psychiatry	1
6. Community + Social Psychiatry	1
7. Organic Psychiatry	1
8. Medical Correspondences	1
9. Mental Health Advocacy	1

TEACHING STRATEGIES (METHODS OF INSTRUCTION)

- Bed-Side Teaching
- Ambulatory Care Teaching
- Small Group Discussions
- Procedure Room Teaching
- Mortality and Morbidity Meetings
- Case Presentations
- Case Management
- Home Assignments
- Journal Club Discussions
- Seminars and C.M.E. Programs
- Video-Conferencing/Distant Learning Classes
- Independent Self Study

WEEKLY SCHEDULE OF THE WHOLE TRAINING

Activity	Weekly Frequency	Duration per Session	Hours	Credit
Lectures	2	1	(X48)=96	6.0
Small Groups Discussions	3	2	(X48)=288	18.0
Case Presentations	2	4	(X48)=384	8.0
Journal Club	1	3	(X48)=144	9.0
Ambulatory Teaching	2	6	(X48)=576	12.0
Morning Meeting	5	0.5	(X48)=120	3.0
Grand Round	1	3	(X48)=192	3.0
Night Duties	2	16	(X48)=1536	??
Ward Work	6	1	(X48)=288	6.0
Procedure Room Learning	6	1	(X48)=288	6.0

CREDIT HOUR'S ABHES

Semester -minimum of 15 weeks in length. One semester credit is equal to:

- one hour of lecture per week for a semester (of 15 weeks) or the equivalent number of hours.
- two hours of lab per week for a semester or the equivalent number of hours.
- three hours of externship/clinical per week for a semester (of 15 weeks) or the equivalent number of hours

Quarter -minimum of 10 weeks in length. One-quarter credit is equal to:

- one hour of lecture per week for a quarter or the equivalent number of hours.
- two hours of lab per week for a quarter or the equivalent number of hours.
- three hours of externship/clinical per week for a quarter or the equivalent number of hours

One Work Hour = 50 Minutes

EDUCATIONAL STRATEGIES ADOPTED UNDER SPICES MODEL FOR CURRICULUM PLANNING

- Student-Centered
- Problem-Solving
- Specialty (Discipline) Based
- Hospital-Based
- Elective
- Systematic-planned for;
 - Theoretical Knowledge
 - Practical and Clinical Skills
 - Data Collection
 - Improving Attitudes including Communication Skills

ASSESSMENT & EVALUATION

1. FORMATIVE EVALUATION

- Feedback Proformas
- Logbooks
- Internal Evaluation through Ward Tests
- Discussion of Cases
- Presentations

2. SUMMATIVE EVALUATION

DPM Examination consists of;

1. Theory Examination

- Paper-1 75 SBQ
- Paper-11 10 SAQs

The successful candidate must secure at least 50% marks in each theory paper, with aggregate marks should not be less than 55%.

2. Clinical Examination

The clinical section comprises three components.

- The Clinical Examination consisting of a Long Case
- Short Cases
- OSCE (Objective Structured Clinical Evaluation)

FORMAT OF LONG CASE EXAMINATION

Each candidate will have one patient for long case and allowed 40 minutes of history taking and clinical examination. The candidate should take a careful history from the patients (or relative) and do the physical examination to identify the problem to the patient. In this time the candidates will be observed by a pair of examiner. After 40 minutes the examiners will discuss the history taken by the candidate and the findings of clinical examination. The areas for assessment of the long case will be:

- Introduction to the patient
- Takes informed consent
- Listens patiently and will polite to the patient
- Able to extract relevant information
- Able to elicit the clinical finding by appropriate clinical methods
- Narrates correct findings
- Justify the clinical interpretations and discusses the differential diagnosis
- Discuss and justify relevant investigations
- Outline and justifies treatment plan, including rehabilitations
- Discusses prevention and prognosis
- Must have the knowledge of recent advances relevant to the case.
- Discuss the treatment plan including the rehabilitation.

FORMAT OF SHORT CASE EXAMINATION

Candidate will be examined in four short cases for a total of 40 minutes by a pair of examiners.

Candidates will be given a specific task to perform over the patients. During that part of the examination, the candidate will be assessed in:

- Takes consent and Introduce him/herself
- Uses correct Clinical Methods including Appropriate Exposure and Re-Draping
- Examine the Patient Systematically
- Highlight the Correct Findings
- Discuss the Findings Systematically
- Justify the Diagnosis and Differential Diagnosis

FORMAT OF OSCE EXAMINATION

- There will be two types of stations Static (10 Stations) and Interactive (5 stations).
- The static stations are of 5 minutes each. The static station will have data, photograph, and instruments, X-Ray or CT Scan/MRI.
- The candidate has to write answer on predesigned paper given by the OSPE center, is not allowed to write extra on the paper.
- Interactive stations consist of examination of the patient, discussion the management plan to examiner already given by interactive sheets or performing the procedure over the patient. Each interactive station will have 5 minutes for performance and 5 minutes for questioning.

NOTE. The answers would be precise and relevant to the patients.

Total marks of DPM (Clinical)	200 Marks
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- | | |
|---------------|----------|
| • Long case | 60 Marks |
| • Short cases | 80 Marks |
| • OSCE/Viva | 60 Marks |

The successful candidate must secure at least 50% marks in each of these components with aggregate marks should not be less than 60%.

