ZAMBIA COLLEGE OF MEDICINE & SURGERY

Advancing Specialist Care & Professional Growth

Specialty Training Programme

Curriculum & learning guide

for

PSYCHIATRY

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GENERAL INTRODUCTION

This Curriculum and Learning Guide describes the work-based competence-based professional training programme for the Specialty Training Programme (STP) in Psychiatry (PSY) in Zambia.

The intended readership for the curriculum and guideline include the following:

- Trainees, host departments and managers of PSY healthcare services;
- STP PSY trainers, which includes all those involved in supervising, coordinating, assessing and delivering specialist education and training in Psychiatry;
- Academic, administrative and professional staff within Higher Education Institutions (HEIs), the Higher Education Authority (HEA), and the Zambia Qualifications Authority (ZAQA);
- Strategic partners involved in supporting eye care and the training of healthcare practitioners in these related fields.

Zambia College of Medicine and Surgery (ZACOMS) advances professional training of medical specialists using the professional competence-based certification model beyond traditional university-based specialist training. It promotes specialist training as a vital pursuit for a successful professional medical career. The ZACOMS also promotes the increase of universal health coverage (UHC) by promoting equitable access to cost-effective quality specialist care as close to the family as possible for people in Zambia at all levels of socioeconomic status and geographical location. The ZACOMS certifies and admits members and/or fellows as specialists in a medical and/or surgical specialty in any of the various specializations of medicine and surgery.

The Zambia College of Medicine and Surgery (ZACOMS) oversees the training of Psychiatry specialists working through the Zambia Psychiatry Association (ZPA).

Psychiatry encompasses the promotional of mental health, prevention, diagnosis, assessment and management mental disorders. The STP PSY training provides specialist training in Psychiatry. This is a relevant programme because of the critical shortage of Surgeons, including general surgeons. The STP PSY will equip trainees with core competencies reflecting the wide array of medical specialties. This will mean for every trainee who completes this programme, the population they serve will have gained access to a physician with various competencies in psychiatry. Furthermore, a graduate of this programme will offer support to the various medical and surgical specialties, improving outcomes in the management of a broad spectrum of pathology.

Vision

Our vision is to be innovative in providing a teaching and support structure that will empower every trainee to excel in Psychiatry knowledge, skills and research through internal and external collaboration.

Mission Statement

The mission of the STP PSY training in Zambia is to train specialists who shall endeavour to improve the Psychiatry health care services to all by providing safe, evidence-based, humanistic specialist care in the field of Psychiatry in an efficient and proficient manner to meet the needs of the Zambian community, and contribute to the field of Psychiatry in the region and globally.

Values:

- Professional excellence
- Integrity
- Sensitivity to reproductive health needs
- Interdisciplinary, inter institutional collaboration
- Continuous professional development
- Innovation
- Academic Excellence
- Self and peer review

RATIONALE FOR THE SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY

The STP PSY aims to train specialists in Psychiatry in order to prepare them for specialist service in the healthcare system. The STP PSY aims to bridge the critical shortage of Psychiatrists by advancing professional training of Psychiatrists using the competence-based certification model beyond traditional university-based specialist training. Simply put, this model works on the principle that every health facility equipped well enough to support a Psychiatry practice has the basic requirements to train a Psychiatrist. The curriculum is informed by the training requirements of the Health Professions Council of Zambia (HPCZ), the professional creed of the Zambia Psychiatry Association (ZPA) and is alive to the unique opportunities obtaining across the various training sites. The training programme encourages self-directed learning, lifelong learning, and student-centred approaches while providing robust and structured guidance.

This curriculum provides a framework for the four year postgraduate specialty training and educational curriculum in Psychiatry. Trainees who successfully complete the requirements and meet the minimum standards set out in this curriculum should be expected to demonstrate competence in Psychiatry at specialist level.

The key outcomes are twofold as stipulated in Outcomes 1 and 2 below:

Outcome 1: <u>Apply, at mastery level, Biomedical Sciences, Behavioural & Sociology, and Scientific Principles to the Practice of Psychiatry</u>

1. The graduate should be able to apply to Psychiatry practice biomedical scientific principles, method and knowledge relating to anatomy, biochemistry, cell biology, genetics, immunology, microbiology, nutrition, pathology, pharmacology and physiology. The graduate should be able to:
   a) Explain normal human structure and function relevant to Psychiatry.

b) Explain the scientific bases for common diseases and conditions' signs, symptoms and treatment relevant to Psychiatry.
c) Justify and explain the scientific bases of common investigations for diseases and conditions relevant to Psychiatry.
d) Demonstrate knowledge of drugs, drug actions, side effects, and interactions relevant to Psychiatry.

2. Apply Behavioral and Sociology Principles to the Practice of Psychiatry
   a) Explain normal human behavior relevant to Psychiatry.
   b) Discuss psychological and social concepts of health, illness and disease relevant to Psychiatry.
   c) Apply theoretical frameworks of psychology and sociology to explain the varied responses of individuals, groups and societies to Psychiatry.
   d) Explain psychological and social factors that contribute to illness, the course of the disease and the success of Psychiatry interventions.

