



# DEPARTMENT OF PSYCHIATRY

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



TEACHING & TRAINING PROGRAM

## M.D. PSYCHIATRY

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 M.D. Psychiatry is a four year training program, designed to provide a well-supervised and progressive educational experience in the field of Psychiatry. The department promotes the intellectual environment to develop psychiatrists who are equipped with the knowledge, skills, and attitudes to work effectively and efficiently with psychiatric patients. It is envisaged that they should be able to recommend investigations correctly, diagnose precisely, manage efficiently and recognize the complications of disease and therapeutic agent under moral and ethical framework.

## **ELIGIBILITY CRITERIA:**

- Applicant must have an MBBS degree.
- Applicant must have completed one year house job preferably with 6 months internship in Psychiatry (2 months mandatory rotation during House Job and Clinical Attachment of 4 months in Psychiatry)
- Applicant must have a valid registration with Pakistan Medical and Dental Council.
- Applicant must have passed M.D. Part-I in Psychiatry
- Applicant should preferably have competence in English language and be well versed in local languages which will be judged by any appropriate means.

## **AIMS:**

- To fulfill the requirements of MD Part-II examination.
- To produce a specialist in Psychiatry.
- To fulfill a dearth of trainers, teachers, assessors and researchers in Psychiatry,

## **RATIONALE:**

There is a dire need for competent specialists of psychiatry in the community. This program will provide well-trained psychiatrists for specialized health care. There is also shortage of authentic database in respect of psychiatry. The graduates of the program will provide a pool of specialists for more advanced training in the field of Psychiatry. This program will help to produce psychiatrists who can not only fulfill mental health needs of the community but also help produce further psychiatric clinicians on one hand and help to develop the data base of psychiatric needs of the community on other hand.

## **LEARNING OUTCOMES:**

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

- Diagnose Psychiatric Illness precisely
- Manage In-, Out-, and Emergency Psychiatric Illness competently and holistically.
- Conduct a Research.
- Produce Medical Writings.
- Communicate effectively in the Medical Professional set-up.
- Follow the principles of Professional Bio-Ethics.
- Play the role of Psychiatric Advocate at all levels.

## 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<sup>a</sup>, 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 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. Research
9. System Based Practice
10. Pedagogy
11. 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 Interviewing Skills	2
2. Bio-Ethics & Professionalism	2
3. Diagnostics & Basic Management	4
4. Research	4

## YEAR 2: ALLIED PSYCHIATRY

Rotation Title:	Duration (In Months)
1. Clinical Psychology + Sociology + Anthropology	3
2. Organic Psychiatry (General Medicine) & Psycho-Oncology	3
3. Neuro-Psychiatry (Neurology)	3
4. Emergency Psychiatry	3

## YEAR 3: ADVANCE PSYCHIATRY

Rotation Title:	Duration (In Months)
1. Child & Adolescent Psychiatry	2
2. Geriatric (Elderly) Psychiatry	2
3. Addiction Psychiatry	2
4. Forensic Psychiatry	2
5. Community + Social Psychiatry	2
6. Psycho-Social Rehabilitation	2

## YEAR 4: APPLIED PSYCHIATRY

Practicum Title:	Duration (In Months)
1. Medical Teaching	2
2. Medical Correspondences	2
3. Organizational Skills Planning	2
4. Publish or Perish (Research Presentations/Publication/Clinical Audit)	2
5. Mental Health Advocacy	2
6. Critique	2

**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"><li>• Components</li><li>• Issues in Psychiatric Interview</li></ul>
2.	Mental State Examination <ul style="list-style-type: none"><li>• Components</li><li>• Interpretation</li></ul>
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)

## BIO-ETHICS & PROFESSIONALISM COURSE

This will be a 2 months 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"><li>• Altruism</li><li>• Accountability</li><li>• Commitment</li><li>• Integrity</li><li>• Respect</li><li>• Empathy</li><li>• Leadership</li><li>• Duty</li></ul>
3.	Professional Ethics & Psychiatry
4.	Pillars of Bioethics
5.	Theories of Bioethics
6.	Conceptual Foundations of Biomedical Ethics <ul style="list-style-type: none"><li>• Principles</li><li>• Deontology</li><li>• Consequentialism/Utilitarianism</li><li>• Communitarianism</li><li>• Virtue Ethics</li><li>• Ethics of Care</li><li>• Human Rights</li><li>• Spiritual Traditions- Confucianism, Islam, Buddhism, Ubuntu</li></ul>
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)

## DIAGNOSTICS AND BASIC MANAGEMENT COURSE

This will be a 4 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)	<b>General Guidelines:</b> <ul style="list-style-type: none"><li>▪ Normal vs Abnormal Behaviors</li><li>▪ Normal and Abnormal Illness behaviour</li><li>▪ Psychiatric and Neuropsychiatric Sequel of Disorders</li><li>▪ Principles of Evidence-Based Practice</li><li>▪ Principles of Inpatient/Residential Treatment</li><li>▪ Principles of Prescribing Psychopharmacology</li><li>▪ Principles of Psychological interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting</li><li>▪ Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy</li><li>▪ Somatic treatments</li><li>▪ Role of alternative and complementary medicines mental health conditions</li></ul>

### Instructional Strategy:

- General Instructional Methods (Appendix D)

## RESEARCH COURSE

This will be a 4 months course, aim to impart essential knowledge and skills regarding research ethics, research methodology, statistics and academic writing.

S. No	CONTENTS
1.	Introduction: What is Research?
2.	Elements of Research
3.	Qualitative & Quantitative Research
4.	Research Ethics
5.	Hypothesis Building
6.	Literature Search
7.	Research Glossary
8.	Methods of Information Collection
9.	Data Handling
10.	Epidemiology
11.	Research Designs
12.	Sampling Techniques
13.	Topic Selection
14.	Qualitative & Quantitative Variables
15.	Basic Statistics (Descriptive/Non-Inferential Data Analysis)
16.	Advanced Statistics (Statistical Analysis & Interpretation)
17.	Developing a Research Protocol
18.	Getting Approval from Ethical Review Committees
19.	Formulation of Questionnaire
20.	Academic Writing (Dissertation & Manuscript)
21.	Citation & Bibliography
22.	Software (End Note, SPSS)

### Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Supervised Research Projects & Research Seminars



**YEAR II**

**ALLIED PSYCHIATRY**

## CLINICAL PSYCHOLOGY + SOCIOLOGY+ ANTHROPOLOGY

This will be a 3 months training, aim to impart essential knowledge and skills required to effectively diagnose and manage psychiatric, keeping in view of psycho-social and cultural domains and via using psychometric instruments and non-pharmacological interventions respectively.