ANNEX A: COMMON PSYCHIATRIC DISORDERS

1. Substance Related Disorder

- a. Alcohol
- b. Cannabis
- c. Opioids
- d. Nicotine
- e. Caffeine
- f. Sedative-Hypnotics and Anxiolytics
- g. Other (uncommon in our Society)

2. Schizophrenia (Other related disorders like delusional disorder)

3. Mood Disorder

- a. Major Depressive Disorder
- b. Bipolar Affective Disorder
- c. Cyclothymia
- d. Dysthymia
- e. Seasonal Affective Disorder

4. Anxiety Disorders

- a. Generalized Anxiety Disorder
- b. Panic Disorder with/ without Agoraphobia
- c. Obsessive – compulsive Disorder
- d. Phobic Disorder (Social/ Specific)
- e. Post-Traumatic Stress Disorder

5. Somatoform Disorders

- a. Somatization Disorder
- b. Conversion Disorder
- c. Hypochondriasis
- d. Body-Dimorphic Disorder
- e. Pain Disorder

6. Mental Retardation

7. Organic Psychosis

- a. Delirium
- b. Dementia
- c. Cognitive/ Amnestic Disorder
- d. Psychiatric Disorder related to General Medical Connection

8. Epilepsy

ANNEX B: COMMON PSYCHIATRIC PROCEDURES

1. Electro-Convulsive Therapy (ECT)
2. Counseling
3. Psycho-Social Rehabilitation
4. Psycho-Therapies

ANNEX C: BOOKS RECOMMENDED

- Oxford Textbook of Psychiatry, 7th Ed.
- Kaplan and Saddock (Synopsis)
- Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR
- Stahl's Essential Psychopharmacology: Neuro-scientific Basis and Practical Applications
- Fish's Clinical Psychopathology: Signs And Symptoms In Psychiatry
- International Statistical Classification of Diseases-10
- Maudslay Treatment Guidelines 13th ed.

YEAR I

BASIC PSYCHIATRY

PSYCHIATRIC INTERVIEWING SKILLS COURSE

This will be a 2 months course, aim to impart essential knowledge regarding psychiatric interviewing skills and techniques.

S. No	CONTENTS
1.	Psychiatric History Taking <ul style="list-style-type: none">• Components• Issues in Psychiatric Interview
2.	Mental State Examination <ul style="list-style-type: none">• Components• Interpretation
3.	General Physical Examination
4.	Neurological Examination
5.	Interviewing Informants
6.	Communication Skills
7.	Counseling
8.	Family Counselling
9.	Psycho-Education
10.	Patient Autonomy and Mental Health
11.	Empathy

Instructional Strategy:

- General Instructional Methods (Appendix D)

DIAGNOSTICS AND BASIC MANAGEMENT COURSE

This will be a 10 months training aim to impart essential knowledge and skills required to diagnose and manage common psychiatric illness.

S. No	CONTENTS
1)	Schizophrenia
2)	Catatonia
3)	Bipolar Affective Disorder
4)	Depressive Disorder
5)	Anxiety or Phobic Disorders
6)	Mental & Behavioral Disorders due to Substance Use
7)	Personality Disorders and Related Traits
8)	Neurodevelopmental Disorders
9)	Neurocognitive Disorders
10)	Mental or Behavioural Disorders associated with Pregnancy, Childbirth and the Puerperium
11)	Feeding or Eating Disorders
12)	Enuresis
13)	Obsessive-Compulsive Disorders
14)	Dissociative Disorders
15)	Sleep-Wake Disorders
16)	Sexual Dysfunctions
17)	General Guidelines: <ul style="list-style-type: none">▪ Normal vs Abnormal Behaviors▪ Normal and Abnormal Illness behaviour▪ Psychiatric and Neuropsychiatric Sequel of Disorders▪ Principles of Evidence-Based Practice▪ Principles of Inpatient/Residential Treatment▪ Principles of Prescribing Psychopharmacology▪ Principles of Psychological interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting▪ Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy▪ Somatic treatments▪ Role of alternative and complementary medicines mental health conditions

Instructional Strategy:

- General Instructional Methods (Appendix D)

YEAR II

APPLIED PSYCHIATRY

CLINICAL PSYCHOLOGY

This will be a 2 months training, aim to impart essential knowledge and skills required to effectively diagnose and manage psychiatric, via using psychometric instruments and non-pharmacological interventions respectively.

S. No	CONTENTS
1.	Models/Schools of Thoughts in Psychology <ol style="list-style-type: none">StructuralismFunctionalismGestalt PsychologyPsychoanalysisBehavioristic ModelHumanistic ModelCognitive Model
2.	Psychometric Assessment <ol style="list-style-type: none">Personality AssessmentIQ AssessmentRating Scales
3.	PSYCHOMETRIC TOOLS: Bender Visual Gestalt Test California Psychological Inventory House, Tree, Person Test-Revised (HTP-R) Stroop Neuropsychological Screening Test Raven Progressive Matrices Coloured (RCPM) Raven Progressive Matrices Standard (RSPM) Sixteen Personality Factors (16-PF) Thematic Apperception Test (TAT) Minnesota Counseling Inventory (MCI) Minnesota Multiphasic Personality Inventory (English) Minnesota Multiphasic Personality Inventory (Urdu) Children's Apperception Test (CAT) Conners Rating Scale Revised Good – Enough Harris Drawing Test Rorschach Psycho-diagnostic Test (Revised) Rotter Incomplete Sentences Blank (RISB) Properties of Rating Scales (Reliability, Validity, Specificity etc.)
4.	Counselling <ol style="list-style-type: none">Basic Communication SkillsTypes of CounsellingComponents of Counselling

	iv. Stages of Counselling Session
5.	Psychotherapies: <ol style="list-style-type: none"> i. Types of Psychotherapies ii. Indications iii. Relaxation Techniques
6.	Family/Marital Therapy
7.	Essentials of Cognitive Behavioral Therapy
8.	Issues of Therapeutic Dependence/Transference/Counter-Transference

Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
 - Supervised Administration and Interpretation of Psychometric Testing
 - Supervised Counselling/Therapeutic Sessions

EMERGENCY PSYCHIATRY

This will be a 2 months training aim to impart essential knowledge and skills required to effectively manage patient presenting with psychiatric emergencies.