3. Apply Population Health to the Practice of Psychiatry
   a) Discuss population health principles related to determinants of health, health inequalities, health risks and surveillance relevant to Psychiatry.
   b) Discuss the principles underlying the development of health and health service policy, including issues related to health financing, and clinical guidelines relevant to Psychiatry.
   c) Evaluate and apply basic principles of infectious and non-communicable disease control at community and hospital level relevant to Psychiatry.
   d) Discuss and apply the principles of primary, secondary, and tertiary prevention of disease relevant to Psychiatry.

4. Apply Scientific Method and Approaches to Psychiatry Research.

a) Evaluate research outcomes of qualitative and quantitative studies in the medical and scientific literature relevant to Psychiatry.
b) Formulate research questions, study designs or experiments to address the research questions relevant to Psychiatry.
c) Discuss and apply appropriate research ethics to a research study relevant to Psychiatry.

Outcome 2: <u>Competence, at mastery level, in Psychiatry Clinical Practice</u>

On successful completion of the work-based Psychiatry STP:

1. The trainees should have clinical and specialist expertise in Psychiatry, underpinned by broader knowledge, skills, experience and professional attributes necessary for independent practice;
2. The trainees should be able to undertake complex clinical roles, defining and choosing investigative and clinical options, and making key judgements about complex facts and clinical situations.
3. The trainees should contribute to the improvement of Psychiatry services in the context of the national health priorities, by means of outstanding scientific research and application of safe, high quality, cost effective, evidence based practice within the Zambian health system.
4. The trainees should possess the essential knowledge, skills, experience and attributes required for their role and should demonstrate:
    - ✦ A systematic understanding of clinical and scientific knowledge, and a critical awareness of current problems, future developments, research and innovation in Psychiatry practice, much of which is at, or informed by, the forefront of their professional practice in a healthcare environment;
    - ✦ Clinical and scientific practice that applies knowledge, skills and experience in a healthcare setting, places the patient and the public

at the centre of care prioritizing patient safety and dignity and reflecting outstanding professional values and standards;

- Clinical, scientific and professional practice that meets the professional standards defined by the Health Professions Council of Zambia (HPCZ);
- Personal qualities that encompass self-management, self-awareness, acting with integrity and the ability to take responsibility for self-directed learning, reflection and action planning;
- The ability to analyse and solve problems, define and choose investigative and scientific and/or clinical options, and make key judgments about complex facts in a range of situations;
- The ability to deal with complex issues both systematically and creatively, make sound judgements in the absence of complete data, and to communicate their conclusions clearly to specialist and non-specialist audiences including patients and the public;
- The ability to be independent self-directed learners demonstrating originality in tackling and solving problems and acting autonomously in planning and implementing tasks at a professional level;
- A comprehensive understanding of the strengths, weaknesses and opportunities for further development of Psychiatry as applicable to their own clinical practice, research, innovation and service development which either directly or indirectly leads to improvements in clinical outcomes and scientific practice;
- Conceptual understanding and advanced scholarship in their specialism that enables the graduate to critically evaluate current research and innovation methodologies and develop critiques of them and, where appropriate, propose new research questions and hypotheses;
- Scientific and clinical leadership based on the continual advancement of their knowledge, skills and understanding through

the independent learning required for continuing professional development.

5. Once registered as a specialist in Psychiatry, a range of career development options will be available including sub-specialist training. Alternatively, others may opt to undertake further career development in post, as specialist, through structured Continuing Professional Development (CPD), provided by Accredited CPD providers. Specialist psychiatrists who have successfully completed the STP PSY will be eligible to compete for available Consultant positions in Psychiatry.

The outcomes of the STP PSY training are affiliated to the following curriculum outcome categories:

Category I: Scientific foundations

Goal 1: Understand the normal structure and function of the human body, at levels from molecules to cells to organs, to the whole organism.

Goal 2: Understand the major pathological processes and their biological alterations.

Goal 3: Understand how the major pathologic processes affect the organ systems.

Goal 4: Understand how the major pathologic processes affect the organ systems.

Goal 5: Integrate basic science and epidemiological knowledge with clinical reasoning.

Goal 6: Understand the principles of scientific method and evidence-based medicine including critical thinking.

Category II: Clinical Skills

Goal 7: Obtain a sensitive, thorough medical history.

Goal 8: Perform a sensitive and accurate physical exam including mental state examination.

Goal 9: Establish and maintain appropriate therapeutic relationships with patients.

Category III: Communication and Interpersonal Skills

Goal 10: Create and sustain a professionally and ethically sound relationship with communities in which one operates.

Goal 11: Develop the knowledge, skills, and attitudes needed for culturally- competent care.

Goal 12: Participate in discussion and decision-making with patients and families.

Goal 13: Work effectively with other providers in the health system.

Goal 14: Clearly communicate medical information in spoken and written form.

Category IV: Prevention

Goal 15: Develop knowledge, skills, and attitudes to practice the basic principles of prevention.

Goal 16: Practice personalized health planning for long-range goals.

Goal 17: Understand the planning for communities and populations.