### A. CLINICAL PSYCHOLOGY:

S. No	CONTENTS
1.	Models/Schools of Thoughts in Psychology <ul style="list-style-type: none"><li>i. Structuralism</li><li>ii. Functionalism</li><li>iii. Gestalt Psychology</li><li>iv. Psychoanalysis</li><li>v. Behavioristic Model</li><li>vi. Humanistic Model</li><li>vii. Cognitive Model</li></ul>
2.	Psychometric Assessment <ul style="list-style-type: none"><li>i. Personality Assessment</li><li>ii. IQ Assessment</li><li>iii. Rating Scales</li></ul>
3.	<b>PSYCHOMETRIC TOOLS:</b> 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 <ul style="list-style-type: none"><li>i. Basic Communication Skills</li></ul>

	ii. Types of Counselling iii. Components of Counselling iv. Stages of Counselling Session
5.	Psychotherapies: 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

## **B. SOCIOLOGY:**

<b>S. No</b>	<b>CONTENTS</b>
1.	Self and Identity
2.	Culture
3.	Social Cognition and Thinking
4.	Social Knowledge
5.	Family
6.	Community
7.	Groups & Intergroup Behaviour
8.	Marriage
9.	Prejudice and Discrimination
10.	Language and Communication
11.	Attribution
12.	Attitudes, Persuasion and Attitude Change
13.	Leadership
14.	Decision Making
15.	Attraction and Close Relationships
16.	Aggression & Prosocial Behaviours
17.	Suicide (Durkheim Theory)

### **C. ANTHROPOLOGY:**

<b>S. No</b>	<b>CONTENTS</b>
1.	Introduction to Anthropology
2.	Ethnicity, Nationality and Identity
3.	Culture and the Individual
4.	Cognitive Anthropology (Culture and Mind)
5.	Culture and Human Behavior
6.	Psychological Anthropology
7.	Anthropologies of Mental Health and Illness
8.	Culture, Mental Illness and the Body : Theory and Method
9.	Madness and Culture
10.	Illness and Subjectivity
11.	Ethnopsychiatry
12.	Spiritual Healing

### **Instructional Strategy:**

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

## ORGANIC PSYCHIATRY (GENERAL MEDICINE)

This will be a 3 months training, aim to impart essential knowledge and skills required to effectively manage patient having psychiatric problems secondary to organic disease. This rotation will be done in Department of General Medicine.

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 Hallucinosi s
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

### Instructional Strategy:

- General Instructional Methods (Appendix D)

## NEUROPSYCHIATRY (NEUROLOGY)

This will be a 3 months training, conducted at the department of neurology, aim to impart essential knowledge and skills required to effectively manage patient having mental and behavioral problems secondary to neurological disease. This rotation will be done in Department of Neurology.

S. No	CONTENTS
1.	Basic Concepts In Neuropsychiatry
2.	Neuropsychology In Relation To Psychiatry,
3.	Clinical Assessment and Neurological Examination
4.	Head Injury and its Consequences
5.	Cerebral Tumors
6.	Epilepsy and its complications
7.	Intracranial Infections
8.	Cerebrovascular Disorders and its impacts on mental health
9.	Sleep Disorders
10.	Other Disorders of the Nervous System,
11.	Organic Amnesic Syndrome
12.	Delirium
13.	Dementia
14.	Mild Cognitive Disorder
15.	Post-Concussional Syndrome
16.	EEG Interpretation
17.	CT Scan Brain Interpretation
18.	MRI Interpretation

### Instructional Strategy:

- General Instructional Methods (Appendix D)

## PSYCHO-ONCOLOGY

This will be a 3 months training, focusing on imparting essential knowledge and skills required for effective management of psychosomatic problems of cancer patients and provision of supportive therapeutic care to in- and out-patients.

S. No	CONTENTS
1.	Medical Factors and their Psychosocial Correlates A. Interplay between Psychology & Cancer B. Interplay between Sociology & Cancer C. Basic concepts in cancer and its treatments D. Psychological effects of Cancer and its treatment 1. Stage-Specific Issues 2. Treatment-Specific Issues Patients 3. Site specific issues
2.	Psychosocial Aspects of Cancer A. Social factors and Adaptation To Cancer B. Psychological factors 1. Coping with a life-threatening illness 2. Social support 3. Family adaptation to cancer 4. Childhood cancer 5. The older patient with cancer 6. Sexual dysfunctions in cancer patients 7. The oncology staff
3.	Common Psychiatric Disorders and their Management
4.	Ethical issues in Cancer Care 1. Informed Consent 2. 'Do Not Resuscitate' Orders
5.	Cultural aspects of Cancer Care 1. Attitudes towards illness and treatments immunotherapy 2. Death and dying 3. Mourning rituals and bereavement 4. Suicide 5. Support systems 6. Choice of therapy and treatment compliance

### Instructional Strategy:

- General Instructional Methods (Appendix D)

## EMERGENCY PSYCHIATRY

This will be a 3 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)



**YEAR III**

**ADVANCE PSYCHIATRY**

## CHILD AND ADOLESCENT PSYCHIATRY

This will be a 2 months aim to impart essential knowledge and skills required to cater basic psychiatric needs of Child & Adolescent population for initial intervention and guidance.