S. No	CONTENTS
1.	Acute presentation of Psychotic & Neurotic Illnesses Acute Psychotic Disorder Post-Traumatic Stress Disorder Panic Disorder Post-Partum Psychosis Dissociative/Conversion Patients presenting with Hysteria
2.	Suicide (Attempts and Threats)
3.	Deliberate Self Harm
4.	Management of Hostile Patient
5.	Seclusion and Restrain
6.	Management Acute Side Effects of Psycho-pharmacological Agents
7.	Electro-Convulsive Therapy
8.	Medico-Legal Knowledge (Mental Health Act)
9.	Knowledge about the Legal System
10.	Rights of the Patients
11.	Counselling
12.	Neuroleptization
13.	Crisis Intervention (Telephonic & In-Person)

Instructional Strategy:

- General Instructional Methods (Appendix D)

ADDICTION PSYCHIATRY

This will be a 2 months training, aim to impart essential knowledge and skills required to efficiently deal with patients of Substance Use Disorders.

S. No	CONTENTS
1.	Diagnosis and Management of Drug Related Disorders
2.	Management of Psychiatric Complications
3.	Management of Withdrawals
4.	Ethical Considerations in Drug Disorders
5.	Referral and Service Coordination
6.	Rehabilitation of Drug Abusers
7.	Pain and Substance Use Disorder
8.	Research Methodology in Addiction Psychiatry
9.	Motivational Interviewing for Substance Use disorder
10.	Harm Reduction Therapy in Addiction
11.	Psycho-Education of Patient and Families
12.	Family Therapy
13.	Crisis Intervention

Instructional Strategy:

- General Instructional Methods (Appendix D)

BIO-ETHICS & PROFESSIONALISM COURSE

This will be 1 month course, aim to impart essential knowledge and aiming to develop attitude to professionally deal with psychiatric patients under bio-ethical framework.

S. No	CONTENTS
1.	Ethics, Morality, and their place in the Health Professions
2.	Components of Medical Professionalism <ul style="list-style-type: none">• Altruism• Accountability• Commitment• Integrity• Respect• Empathy• Leadership• Duty
3.	Professional Ethics & Psychiatry
4.	Pillars of Bioethics
5.	Theories of Bioethics
6.	Conceptual Foundations of Biomedical Ethics <ul style="list-style-type: none">• Principles• Deontology• Consequentialism/Utilitarianism• Communitarianism• Virtue Ethics• Ethics of Care• Human Rights• Spiritual Traditions- Confucianism, Islam, Buddhism, Ubuntu
7.	Ethical Dimensions of Palliative and End-Of-Life Care
8.	Ethics and the Pharmaceutical Industry
9.	Ethical Issues in Community Care
10.	Ethical Considerations in Resource Allocation (Health Care System)
11.	Ethical Dimensions of Genetic and Genome-Based Research
12.	Bio-Ethics and Law (Bioethical Legislations)

13.	Competence of Patient
14.	Informed Consent
15.	Voluntary and Involuntary Treatment and Hospitalization
16.	Confidentiality
17.	Respect for the Patient and his Rights
18.	Third Party Responsibility
19.	Ethical Dilemmas and Resolutions
20.	Issues related to Photo - & Videography of Psychiatric Patients
21.	Rights of Patients towards Government, Doctors, Community and Media

Recommended Readings:

- Code of Ethics by The Royal Australian & New Zealand College of Psychiatrists
- The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry by American Psychiatric Association

Instructional Strategy:

- General Instructional Methods (Appendix D)

FORENSIC PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to efficiently deal with forensic psychiatric cases and psycho-legal issues.

S. No	CONTENTS
1.	Introduction to Forensic Psychiatry: <ul style="list-style-type: none"> • Definition • History • Ethics & Professionalism • Glossary • Privilege • Confidentiality • 3rd Party Payer & Supervision • Criminal Responsibility • Diminished Responsibility • Capacity to Defend • Testminatory Capacity • Seclusion and Restrain • Consent • Contractual Capacity • Fitness to Plead • Competence to Stand Trail • Competence to Be Executed • Irresistible Impulse • Guilty but Mentally Ill • Recovered Memories • Emotional Damage • Compensation • Civil Liability
2.	Introduction to Mental Health Act (Sindh Mental Health Act)
3.	Justice System in Pakistan and Mental Health Act <ul style="list-style-type: none"> • Hierarchy of Courts • Pakistan Penal Court (PPC) • Code of Criminal Procedures (CrCP)
4.	Risk Assessment <ul style="list-style-type: none"> • Violence • Suicide • Deliberate Self-Harm • Tools (HCR- 20 v.3, HAR M, PCL- R)
5.	Legal Correspondences
6.	Rights of Patients <ul style="list-style-type: none"> • Right to Treatment • Right to Refuse Treatment
7.	Differentiation between Psychosis & Malingering
8.	Special Cases: <ul style="list-style-type: none"> • Blasphemy • Sex Related Crimes (Both Adults & Children) • Drug Related Crimes
9.	Universal Rules in Forensic Psychiatry

	<ul style="list-style-type: none"> • M'naghten Rule • Durham Rule
10.	Establishing Forensic Psychiatric Services
11.	Research Methodology in Forensic Psychiatry

Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
 - Court Presentations
 - Assisting Legal Referrals

COMMUNITY AND SOCIAL PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to cater basic needs of community for prevention, treatment and rehabilitation regarding mental health.