S. No	CONTENTS
1.	Ethical and Professional Considerations in relation to minors
2.	Psychiatric Interview of Children & Adolescents
3.	Development Biology and Genetics
4.	Developmental Psychopathology
5.	Socio-Cultural Aspect
6.	<b>DIAGNOSTICS AND THERAPEUTICS:</b> <b>A. Common Child Psychiatric Disorder</b> <b>B. General Guidelines:</b> <ul style="list-style-type: none"> <li>• Normal vs. Abnormal Behaviors</li> <li>• Normal and abnormal illness behaviour in children</li> <li>• Psychiatric and neuropsychiatric sequel of pediatric disorders</li> <li>• Understanding the issues/problems facing children of parents with mental illness and/or addiction</li> <li>• Knowledge of strategies to assist children of parents with mental illness and/or addiction</li> <li>• Principles of evidence-based practice in child and adolescent mental health</li> <li>• Principles of inpatient/residential treatment</li> <li>• Principles of pediatric psychopharmacology and prescribing</li> <li>• Principles of psychological interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting</li> <li>• Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy</li> <li>• Somatic treatments</li> <li>• Role of alternative and complementary medicines in child and adolescent mental health conditions</li> </ul>
7.	<b>Public Mental Health in Relation to Children &amp; Adolescents</b>
8.	<b>Child and Adolescent Psychiatry and Law</b> <ul style="list-style-type: none"> <li>• Forensic risk assessment</li> <li>• Principles of psychiatric defenses and fitness to plead/stand trial</li> <li>• Juvenile detention and alternatives in correctional psychiatry</li> <li>• Role of protection legislation and the role of statutory agencies</li> <li>• Child maltreatment and neglect</li> </ul>
9.	<b>Research Methodology in Child &amp; Adolescent Psychiatry</b>

10.	<p><b>PSYCHOMOTOR SKILLS</b></p> <p>Developmentally sensitive interviewing infants, children and adolescents</p> <p>Interviewing parent(s), family members and other informants</p> <p>Physical assessment including neurological assessment relevant to Child Mental Health</p> <p>Motivational Interviewing</p> <p>Crisis Intervention</p> <p>Assessment of Parenting Capacity</p> <p>Occupational Therapy</p> <p>Speech Therapy</p>
-----	--

**Instructional Strategy:**

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Community Camps & Awareness Programs

## GERIATRIC (OLD AGE) PSYCHIATRY

This will be a 2 months training aim to impart essential knowledge and skills required to cater basic needs of geriatric community for initial intervention and guidance in respect of psychiatric problems.

S. No	CONTENTS
1)	Ethical and Professional Considerations
2)	Psychiatric Interview of Old Age Patient
3)	Theories of aging--biological, social, and psychological
4)	<b>BIOLOGICAL</b> <ul style="list-style-type: none"><li>a. Pharmacologic Implications of Biological Change</li><li>b. Psychopathology beginning in or continuing into late life as compared to younger populations</li><li>c. Attributes of common psychiatric disorders in old age</li><li>d. Principles and practices of ECT</li><li>e. Sexuality in late life</li><li>f. Psychiatric aspects of general medical conditions</li><li>g. Common Psychiatric Disorders of the elderly (e.g. <b>Dementia</b>)</li><li>h. Common Neurological Disorders of the elderly (e.g., Parkinson's, stroke)</li><li>i. Common Medical Problems of the elderly (e.g., falls, incontinence, pain).</li></ul>
5)	<b>PSYCHOLOGICAL</b> <ul style="list-style-type: none"><li>a. Developmental Perspective of normal aging with understanding of adaptive and maladaptive responses to psychosocial changes:</li><li>b. Psychotherapeutic Principles and Practice:</li><li>c. Personality Disorders</li><li>d. Psychological and Behavioral Therapeutic Techniques</li><li>e. Group and Activity Therapies</li></ul>
6)	<b>SOCIOCULTURAL</b> <ul style="list-style-type: none"><li>a. Cultural and ethnic differences among various groups of people</li><li>b. Special Problems of disadvantaged minority groups</li><li>c. Caregiver and Family Issues</li><li>d. Institutionalization and its impact on individuals and families</li><li>e. Practice related and policy and legal issues</li></ul>

7)	<b>PSYCHOMOTOR SKILLS</b> Interviewing Family Members and Other Informants Physical Assessment including Neurological Assessment relevant to Mental Health Crisis Intervention Assessment of Capacity Motivational Interviewing Occupational Therapy
----	--

**Instructional Strategy:**

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Community Camps & Awareness Programs

## 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)

# FORENSIC PSYCHIATRY

This will be a 2 months 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"> <li>• Definition</li> <li>• History</li> <li>• Ethics &amp; Professionalism</li> <li>• Glossary</li> <li>• Privilege</li> <li>• Confidentiality</li> <li>• 3<sup>rd</sup> Party Payer &amp; Supervision</li> <li>• Criminal Responsibility</li> <li>• Diminished Responsibility</li> <li>• Capacity to Defend</li> <li>• Testminatory Capacity</li> <li>• Seclusion and Restrain</li> <li>• Consent</li> <li>• Contractual Capacity</li> <li>• Fitness to Plead</li> <li>• Competence to Stand Trail</li> <li>• Competence to Be Executed</li> <li>• Irresistible Impulse</li> <li>• Guilty but Mentally Ill</li> <li>• Recovered Memories</li> <li>• Emotional Damage</li> <li>• Compensation</li> <li>• Civil Liability</li> </ul>
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"> <li>• Hierarchy of Courts</li> <li>• Pakistan Penal Court (PPC)</li> <li>• Code of Criminal Procedures (CrCP)</li> </ul>
4.	Risk Assessment <ul style="list-style-type: none"> <li>• Violence</li> <li>• Suicide</li> <li>• Deliberate Self-Harm</li> <li>• Tools (HCR- 20 v.3, HAR M, PCL- R)</li> </ul>
5.	Legal Correspondences
6.	Rights of Patients <ul style="list-style-type: none"> <li>• Right to Treatment</li> <li>• Right to Refuse Treatment</li> </ul>
7.	Differentiation between Psychosis & Malingering
8.	Special Cases: <ul style="list-style-type: none"> <li>• Blasphemy</li> <li>• Sex Related Crimes (Both Adults &amp; Children)</li> <li>• Drug Related Crimes</li> </ul>
9.	Universal Rules in Forensic Psychiatry

	<ul style="list-style-type: none"> <li>• M'naghten Rule</li> <li>• Durham Rule</li> </ul>
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 a 2 months 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

## PSYCHO-SOCIAL REHABILITATION

This will be a 2 months training aim to impart essential knowledge and skills required to cater basic needs for rehabilitation among psychiatric in- and out-patients to help them regain skills and maximize their functioning in the community.

S. No	CONTENTS
1.	Psychological and Social Aspects of Psychiatric Disability
2.	Psycho-Social Rehabilitation Model
3.	Psychiatric Rehabilitation Principles
4.	Ethics in Psychiatric Rehabilitation
5.	Social/Life Skills
6.	Functional Behavioral Assessment
7.	Family and Individual Assessments
8.	Group Dynamics
9.	Illness Management and Recovery
10.	Structured Individualized Rehabilitation Program
11.	Utilizing an Individual's Strengths
12.	Behavior Management & Behavior Modification Techniques
13.	Rehabilitation in Community
14.	Team Building & Professional Communications
15.	Group Process Guidelines for Leading Groups and Classes
16.	Self-Directed Psychiatric Rehabilitation Activities
17.	Psycho-Education of Non Mental Health Care Staff

18.	Drug Addiction
19.	Facilitating a Recovery Workshop
20.	Research Issues for Mental Health Consumers/Survivors
21.	Motivational Interviewing
22.	Crisis Intervention
23.	Occupational Therapy

### **Instructional Strategy:**

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Working with Social Workers and Occupational Therapists
  - Preparing Structured & Individualized Psychiatric Rehabilitation Services program
  - Provision of Group Curriculum (Mobile) - that will help individuals learn to become active in the community, gaining independence in use of public transportation, budgeting and shopping, and accessing social, spiritual and recreational outlets.

**YEAR IV**

**APPLIED PSYCHIATRY**

## MEDICAL TEACHING PRACTICUM

This will be a 2 months training aim to impart essential knowledge and skills regarding Health Professional Education.

S. No	CONTENTS
1)	Introduction to Health Professional Education
2)	Glossary in Medical Education
3)	Learning Theories
4)	Educational Planning
5)	Curriculum. Types and Development
6)	Learning Environment
7)	Teaching Methods
8)	Assessment & Evaluation
9)	Developing SAQs and MCQs

### Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Teaching, Training, and Mentorship of undergraduate medical students doing rotation in psychiatry and first year residents
  - Creating a Learning Plan
  - Critique on Curricular Change
  - Facilitating a Workshop

## MEDICAL CORRESPONDENCE PRACTICUM

This will be a 2 months 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

## ORGANIZATION SKILLS PLANING PRACTICUM

This will be a 2 months aim to impart essential knowledge and skills regarding Planning and Execution of CME Activities.

S. No	CONTENTS
1.	CME/CPD and its Role in Professional Practice
2.	Needs Assessment
3.	Adult Education
4.	Educational Objectives in Planning CME Activities
5.	Target Audience
6.	Effective CME Strategies
7.	CME Models
8.	Concept Mapping
9.	Instructional Strategies
10.	Accreditation
11.	Categorization of CME
12.	Credit points for CME Organizers
13.	Registration of CME activities under the CME Program
14.	Announcement and Publicity
15.	Completion of CME Activity
16.	Getting Sponsorship
17.	Resource Management
18.	Dealing with Collaborative Agencies
19.	Registration for Participation
20.	Evaluation of CME Program

### Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Project Based Learning
  - Arranging CME Activities



## RESEARCH PUBLICATION, PRESENTATION OR CLINICAL AUDIT (PUBLISH OR PERISH) PRACTICUM

This will be a 2 months advance research training, aim to impart essential knowledge and skills regarding publishing and presenting research along with performing and publication Clinical Audits at Institutional or Communal level.

S. No	CONTENTS
1)	Principles of Research Ethics & Ethical Conduct
2)	Academic Writing (Manuscript Writing)
3)	Understanding the Peer Reviewing Process
4)	Conducting Clinical Audits
5)	Selection of Research Journal
6)	Communicating with Journal
7)	Communicating with Scientific Committee of Conferences
8)	Effective Research Presentation Designing and Delivering
9)	Effective Research Poster Preparation
10)	Taking an E.R.C. Interview

### Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - 5 Research Presentations at National/International Research Conferences
  - Conducting Clinical Audit
  - Publication of 2 Research Articles by the end of training.

## MENTAL HEALTH ADVOCACY PRACTICUM

This will be a 2 months 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
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.

## CRITIQUE PRACTICUM

This will be a 2 months training aim to impart essential knowledge and skills regarding scientific critique on psychological theories/models, poets/writers and research articles.

S. No	CONTENTS
1.	Theoretical Framework a. Teacher-Curriculum Materials Participatory Relationship. b. Pedagogical Content Knowledge
2.	Content Analysis
3.	Literature Review
4.	Rationale for giving and receiving Critique
5.	How to receive and give a good critique
6.	Stages of Critique
7.	Critiquing Research Articles

### Instructional Strategy:

- General Instructional Methods (Appendix D)
- Specific Instructional Methods
  - Assignments to Critique:
    1. Audio-Visual Assignments
    2. Writing Assignments
    3. Thesis Statements
    4. Presentations
    5. Role Play
    6. Performances
    7. Clinical Procedures
    8. Websites
    9. Interviews
    10. Business Plans

## APPENDIX A: WEEKLY SCHEDULE OF THE WHOLE YEAR

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

### 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<sup>a</sup>. 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 <sup>a</sup>.