S. No	CONTENTS
1.	Stigma for Mental Health
2.	Community Mental Health Practice
3.	Developing means of Mental Health Awareness for Community
4.	Primary Prevention
5.	Advocacy of Mental Health
6.	Medical Sociology
7.	Social Issues Contributing to Mental Health
8.	Religion and Mental Health
9.	Social Service Groups
10.	Health Belief Models
11.	Treatment Compliance
12.	Faith Healing in our Culture
13.	Alternative Medicines
14.	Suicide Risk Assessment
15.	Drug Addiction
16.	Rehabilitation in Community
17.	Self Help Groups
18.	Psycho-Education of Non Mental Health Care Staff

19.	Mob Violence
20.	Role of Media
21.	Communicating with Media
22.	Social Networking
23.	Special Groups (Minorities, Street Geriatric and Peadiatrics Population)
24.	Ethics & Professionalism in relation to Community Mental Health
25.	Mental Health Issues related to Industry and Organizations
26.	Research Methodology in Community Psychiatry

Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
 - Community Visits (Out-Reach Clinics)
 - Medical Camps
 - Awareness Programs e.g. Arranging Walk-a-Cause, Seminars and other programs involving Radio, Electronic, Print and Social Media.
 - Meetings with influential persons (religious, social and political) of society for Mental Health Advocacy.
 - Epidemiological Surveys

ORGANIC PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to effectively manage patient having psychiatric problems secondary to organic and neurological disease.

S. No	CONTENTS
1.	Interplay between mind and body
2.	Epilepsy
3.	Cerebrovascular Disorders
4.	Non-Cardiac Chest Pain
5.	Cardiovascular Issues and Psychiatry
6.	Functional Dyspepsia
7.	Irritable Bowel Syndrome
8.	Endocrine Diseases and Metabolic Disorders
9.	Addictive and Toxic Disorders
10.	Movement Disorders
11.	Sleep Disorders
12.	Organic Hallucinoses
13.	Organic Catatonic Disorder
14.	Organic Delusional [Schizophrenia-Like] Disorder
15.	Organic Mood [Affective] Disorders
16.	Organic Manic Disorders
17.	Organic Bipolar Affective Disorder
18.	Organic Depressive Disorder
19.	Organic Mixed Affective Disorder
20.	Organic Anxiety Disorder
21.	Organic Dissociative Disorder
22.	Organic Emotionally Labile [Asthenic] Disorder
23.	Organic Personality Disorder
24.	Post-Encephalitic Syndrome
25.	Basic Concepts In Neuropsychiatry
26.	Neuropsychology In Relation To Psychiatry,
27.	Clinical Assessment and Neurological Examination
28.	Head Injury and its Consequences

29.	Cerebral Tumors
30.	Epilepsy and its complications
31.	Intracranial Infections
32.	Cerebrovascular Disorders and its impacts on mental health
33.	Sleep Disorders
34.	Other Disorders of the Nervous System,
35.	Organic Amnesic Syndrome
36.	Delirium
37.	Dementia
38.	Mild Cognitive Disorder
39.	Post-Concussional Syndrome
40.	EEG Interpretation
41.	CT Scan Brain Interpretation
42.	MRI Interpretation

Instructional Strategy:

- General Instructional Methods (Appendix D)

MEDICAL CORRESPONDENCE PRACTICUM

This will be 1 month academic training aim to impart essential knowledge and skills regarding Medical & Legal Correspondence.

S. No	CONTENTS
1.	Elements of Medical Correspondences
2.	Glossary Used in Medical Correspondences
3.	Effective Letter and Email Writing Skills
4.	Understanding Court System, Proceedings and Decorum of Court
5.	Legal Correspondence
6.	Type of Testimonies
7.	Professional Ethics and Testimonies

Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
 - Court Presentations
 - Assisting Legal Referrals

MEDICAL CORRESPONDENCE PRACTICUM

This will be 1 month academic training aim to impart essential knowledge and skills regarding Medical & Legal Correspondence.

S. No	CONTENTS
1.	Social Justice and Health Inequity
2.	Legislative Advocacy
3.	Current issues of National concern in the Mental Health Care Delivery System, including Access to Treatment, Parity, and Scope of Practice Issues
4.	Principles of Effective Oral and Written Testimony at Public Hearings
5.	Coalition-Building with Other Advocates and Advocacy Organizations
6.	Stigma against Mental Illness
7.	Influencing Media

Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
 - **Legislative Processes:** Hands-On experience designed to help psychiatry residents understand how the legislative process works in the assembly and how advocates can work within that system to support or oppose legislation
 - **Stakeholder Collaborations:** Opportunities to meet with state senators and representatives, provide oral and written testimonies to assembly committee hearings, and network with other advocates and organizations
 - **Didactics:** For the Elective's Didactic Component, leaders of the elective coordinate with the country's policy Initiative and other groups to host special speakers for seminars, conferences, and grand rounds.

APPENDIX A: WEEKLY SCHEDULE OF THE WHOLE YEAR

Activity	Weekly Frequency	Duration Per Session	Hours	Credit
Small Group Discussions	5	3	(X48)=384	24.0
Case Presentations	2	4	(X48)=384	8.0
Journal Club	1	3	(X48)=144	9.0
Ambulatory Teaching	2	6	(X48)=576	12.0
Morning Report	5	0.5	(X48)=120	3.0
Research Work	3	1	(X48)=144	9.0
Grand Round	1	3	(X48)=192	3.0
Night Duties	2	16	(X48)=1536	??
Ward Work	6	1	(X48)=288	6.0
Procedure Room Learning	6	1	(X48)=288	6.0
Total			4008	80

CREDIT HOUR'S ABHES DEFINITION

- Semester - Minimum of 15 weeks in length. One semester credit is equal to:
- One hour of lecture per week for a semester (of 15 weeks) or the equivalent number of hours.
- Two hours of lab per week for a semester or the equivalent number of hours.
- Three hours of externship/clinical per week for a semester (of 15 weeks) or the equivalent number of hours.
- Quarter - Minimum of 10 weeks in length. One-quarter credit is equal to:
- One hour of lecture per week for a quarter or the equivalent number of hours.
- Two hours of lab per week for a quarter or the equivalent number of hours.
- Three hours of externship/clinical per week for a quarter or the equivalent number of hours.
- One Work Hour = 50 Minutes

APPENDIX B: DEPTH OF KNOWLEDGE

A structure training program demands rigorous selection for acquiring adequate level of knowledge for each curricular element. The contents of this curriculum have been systematically assigned to different levels of knowledge according to the content complexity via using standardized model; Webb Depth of Knowledge (DOK) Model^a. The term knowledge, used here, is intended to broadly encompass all forms of knowledge.