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
- Mid-Term Evaluation (After Completing 2 Years Training)
  - Table of Specification - Appendix H
  - 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
    - Viva Voce
- Final Exam (After Completion of 4 Year Training and Approval of Dissertation)
  - 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 H: TABLE OF SPECIFICATION FOR MTE

### PAPER I: SCQS - 100

S. No.	TOPICS	PERCENTAGE OF QUESTIONS
1.	General Adult Psychiatry (Clinical Psychiatry) Schizophrenia and related disorders	10
2.	General Adult Psychiatry (Clinical Psychiatry) Mood Disorders	10
3.	General Adult Psychiatry (Clinical Psychiatry) Anxiety Disorders	5
4.	General Adult Psychiatry (Clinical Psychiatry) Somatoform and other stress related disorders	5
5.	General Adult Psychiatry (Clinical Psychiatry) Substance Use Disorders	10
6.	General Adult Psychiatry (Clinical Psychiatry) Eating/Sleep/Sexual Disorders	5
7.	General Adult Psychiatry (Clinical Psychiatry) Personality Disorders/Impulse Control Disorders/Factitious Disorders	5
8.	Therapeutics	5
9.	Emergency Psychiatry	5
10.	Neurobiological Basis of Behavior	5
11.	Basic Psychology (Learning, Motivation, Memory, Perception, Intelligence, Emotions, Thinking)	5
12.	Personality Development and Types of Personality	2
13.	Psychometry	2
14.	Non-pharmacological Interventions (Psychotherapy & ECT etc.)	2
15.	Phenomenology & Psychopathology	5
16.	Neuropsychiatry & Organic Psychiatry	5
17.	Medical Investigations (Labs/Imaging)	2
18.	Medical Ethics	2
19.	Research Designs & Epidemiology	5
20.	Sociology & Anthropology	5

**PAPER II: LAQS - 4**

<b>S. No.</b>	<b>TOPICS</b>	<b>NO. OF QUESTION</b>
1.	Clinical Psychiatry	2
2.	Psychology/Sociology/Anthropology	1
3.	Therapeutics/Psychopharmacology	1

**PAPER III: SEQS - 10**

<b>S. No.</b>	<b>TOPICS</b>	<b>NO. OF QUESTION</b>
1.	General Adult Psychiatry (Clinical Psychiatry)	2
2.	Neurological correlates of Mental Illnesses	1
3.	Emergency Psychiatry	1
4.	Medical Disorders	1
4.	Neurological Disorders	1
5.	Basic Psychology (Learning, Motivation, Memory, Perception, Intelligence, Emotions, Thinking)	1
6.	Personality Development and Types of Personality	1
7.	Specialized Psychological Assessment / Medical Investigations (Labs/Imaging)	1
8.	Bio-Psycho-Social Model of Disease// Ethics	1

## 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, 7<sup>th</sup> Version
- Kaplan and Saddock Synopsis of Psychiatry 11<sup>th</sup> Edition
- Modern Synopsis of " Comprehensive Textbook of Psychiatry " / III
- Differential Diagnosis of Mental Health Disorders (Pb)2012
- Stahl's Essential Psychopharmacology: Neuro-Scientific Basis and Practical Applications
- Maudsley Prescribing Guidelines in Psychiatry, 13<sup>th</sup> Ed.
- Morgan' Introduction to Psychology
- Psychology: Themes & Variations 9<sup>th</sup> Ed by Wayne Weite
- Developmental Psychology: Childhood And Adolescence by David R. Shaffer, Katherine Kipp
- Perspectives in Modern Psychology by Kendra Cherry
- Communication Sciences And Disorders: From Science To Clinical Practice, 3e
- Current Psychotherapies 10e(Pb)2014
- Exploring Social Psychology 7e (Pb) 2014
- A Handbook of Behavioral Sciences for Medical & Dental Students
- Mental Health Concepts And techniques For The Occupational Therapy Assistant 5e (Hb) 2016
- Clinical Manual of Emergency Psychiatry by Michelle B. Riba & Divy Ravindranath
- Phenomenology Of Suicide: Unlocking The Suicidal Mind (Hb) 2018

- Suicide and Attempted Suicide by Erwin Stengel
- Ethics For Behavior Analysts, 3rd Edition
- Medical Law and Ethics (5th Edition).
- Clinical Child Psychiatry 3e(Pb)2012
- Child Development (Mcgraw-Hill Series In Psychology) 6th Edition
- Abnormal Child Psychology, 7th Edition - Cengage
- Lishman's Organic Psychiatry: A Textbook Of Neuropsychiatry 4e(Pb)2012
- Practical Forensic Psychiatry (Pb)2011
- The Textbook of Clinical Sexual Medicine Editors: IsHak, Waguhi (Ed.)
- Sleep Disorders in Psychiatric Patients. A Practical Guide Editors: Selsick, Hugh (Ed.)
- Study Guide to Substance Abuse Treatment -A Companion to The American Psychiatric Publishing Textbook of Substance Abuse Treatment, Fifth Edition
- Clinical Addiction Psychiatry. EDITOR: David Brizer
- Geriatric Psychiatry Study Guide - Mastering the Competencies
- Alzheimer's Disease and Other Dementias: A Practical Guide 3rd Edition - by Marc E. Agronin (Author)
- Psycho-Oncology - Editors: Goerling, Ute, Mehnert, Anja (Eds.)
- Psychosocial Care of the Adult Cancer Patient - Evidence-Based Practice in Psycho-Oncology - Donald R. Nicholas
- Couples Counseling: A Step by Step Guide for Therapists Paperback – May 14, 2012 - by Marina Iandoli Williams LMHC
- ABC of Learning & Teaching in Medicine, 2<sup>nd</sup> Ed. By Wiley-Blackwell
- Basics in Medical Education by Zubair Amin & Khoo Hoon Eng
- Basic & Clinical Biostatistics (LANGE) by: Beth Dawson
- Research Methods in Psychiatry (3rd edn) Pavan Mallikarjun
- Handbook of Health Research Methods: Investigation, Measurement and Analysis
- Meem Bashar by Prof. Malik Hussain Mubasshar
- Noon Meem Rashid Books

# **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"><li>• Components</li><li>• Issues in Psychiatric Interview</li></ul>	IV	VI
2.	Mental State Examination <ul style="list-style-type: none"><li>• Components</li><li>• Interpretation</li></ul>	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	

## BIO-ETHICS & PROFESSIONALISM COURSE

This will be a 2 months 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"> <li>• Altruism</li> <li>• Accountability</li> <li>• Commitment</li> <li>• Integrity</li> <li>• Respect</li> <li>• Empathy</li> <li>• Leadership</li> <li>• Duty</li> </ul>	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"> <li>• Principles</li> <li>• Deontology</li> <li>• Consequentialism/Utilitarianism</li> <li>• Communitarianism</li> <li>• Virtue Ethics</li> <li>• Ethics of Care</li> <li>• Human Rights</li> <li>• Spiritual Traditions- Confucianism, Islam, Buddhism, Ubuntu</li> </ul>	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	