This section highlights the Depth of Knowledge (DoK) model levels in order to help residents to analyze the cognitive expectation demanded by curricular elements and activities.

DESCRIPTION OF LEVELS OF KNOWLEDGE:

- **Level 1 DoK:** Curricular elements that fall into this category involve basic tasks that require resident to recall or reproduce knowledge. The subject matter content at this particular level usually involves working with facts, terms and/or definitions.
- **Level 2 DoK:** Conceptual understanding generally refers to the integration and application of concepts and other ideas within a content area. Procedural understanding denotes knowledge about skills and sequence of steps, when and how these should be used appropriately, and their efficient and accurate applications.
- **Level 3 DoK:** It requires short –term strategic thinking and acquisition of greater depth of knowledge via analysis and evaluation, to solve real-world problems with predictable outcomes. The expectation established at this level tends to require coordination of knowledge and skill from multiple subject-matter areas to carry out processes and reach a solution in a project-based setting.
- **Level 4 DoK:** It requires extended thinking usually requires work over a period of time, including gathering information, analyzing findings, preparing reports, and presenting findings.

DEPTH OF KNOWLEDGE:

I	Recall and Reproduction
II	Conceptual Understanding
III	Short-term Strategic Thinking
IV	Extended Thinking

a. Webb’s Depth of Knowledge Guide: Career and Technical Education Definitions

APPENDIX C: LEVELS OF CLINICAL COMPETENCY

Competency-based training demands frequent evaluation of the degree of competency achieved by residents. To appraise the competency level, a simple, clear, and accurate description for each competency level is set according the Modified Dreyfus Model which represents a performance hierarchy ^a.

This section highlights the competency stages that can be used for self-appraisal and external evaluation via clear and precise competency level descriptions.

MODIFIED DREYFUS MODEL – LEVEL DESCRIPTIONS:

- An ‘*absolute beginner*’ has almost no knowledge of the relevant competency.
- A ‘*beginner*’ can perform the relevant competency according to rules.
- An ‘*advanced beginner*’ can perform under rules and is merely able to understand some patient situations because he or she has little clinical experience.
- A ‘*competent*’ performer has some limited experience under supervision. A ‘competent’ performer follows rules, but can choose to take actions according to a patient’s situation.
- A ‘*proficient*’ performer has some degree of clinical experience and selectively performs taking into consideration a patient’s situation and experience of similar situations, following rules.
- An ‘*expert*’ has rich experience and takes actions automatically, using his or her intuitive judgment in solving problems.

‘Competent,’ ‘proficient,’ and ‘expert’ individuals can be distinguished by the degree of their experience in the real world and skillfulness.

LEVELS OF COMPETENCE:

I	Absolute Beginner
II	Beginner
III	Advance Beginner
IV	Competent
V	Proficient
VI	Expert

- a. Park J. Proposal for a Modified Dreyfus and Miller Model with simplified competency level descriptions for performing self-rated surveys. *J Educ Eval Health Prof.* 2015;12:54.

APPENDIX D: INSTRUCTIONAL STRATEGIES

1. GENERAL INSTRUCTIONAL METHODS:

A. Clinical:

- Bedside Learning
- Ambulatory Care Learning
- Case Based Discussion
- Morbidity and Mortality Meetings

B. Didactic:

- Lectures
- Workshops
- Seminars
- Grand Rounds
- Journal Clubs
- Scenario Based Discussion
- Procedure Room Learning

C. Independent:

- Reading
- Written Assignments
- Literature Search
- Peer Discussion
- Preparing Formal or Informal Didactics for Colleagues (Presentations)
- Board Review

2. SPECIFIC INSTRUCTIONAL METHODS:

Mentioned in respective courses.

APPENDIX E: EVALUATION PROCEDURES

Evaluation will be done on the following parameters:

- On-going Assessment for (Non-formal);
 - Affective Skills
 - Professionalism
 - Duty of Care
 - Student Involvement
 - Task Assignments
 - Hospital Protocol Compliance
- Intermittent Assessment (formal assessment at end of each program)
 - Appropriate Method from Appendix F
- Final Exam (After Completion of 2 Year Training)
 - Part- I: Written Examination
 - Paper-I - 100 SCQs
 - Paper-II – 4 LAQs
 - Paper-III – 10 SEQs
 - Part-II: Clinical Examination (Interactive)
 - One Long Case
 - Six Short Case
 - Grand Viva

APPENDIX F: METHODS OF ASSESSMENT

A. Oral Assessment:

- a. Chart Stimulated Recall (CSR) Examination (Oral)
- b. Standard Oral Examination (Viva Voce)

B. Written Assessment:

- a. Single Choice Questions (SCQs)
- b. Short Essay Questions (SEQs)
- c. Essay Based - Long Answer Questions (LAQs)

C. Observed Evaluation:

- a. Objective Structured Clinical Examination (OSCE)
- b. DOPS (Direct Observation of Procedural Skills)
- c. Mini CEX (Mini Clinical Evaluation Exercise)
- d. Objective Structured Assessment of Technical Skills (OSATS)
- e. Check List Evaluation (Quantitative – Different areas in affective competence to be assessed)
- f. Global Rating Forms (Quantitative – General abilities in core competence to be assessed)
- g. Performance Based Assessment
- h. Workplace Based Assessment (Multiple Source Feedback)
 - i. Portfolios
 - ii. 360 Degree Evaluation

APPENDIX G: FORMAT OF CLINICAL EXAMINATION

A. LONG CASE EXAMINATION

The long case portion of clinical examination consists of direct bedside assessment of 1 patient. The assessment includes history taking and clinical examination; physical and mental state examination. The time allocated for a long case is 40 minutes. The candidate will be observed by a pair of examiners.

The candidate is expected to take a thorough and relevant history from the patient (or relative) and do the physical and mental state examination to identify the problem of the patient. After 40 minutes the examiners will discuss the history taken by the candidate and the findings of clinical examination.

The areas for assessment of the long case include:

- Introduction
- Consent
- Basic Listening & Affective Skills
- Psychiatric Interviewing Skills
- Eliciting Clinical Findings via Appropriate Methods
- Interpretation of Interview
- Justification of Interpretation & Differential Diagnosis
- Relevant Investigations
- Management Plan including Rehabilitations
- Prevention and Prognosis
- Knowledge of Recent Scientific Literature in relation to the case

B. SHORT CASE EXAMINATION

The short case portion of clinical examination consists of direct bedside assessment of in total 6 patient. Candidate will be assessed in 6 short cases by a pair of examination over the performance of a specified task, directed by the examiners. The time allocated for each short case is 10 minutes.

The candidate is expected to comprehend and follow the command given by the examiners via systematic approach, report the findings and discuss the implications. After 10 minutes, the examiners will discuss the task performed by the candidate and the findings of clinical examination.

The areas for assessment of the short cases include:

- Introduction & Consent
- Psychiatric Interviewing Skills
- Eliciting Clinical Findings via Appropriate Methods
- Systematic Approach & Examination
- Reporting & Interpretation of Clinical Findings
- Justification of Interpretation & Differential Diagnosis

C. VIVA VOCE/GRAND VIVA:

The Viva Voce/Grand Viva portion of clinical examination consists of an interview between the candidate and a panel of expert; 2 examiners. This oral assessment is intended to examine candidate's depth of knowledge in psychiatry. The total time allocated for the viva is 30 minutes.

APPENDIX I: RECOMMENDED BOOKS

- Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry
- Oxford Dictionary of Psychology 4th Edition
- International Classification of Disease 11 (ICD – 11)
- Diagnostic and Statistical Manual of Mental Disorders DSM-V
- Oxford Shorter Textbook of Psychiatry, 7th Version
- Maudsley Prescribing Guidelines in Psychiatry, 13th Ed.
- Morgan' Introduction to Psychology
- A Handbook of Behavioral Sciences for Medical & Dental Students
- Medical Law and Ethics (5th Edition).
- Lishman's Organic Psychiatry: A Textbook Of Neuropsychiatry 4e (Pb) 2012
- Practical Forensic Psychiatry (Pb)2011
- Study Guide to Substance Abuse Treatment -A Companion to The American Psychiatric Publishing Textbook of Substance Abuse Treatment, Fifth Edition

RESIDENT'S GUIDE

YEAR I

BASIC PSYCHIATRY

PSYCHIATRIC INTERVIEWING SKILLS COURSE

This will be a 2 months course, aim to impart essential knowledge regarding psychiatric interviewing skills and techniques.

S. No	CONTENTS	DoK	CC
1.	Psychiatric History Taking <ul style="list-style-type: none">• Components• Issues in Psychiatric Interview	IV	VI
2.	Mental State Examination <ul style="list-style-type: none">• Components• Interpretation	IV	VI
3.	General Physical Examination	IV	VI
4.	Neurological Examination	III	VI
5.	Interviewing Informants	IV	VI
6.	Communication Skills	IV	VI
7.	Counseling	III	V
8.	Family Counselling	III	V
9.	Psycho-Education	III	V
10.	Patient Autonomy and Mental Health	IV	
11.	Empathy	IV	

DIAGNOSTICS AND BASIC MANAGEMENT COURSE

This will be a 10 months training aim to impart essential knowledge and skills required to diagnose and manage common psychiatric illness.

S. No	CONTENTS	DoK	CC
1)	Schizophrenia	III	
2)	Catatonia	III	
3)	Bipolar Affective Disorder	III	
4)	Depressive Disorder	III	
5)	Anxiety or Phobic Disorders	III	
6)	Mental & Behavioral Disorders due to Substance Use	III	
7)	Personality Disorders and Related Traits	III	
8)	Neurodevelopmental Disorders	III	
9)	Neurocognitive Disorders	III	
10)	Mental or Behavioural Disorders associated with Pregnancy, Childbirth and the Puerperium	III	
11)	Feeding or Eating Disorders	III	
12)	Enuresis	III	
13)	Obsessive-Compulsive Disorders	III	
14)	Dissociative Disorders	III	
15)	Sleep-Wake Disorders	III	
16)	Sexual Dysfunctions	III	
17)	General Guidelines: <ul style="list-style-type: none"> ▪ Normal vs Abnormal Behaviors ▪ Normal and Abnormal Illness behaviour ▪ Psychiatric and Neuropsychiatric Sequel of Disorders ▪ Principles of Evidence-Based Practice ▪ Principles of Inpatient/Residential Treatment ▪ Principles of Prescribing Psychopharmacology ▪ Principles of Psychological Interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting ▪ Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy ▪ Somatic treatments ▪ Role of alternative and complementary medicines mental health conditions 	III	V

YEAR II

APPLIED PSYCHIATRY

CLINICAL PSYCHOLOGY

This will be a 2 months training, aim to impart essential knowledge and skills required to effectively diagnose and manage psychiatric, via using psychometric instruments and non-pharmacological interventions respectively.