### **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

## DIAGNOSTICS AND BASIC MANAGEMENT COURSE

This will be a 4 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)	<b>General Guidelines:</b> <ul style="list-style-type: none"> <li>▪ Normal vs Abnormal Behaviors</li> <li>▪ Normal and Abnormal Illness behaviour</li> <li>▪ Psychiatric and Neuropsychiatric Sequel of Disorders</li> <li>▪ Principles of Evidence-Based Practice</li> <li>▪ Principles of Inpatient/Residential Treatment</li> <li>▪ Principles of Prescribing Psychopharmacology</li> <li>▪ Principles of Psychological Interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting</li> <li>▪ Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy</li> <li>▪ Somatic treatments</li> <li>▪ Role of alternative and complementary medicines mental health conditions</li> </ul>	III	V

## RESEARCH COURSE

This will be a 4 months course, aim to impart essential knowledge and skills regarding research ethics, research methodology, statistics and academic writing.

S. No	CONTENTS	DoK	CC
1.	Introduction: What is Research?	IV	
2.	Elements of Research	IV	
3.	Qualitative & Quantitative Research	III	
4.	Research Ethics	IV	
5.	Hypothesis Building	IV	IV
6.	Literature Search	III	IV
7.	Research Glossary	III	
8.	Methods of Information Collection	III	
9.	Data Handling	III	
10.	Epidemiology	III	
11.	Research Designs	III	
12.	Sampling Techniques	III	
13.	Topic Selection	IV	
14.	Qualitative & Quantitative Variables	IV	
15.	Basic Statistics (Descriptive/Non-Inferential Data Analysis)	IV	V
16.	Advanced Statistics (Statistical Analysis & Interpretation)	III	IV
17.	Developing a Research Protocol	IV	IV
18.	Getting Approval from Ethical Review Committees	III	IV
19.	Formulation of Questionnaire	IV	IV
20.	Academic Writing (Dissertation & Manuscript)	III	V
21.	Citation & Bibliography	IV	V
22.	Software (End Note, SPSS)	III	IV

**YEAR II**

**ALLIED PSYCHIATRY**

## CLINICAL PSYCHOLOGY + SOCIOLOGY+ ANTHROPOLOGY

This will be a 3 months training, aim to impart essential knowledge and skills required to effectively diagnose and manage psychiatric, keeping in view of psycho-social and cultural domains and 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.	<b>PSYCHOMETRIC TOOLS:</b> 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		VI



	i. Basic Communication Skills 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	

## B. SOCIOLOGY:

S. No	CONTENTS	DoK	CC
1.	Self and Identity	III	
2.	Culture	III	
3.	Social Cognition and Thinking	III	
4.	Social Knowledge	III	
5.	Family	III	
6.	Community	III	
7.	Groups & Intergroup Behaviour	III	
8.	Marriage	III	
9.	Prejudice and Discrimination	III	
10.	Language and Communication	III	
11.	Attribution	III	
12.	Attitudes, Persuasion and Attitude Change	III	
13.	Leadership	III	
14.	Decision Making	III	
15.	Attraction and Close Relationships	III	

16.	Aggression & Prosocial Behaviours	III	
17.	Suicide (Durkheim Theory)	IV	

### C. ANTHROPOLOGY:

S. No	CONTENTS	DoK	CC
1.	Introduction to Anthropology		
2.	Ethnicity, Nationality and Identity	III	
3.	Culture and the Individual	III	
4.	Cognitive Anthropology (Culture and Mind)	III	
5.	Culture and Human Behavior	III	
6.	Psychological Anthropology	III	
7.	Anthropologies of Mental Health and Illness	III	
8.	Culture, Mental Illness and the Body : Theory and Method	III	
9.	Madness and Culture	III	
10.	Illness and Subjectivity	III	
11.	Ethnopsychiatry	IV	
12.	Spiritual Healing	IV	

## ORGANIC PSYCHIATRY (GENERAL MEDICINE)

This will be a 3 months training, aim to impart essential knowledge and skills required to effectively manage patient having psychiatric problems secondary to organic disease. This rotation will be done in Department of General Medicine.

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 s	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	

## NEUROPSYCHIATRY (NEUROLOGY)

This will be a 3 months training, conducted at the department of neurology, aim to impart essential knowledge and skills required to effectively manage patient having mental and behavioral problems secondary to neurological disease. This rotation will be done in Department of Neurology.

S. No	CONTENTS	DoK	CC
1.	Basic Concepts In Neuropsychiatry	III	
2.	Neuropsychology In Relation To Psychiatry,	III	
3.	Clinical Assessment and Neurological Examination	III	IV
4.	Head Injury and its Consequences	III	
5.	Cerebral Tumors	III	
6.	Epilepsy and its complications	III	
7.	Intracranial Infections	III	
8.	Cerebrovascular Disorders and its impacts on mental health	III	
9.	Sleep Disorders	III	
10.	Other Disorders of the Nervous System,	III	
11.	Organic Amnesic Syndrome	III	
12.	Delirium	III	
13.	Dementia	III	
14.	Mild Cognitive Disorder	III	
15.	Post-Concussional Syndrome	III	
16.	EEG Interpretation	II	II
17.	CT Scan Brain Interpretation	III	IV
18.	MRI Interpretation	II	III

## PSYCHO-ONCOLOGY

This will be a 3 months training, focusing on imparting essential knowledge and skills required for effective management of psychosomatic problems of cancer patients and provision of supportive therapeutic care to in- and out-patients.