A. CLINICAL PSYCHOLOGY:

S. No	CONTENTS	DoK	CC
1.	Models/Schools of Thoughts in Psychology i. Structuralism ii. Functionalism iii. Gestalt Psychology iv. Psychoanalysis v. Behavioristic Model vi. Humanistic Model vii. Cognitive Model	IV	
2.	Psychometric Assessment i. Personality Assessment ii. IQ Assessment iii. Rating Scales	III	V
3.	PSYCHOMETRIC TOOLS: Bender Visual Gestalt Test California Psychological Inventory House, Tree, Person Test-Revised (HTP-R) Stroop Neuropsychological Screening Test Raven Progressive Matrices Coloured (RCPM) Raven Progressive Matrices Standard (RSPM) Sixteen Personality Factors (16-PF) Thematic Apperception Test (TAT) Minnesota Counseling Inventory (MCI) Minnesota Multiphasic Personality Inventory (English) Minnesota Multiphasic Personality Inventory (Urdu) Children's Apperception Test (CAT) Conners Rating Scale Revised Good – Enough Harris Drawing Test Rorschach Psycho-diagnostic Test (Revised) Rotter Incomplete Sentences Blank (RISB) Properties of Rating Scales (Reliability, Validity, Specificity etc.)		V IV V IV IV IV IV IV III III III III III III III III V
4.	Counselling i. Basic Communication Skills		VI

	ii. Types of Counselling iii. Components of Counselling iv. Stages of Counselling Session		
5.	Psychotherapies: i. Types of Psychotherapies ii. Indications iii. Relaxation Techniques		IV
6.	Family/Marital Therapy		V
7.	Essentials of Cognitive Behavioral Therapy		V
8.	Issues of Therapeutic Dependence/Transference/Counter-Transference	III	

EMERGENCY PSYCHIATRY

This will be a 2 months training aim to impart essential knowledge and skills required to effectively manage patient presenting with psychiatric emergencies.

S. No	CONTENTS	DoK	CC
1.	Acute presentation of Psychotic & Neurotic Illnesses Acute Psychotic Disorder Post-Traumatic Stress Disorder Panic Disorder Post-Partum Psychosis Dissociative/Conversion Patients presenting with Hysteria	III	
2.	Suicide (Attempts and Threats)	III	
3.	Deliberate Self Harm	III	
4.	Management of Hostile Patient	III	
5.	Seclusion and Restrain	III	
6.	Management Acute Side Effects of Psycho-pharmacological Agents	III	
7.	Electro-Convulsive Therapy	III	V
8.	Medico-Legal Knowledge (Mental Health Act)	III	V
9.	Knowledge about the Legal System	III	
10.	Rights of the Patients	III	VI
11.	Counselling	III	V
12.	Neuroleptization	III	V
13.	Crisis Intervention (Telephonic & In-Person)	III	VI

ADDICTION PSYCHIATRY

This will be a 2 months training, aim to impart essential knowledge and skills required to efficiently deal with patients of Substance Use Disorders.

S. No	CONTENTS	DoK	CC
1.	Diagnosis and Management of Drug Related Disorders	IV	
2.	Management of Psychiatric Complications	IV	V
3.	Management of Withdrawals	IV	V
4.	Ethical Considerations in Drug Disorders	IV	
5.	Referral and Service Coordination	IV	
6.	Rehabilitation of Drug Abusers	IV	
7.	Pain and Substance Use Disorder	IV	
8.	Research Methodology in Addiction Psychiatry	III	
9.	Motivational Interviewing for Substance Use disorder	III	IV
10.	Harm Reduction Therapy in Addiction	III	IV
11.	Psycho-Education of Patient and Families	IV	IV
12.	Family Therapy	III	IV
13.	Crisis Intervention	III	V

BIO-ETHICS & PROFESSIONALISM COURSE

This will be 1 month course, aim to impart essential knowledge and aiming to develop attitude to professionally deal with psychiatric patients under bio-ethical framework.

S. No	CONTENTS	DoK	CC
1.	Ethics, Morality, and their place in the Health Professions	III	
2.	Components of Medical Professionalism <ul style="list-style-type: none"> • Altruism • Accountability • Commitment • Integrity • Respect • Empathy • Leadership • Duty 	II	
3.	Professional Ethics & Psychiatry	IV	
4.	Pillars of Bioethics	I	
5.	Theories of Bioethics	I	
6.	Conceptual Foundations of Biomedical Ethics <ul style="list-style-type: none"> • Principles • Deontology • Consequentialism/Utilitarianism • Communitarianism • Virtue Ethics • Ethics of Care • Human Rights • Spiritual Traditions- Confucianism, Islam, Buddhism, Ubuntu 	I	
7.	Ethical Dimensions of Palliative and End-Of-Life Care	II	
8.	Ethics and the Pharmaceutical Industry	III	
9.	Ethical Issues in Community Care	III	
10.	Ethical Considerations in Resource Allocation (Health Care System)	IV	
11.	Ethical Dimensions of Genetic and Genome-Based Research	I	

12.	Bio-Ethics and Law (Bioethical Legislations)	III	
13.	Competence of Patient	IV	
14.	Informed Consent	IV	
15.	Voluntary and Involuntary Treatment and Hospitalization	IV	
16.	Confidentiality	IV	
17.	Respect for the Patient and his Rights	IV	
18.	Third Party Responsibility	IV	
19.	Ethical Dilemmas and Resolutions	IV	
20.	Issues related to Photo - & Videography of Psychiatric Patients	IV	
21.	Rights of Patients towards Government, Doctors, Community and Media	III	

FORENSIC PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to efficiently deal with forensic psychiatric cases and psycho-legal issues.

S. No	CONTENTS	DoK	CC
1.	Introduction to Forensic Psychiatry: <ul style="list-style-type: none"> • Definition • History • Ethics & Professionalism • Glossary <ul style="list-style-type: none"> • Privilege • Confidentiality • 3rd Party Payer & Supervision • Criminal Responsibility • Diminished Responsibility • Capacity to Defend • Testminatory Capacity • Seclusion and Restrain • Consent • Contractual Capacity • Fitness to Plead • Competence to Stand Trail • Competence to Be Executed • Irresistible Impulse • Guilty but Mentally Ill • Recovered Memories • Emotional Damage • Compensation • Civil Liability 	IV	
2.	Introduction to Mental Health Act (Sindh Mental Health Act)	III	
3.	Justice System in Pakistan and Mental Health Act <ul style="list-style-type: none"> • Hierarchy of Courts • Pakistan Penal Court (PPC) • Code of Criminal Procedures (CrCP) 	IV	
4.	Risk Assessment <ul style="list-style-type: none"> • Violence • Suicide • Deliberate Self-Harm • Tools (HCR- 20 v.3, HAR M, PCL- R) 	III	III
5.	Legal Correspondences	III	V
6.	Rights of Patients <ul style="list-style-type: none"> • Right to Treatment • Right to Refuse Treatment 	IV	
7.	Differentiation between Psychosis & Malingering	IV	V

8.	Special Cases: <ul style="list-style-type: none"> • Blasphemy • Sex Related Crimes (Both Adults & Children) • Drug Related Crimes 	III	
9.	Universal Rules in Forensic Psychiatry <ul style="list-style-type: none"> • M'naghten Rule • Durham Rule 	III	
10.	Establishing Forensic Psychiatric Services	III	III
11.	Research Methodology in Forensic Psychiatry	III	

COMMUNITY AND SOCIAL PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to cater basic needs of community for prevention, treatment and rehabilitation regarding mental health.

S. No	CONTENTS	DoK	CC
1.	Stigma for Mental Health	IV	
2.	Community Mental Health Practice	IV	
3.	Developing means of Mental Health Awareness for Community	IV	IV
4.	Primary Prevention	IV	
5.	Advocacy of Mental Health	IV	
6.	Medical Sociology	III	
7.	Social Issues Contributing to Mental Health	III	
8.	Religion and Mental Health	III	
9.	Social Service Groups	III	
10.	Health Belief Models	IV	
11.	Treatment Compliance	IV	
12.	Faith Healing in our Culture	IV	
13.	Alternative Medicines	III	
14.	Suicide Risk Assessment	IV	VI
15.	Drug Addiction	III	
16.	Rehabilitation in Community	IV	
17.	Self Help Groups	III	
18.	Psycho-Education of Non Mental Health Care Staff	IV	IV

19.	Mob Violence	III	
20.	Role of Media	III	
21.	Communicating with Media	IV	V
22.	Social Networking	III	V
23.	Special Groups (Minorities, Street Geriatric and Padiatrics Population)	II	
24.	Ethics & Professionalism in relation to Community Mental Health	II	
25.	Mental Health Issues related to Industry and Organizations	II	
26.	Research Methodology in Community Psychiatry	II	

ORGANIC PSYCHIATRY

This will be 1 month training, aim to impart essential knowledge and skills required to effectively manage patient having psychiatric problems secondary to organic and neurological disease.

S. No	CONTENTS	DoK	CC
1.	Interplay between mind and body	III	
2.	Epilepsy	III	
3.	Cerebrovascular Disorders	III	
4.	Non-Cardiac Chest Pain	III	
5.	Cardiovascular Issues and Psychiatry	III	
6.	Functional Dyspepsia	III	
7.	Irritable Bowel Syndrome	III	
8.	Endocrine Diseases and Metabolic Disorders	III	
9.	Addictive and Toxic Disorders	III	
10.	Movement Disorders	III	
11.	Sleep Disorders	III	
12.	Organic Hallucinosi	III	
13.	Organic Catatonic Disorder	III	
14.	Organic Delusional [Schizophrenia-Like] Disorder	III	
15.	Organic Mood [Affective] Disorders	III	
16.	Organic Manic Disorders	III	
17.	Organic Bipolar Affective Disorder	III	
18.	Organic Depressive Disorder	III	
19.	Organic Mixed Affective Disorder	III	
20.	Organic Anxiety Disorder	III	
21.	Organic Dissociative Disorder	III	
22.	Organic Emotionally Labile [Asthenic] Disorder	III	
23.	Organic Personality Disorder	III	
24.	Post-Encephalitic Syndrome	III	
25.	Basic Concepts In Neuropsychiatry	III	
26.	Neuropsychology In Relation To Psychiatry,	III	
27.	Clinical Assessment and Neurological Examination	III	IV
28.	Head Injury and its Consequences	III	

29.	Cerebral Tumors	III	
30.	Epilepsy and its complications	III	
31.	Intracranial Infections	III	
32.	Cerebrovascular Disorders and its impacts on mental health	III	
33.	Sleep Disorders	III	
34.	Other Disorders of the Nervous System,	III	
35.	Organic Amnesic Syndrome	III	
36.	Delirium	III	
37.	Dementia	III	
38.	Mild Cognitive Disorder	III	
39.	Post-Concussional Syndrome	III	
40.	EEG Interpretation	II	I
41.	CT Scan Brain Interpretation	III	III
42.	MRI Interpretation	II	II

MEDICAL CORRESPONDENCE PRACTICUM

This will be 1 month academic training aim to impart essential knowledge and skills regarding Medical & Legal Correspondence.

S. No	CONTENTS	DoK	CC
1.	Elements of Medical Correspondences	IV	
2.	Glossary Used in Medical Correspondences	IV	
3.	Effective Letter and Email Writing Skills	III	V
4.	Understanding Court System, Proceedings and Decorum of Court	III	
5.	Legal Correspondence	IV	V
6.	Type of Testimonies	IV	
7.	Professional Ethics and Testimonies	IV	

MENTAL HEALTH ADVOCACY PRACTICUM

This will be 1 month training aim to impart essential knowledge and skills required to adequately address the mental health issues on various platforms in order to alleviate stigma and fight for the rights of under-privileged psychiatric population.

S. No	CONTENTS	DoK	CC
1.	Social Justice and Health Inequity	III	
2.	Legislative Advocacy	III	
3.	Current issues of National concern in the Mental Health Care Delivery System, including Access to Treatment, Parity, and Scope of Practice Issues	III	
4.	Principles of Effective Oral and Written Testimony at Public Hearings	III	
5.	Coalition-Building with Other Advocates and Advocacy Organizations	III	III
6.	Stigma against Mental Illness	III	
7.	Influencing Media	IV	IV