S. No	CONTENTS	DoK	CC
1.	Medical Factors and their Psychosocial Correlates A. Interplay between Psychology & Cancer B. Interplay between Sociology & Cancer C. Basic concepts in cancer and its treatments D. Psychological effects of Cancer and its treatment 1. Stage-Specific Issues 2. Treatment-Specific Issues Patients 3. Site specific issues	III	
2.	Psychosocial Aspects of Cancer A. Social factors and Adaptation To Cancer B. Psychological factors 1. Coping with a life-threatening illness 2. Social support 3. Family adaptation to cancer 4. Childhood cancer 5. The older patient with cancer 6. Sexual dysfunctions in cancer patients 7. The oncology staff	IV	
3.	Common Psychiatric Disorders and their Management	IV	
4.	Ethical issues in Cancer Care 1. Informed Consent 2. 'Do Not Resuscitate' Orders	III	
5.	Cultural aspects of Cancer Care 1. Attitudes towards illness and treatments immunotherapy 2. Death and dying 3. Mourning rituals and bereavement 4. Suicide 5. Support systems 6. Choice of therapy and treatment compliance	III	

## EMERGENCY PSYCHIATRY

This will be a 3 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

**YEAR III**

**ADVANCE PSYCHIATRY**

## CHILD AND ADOLESCENT PSYCHIATRY

This will be a 2 months aim to impart essential knowledge and skills required to cater basic psychiatric needs of Child & Adolescent population for initial intervention and guidance.

S. No	CONTENTS	DoK	CC
1.	Ethical and Professional Considerations in relation to minors	IV	
2.	Psychiatric Interview of Children & Adolescents	IV	
3.	Development Biology and Genetics	IV	
4.	Developmental Psychopathology	IV	
5.	Socio-Cultural Aspect	IIV	
6.	<b>DIAGNOSTICS AND THERAPEUTICS:</b> <b>A. Common Child Psychiatric Disorder</b>	IV	
	<b>B. General Guidelines:</b> <ul style="list-style-type: none"> <li>• Normal vs. Abnormal Behaviors</li> <li>• Normal and abnormal illness behaviour in children</li> <li>• Psychiatric and neuropsychiatric sequel of pediatric disorders</li> <li>• Understanding the issues/problems facing children of parents with mental illness and/or addiction</li> <li>• Knowledge of strategies to assist children of parents with mental illness and/or addiction</li> <li>• Principles of evidence-based practice in child and adolescent mental health</li> <li>• Principles of inpatient/residential treatment</li> <li>• Principles of pediatric psychopharmacology and prescribing</li> <li>• Principles of psychological interventions including non-specific factors including rapport building, therapeutic alliance, frame and contract setting</li> <li>• Understanding the theories, role of, and evidence-based indications for, the major modalities of psychotherapy</li> <li>• Somatic treatments</li> <li>• Role of alternative and complementary medicines in child and adolescent mental health conditions</li> </ul>	IV	V
7.	<b>Public Mental Health in Relation to Children &amp; Adolescents</b>	IV	
8.	<b>Child and Adolescent Psychiatry and Law</b> <ul style="list-style-type: none"> <li>• Forensic risk assessment</li> </ul>	III	



	<ul style="list-style-type: none"> <li>• Principles of psychiatric defenses and fitness to plead/stand trial</li> <li>• Juvenile detention and alternatives in correctional psychiatry</li> <li>• Role of protection legislation and the role of statutory agencies</li> <li>• Child maltreatment and neglect</li> </ul>		
9.	<b>Research Methodology in Child &amp; Adolescent Psychiatry</b>	III	
10.	<b>PSYCHOMOTOR SKILLS</b> Developmentally sensitive interviewing infants, children and adolescents Interviewing parent(s), family members and other informants Physical assessment including neurological assessment relevant to Child Mental Health Motivational Interviewing Crisis Intervention Assessment of Parenting Capacity Occupational Therapy Speech Therapy	III	V V V IV V IV III II

## GERIATRIC (OLD AGE) PSYCHIATRY

This will be a 2 months training aim to impart essential knowledge and skills required to cater basic needs of geriatric community for initial intervention and guidance in respect of psychiatric problems.

S. No	CONTENTS	DoK	CC
1)	Ethical and Professional Considerations	III	
2)	Psychiatric Interview of Old Age Patient	IV	
3)	Theories of aging--biological, social, and psychological	III	
4)	<b>BIOLOGICAL</b> <ul style="list-style-type: none"> <li>a. Pharmacologic Implications of Biological Change</li> <li>b. Psychopathology beginning in or continuing into late life as compared to younger populations</li> <li>c. Attributes of common psychiatric disorders in old age</li> <li>d. Principles and practices of ECT</li> <li>e. Sexuality in late life</li> <li>f. Psychiatric aspects of general medical conditions</li> <li>g. Common Psychiatric Disorders of the elderly (e.g. <b>Dementia</b>)</li> <li>h. Common Neurological Disorders of the elderly (e.g., Parkinson's, stroke)</li> <li>i. Common Medical Problems of the elderly (e.g., falls, incontinence, pain).</li> </ul>	IV	
5)	<b>PSYCHOLOGICAL</b> <ul style="list-style-type: none"> <li>a. Developmental Perspective of normal aging with understanding of adaptive and maladaptive responses to psychosocial changes:</li> <li>b. Psychotherapeutic Principles and Practice:</li> <li>c. Personality Disorders</li> <li>d. Psychological and Behavioral Therapeutic Techniques</li> <li>E. Group and Activity Therapies</li> </ul>	IV	
6)	<b>SOCIOCULTURAL</b> <ul style="list-style-type: none"> <li>a. Cultural and ethnic differences among various groups of people</li> <li>b. Special Problems of disadvantaged minority groups</li> <li>c. Caregiver and Family Issues</li> <li>d. Institutionalization and its impact on individuals and families</li> <li>e. Practice related and policy and legal issues</li> </ul>	III	

7)	<b>PSYCHOMOTOR SKILLS</b>		
	Interviewing Family Members and Other Informants		V
	Physical Assessment including Neurological Assessment relevant to Mental Health		IV
	Crisis Intervention		IV
	Assessment of Capacity		IV
	Motivational Interviewing		IV
	Occupational Therapy		III

## 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

## FORENSIC PSYCHIATRY

This will be a 2 months 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"> <li>• Definition</li> <li>• History</li> <li>• Ethics &amp; Professionalism</li> <li>• Glossary</li> </ul> <ul style="list-style-type: none"> <li>• Privilege</li> <li>• Confidentiality</li> <li>• 3<sup>rd</sup> Party Payer &amp; Supervision</li> <li>• Criminal Responsibility</li> <li>• Diminished Responsibility</li> <li>• Capacity to Defend</li> <li>• Testimony Capacity</li> <li>• Seclusion and Restrain</li> <li>• Consent</li> <li>• Contractual Capacity</li> <li>• Fitness to Plead</li> <li>• Competence to Stand Trial</li> <li>• Competence to Be Executed</li> <li>• Irresistible Impulse</li> <li>• Guilty but Mentally Ill</li> <li>• Recovered Memories</li> <li>• Emotional Damage</li> <li>• Compensation</li> <li>• Civil Liability</li> </ul>	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"> <li>• Hierarchy of Courts</li> <li>• Pakistan Penal Court (PPC)</li> <li>• Code of Criminal Procedures (CrCP)</li> </ul>	IV	
4.	Risk Assessment <ul style="list-style-type: none"> <li>• Violence</li> <li>• Suicide</li> <li>• Deliberate Self-Harm</li> <li>• Tools (HCR- 20 v.3, HAR M, PCL- R)</li> </ul>	III	III
5.	Legal Correspondences	III	V
6.	Rights of Patients <ul style="list-style-type: none"> <li>• Right to Treatment</li> <li>• Right to Refuse Treatment</li> </ul>	IV	
7.	Differentiation between Psychosis & Malingering	IV	V

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

## COMMUNITY AND SOCIAL PSYCHIATRY

This will be a 2 months 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 Peadiatrics 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	



## PSYCHO-SOCIAL REHABILITATION

This will be a 2 months training aim to impart essential knowledge and skills required to cater basic needs for rehabilitation among psychiatric in- and out-patients to help them regain skills and maximize their functioning in the community.

S. No	CONTENTS	DoK	CC
1.	Psychological and Social Aspects of Psychiatric Disability	IV	
2.	Psycho-Social Rehabilitation Model	III	
3.	Psychiatric Rehabilitation Principles	III	
4.	Ethics in Psychiatric Rehabilitation	III	
5.	Social/Life Skills	III	
6.	Functional Behavioral Assessment	II	IV
7.	Family and Individual Assessments	II	IV
8.	Group Dynamics	II	
9.	Illness Management and Recovery	III	
10.	Structured Individualized Rehabilitation Program	IV	V
11.	Utilizing an Individual's Strengths	III	IV
12.	Behavior Management & Behavior Modification Techniques	II	V
13.	Rehabilitation in Community	IV	
14.	Team Building & Professional Communications	IV	V
15.	Group Process Guidelines for Leading Groups and Classes	III	
16.	Self-Directed Psychiatric Rehabilitation Activities	II	IV
17.	Psycho-Education of Non Mental Health Care Staff	III	IV

18.	Drug Addiction	III	
19.	Facilitating a Recovery Workshop	IV	V
20.	Research Issues for Mental Health Consumers/Survivors	III	
21.	Motivational Interviewing	III	IV
22.	Crisis Intervention	III	V
23.	Occupational Therapy	II	III

**YEAR IV**

**APPLIED PSYCHIATRY**

## MEDICAL TEACHING PRACTICUM

This will be a 2 months training aim to impart essential knowledge and skills regarding Health Professional Education.

S. No	CONTENTS	DoK	CC
1)	Introduction to Health Professional Education	III	
2)	Glossary in Medical Education	II	
3)	Learning Theories	III	
4)	Educational Planning	III	
5)	Curriculum. Types and Development	II	
6)	Learning Environment	III	
7)	Teaching Methods	IV	
8)	Assessment & Evaluation	III	III
9)	Developing SAQs and MCQs	III	III

## MEDICAL CORRESPONDENCE PRACTICUM

This will be a 2 months 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	

## ORGANIZATION SKILLS PLANING PRACTICUM

This will be a 2 months aim to impart essential knowledge and skills regarding Planning and Execution of CME Activities.

S. No	CONTENTS	DoK	CC
1.	CME/CPD and its Role in Professional Practice	II	
2.	Needs Assessment	III	III
3.	Adult Education	II	
4.	Educational Objectives in Planning CME Activities	III	
5.	Target Audience	II	
6.	Effective CME Strategies	II	
7.	CME Models	II	
8.	Concept Mapping	III	IV
9.	Instructional Strategies	III	IV
10.	Accreditation	II	
11.	Categorization of CME	II	
12.	Credit points for CME Organizers	II	II
13.	Registration of CME activities under the CME Program	II	IV
14.	Announcement and Publicity	II	III
15.	Completion of CME Activity	II	III
16.	Getting Sponsorship	II	III
17.	Resource Management	II	IV
18.	Dealing with Collaborative Agencies	II	IV
19.	Registration for Participation	II	
20.	Evaluation of CME Program	II	III

## RESEARCH PUBLICATION, PRESENTATION OR CLINICAL AUDIT (PUBLISH OR PERISH) PRACTICUM

This will be a 2 months advance research training, aim to impart essential knowledge and skills regarding publishing and presenting research along with performing and publication Clinical Audits at Institutional or Communal level.

S. No	CONTENTS	DoK	CC
1)	Principles of Research Ethics & Ethical Conduct	IV	
2)	Academic Writing (Manuscript Writing)	IV	IV
3)	Understanding the Peer Reviewing Process	III	III
4)	Conducting Clinical Audits	IV	IV
5)	Selection of Research Journal	III	III
6)	Communicating with Journal	III	IV
7)	Communicating with Scientific Committee of Conferences	III	IV
8)	Effective Research Presentation Designing and Delivering	III	V
9)	Effective Research Poster Preparation	III	V
10)	Taking an E.R.C. Interview	III	IV

## MENTAL HEALTH ADVOCACY PRACTICUM

This will be a 2 months 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



## CRITIQUE PRACTICUM

This will be a 2 months training aim to impart essential knowledge and skills regarding scientific critique on psychological theories/models, poets/writers and research articles.

S. No	CONTENTS	DoK	CC
1.	Theoretical Framework a. Teacher-Curriculum Materials Participatory Relationship. b. Pedagogical Content Knowledge	III	
2.	Content Analysis	II	III
3.	Literature Review	III	IV
4.	Rationale for giving and receiving Critique	III	
5.	How to receive and give a good critique	III	
6.	Stages of Critique	II	
7.	Critiquing Research Articles	III	IV