Category V: Diagnosis

Goal 18: Elicit and correctly interpret symptoms and signs of Psychiatry conditions.

Goal 19: Diagnose and demonstrate basic understanding of common disease and conditions.

Goal 20: Appropriately use testing to help guide diagnostic and therapeutic decisions.

Goal 21: Demonstrate sound clinical reasoning.

Category VI: Treatment, Acute and Chronic.

Goal 22: Understand therapeutic options and participate in the multidisciplinary care of patients with complex problems.

Goal 23: Recognize acute life-threatening medical problems and initiate appropriate care

Goal 24: Acquire the knowledge and skills necessary to assist in the management and rehabilitation of chronic diseases.

Goal 25: Participate in care in a variety of settings; including knowledge about palliative care.

Category VII: Patient Safety

Goal 26: Identify and remove common sources of medical errors.

Goal 27: Understand and apply models of Quality Improvement.

Goal 28: Appreciate the challenges associated with reporting and disclosure.

Category VIII: Information Management

Goal 29: Use information and educational technology to facilitate research, education, and patient care.

Category IX: Ethics, Humanities, and the Law

Goal 30: Develop a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.

Goal 31: Develop a critical understanding of the multiple factors that affect the practice of medicine, public health and research.

Goal 32: Incorporate ethical principles in clinical practice and research.

Category X: Professionalism

Goal 33: Develop healthy self-care behaviours and coping skills.

Goal 34: Model service to patients and community.

Category XI: Leadership & Management

Goal 35: Develop interpersonal and communication skills that result in leadership in patient health service delivery and health human resource management.

ADMISSION CRITERIA TO THE SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY

Applicants to the STP PSY must possess a primary qualification in medicine, that is, Bachelor of Medicine and Bachelor of Surgery (MB ChB) or equivalent, from a recognized university. Additionally, they must have completed internship and retain full registration and a practising licence issued by the Health Professions Council of Zambia. Other Ministry of Health policies and directives, for example, completion of rural posting, may apply.

CURRICULUM DESIGN/MODEL OF THE SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY

The STP PSY Curriculum is a work-based professional competence-based training situated in an accredited training facility managed by specialists in Psychiatry with oversight by the Zambia College of Medicine and Surgery (ZACOMS) working through ZPA. This curriculum is based on a process model of curriculum and is designed to be flexible and open ended rather than predetermined; maximizing the potential for growth and development.

During the STP PSY programme the specialty registrar is an integral member of the clinical work of the department in which they are training to gain the required clinical experience and competence. The STP PSY programme is a work based professional competence-based training leading to the award of the Certificate of Completion of Specialty Training (CCST) by the Zambia College of Medicine and Surgery (ZACOMS). Graduates are then eligible to apply to the Health Professions Council of Zambia to enter the Specialist Registers in Psychiatry.

TEACHING METHODS IN THE SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY

The STP PSY training is a work-based professional competence-based programme and should encompass diverse teaching and learning approaches that are appropriate for the target educational domain, i.e., cognitive (knowledge), psychomotor (practical), or affective (attitude) domain. The teaching methods may include, but not limited to, the following: expository lectures, tutorials, seminars, practical classes, skills laboratories, clinical demonstrations, clinical clerkships (bedside teaching, ward rounds, ambulatory care teaching, operating theatre experience, post-mortem, and on-call duties), field and community-based learning, and ICT supported learning experiences.

The Health Professions Specialty Training Guidelines for Zambia and Zambia College of Medicine and Surgery Society Objectives and By-Laws provide detailed guidance to the trainee about the STP and ZACOMS, respectively.

SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY CURRICULUM STRUCTURE AND MAP

Curriculum Map for the STP PSY Programme

STP YEAR 1 PSY 1015	ARCP	**STP YEAR 2** PSY 2015		**STP YEAR 3** PSY 3015	ARCP	**STP YEAR 4** PSY 4015	ZACOMS CCST Exams
Introduction to General Adult Psychiatry		Consultation-Liaison Psychiatry (6 months)		Forensic Psychiatry (3 months)		General Adult Psychiatry II (3 months)	

(6 months)		ZACOMS PT 1 ARCP		
Neurosciences (6 months)	Neuropsychiatry (6 months)		Child and Adolescent Psychiatry (3 months)	General Adult Psychiatry Rotation (F & M) (3 months)
Behavioural Sciences (6 months)	Neuropsychiatry, Neuropathology & Neurology (3 months)		Counselling Crisis Intervention/ Community Psychiatry (3 months)	Psychiatry Administration & Education (3 months)
General Adult Psychiatry Rotations (F & M) (6 months each)	Community Psychiatry (3 months)		Community Psychiatry , research methods (3 months)	Health systems management (3 months)
Part 1: Generic Education & Training (1 Year)	Part 2: Themed & Specialist Education & Training (3 Years)			

N.B. The total number of years, in particular, the themed specialist education and training may vary between different specialties.

1. ARCP = Annual Review of Competence Progression
2. CCST = Certificate of Completion of Specialty Training Examination;
3. STP = Specialty Training Programme;
4. ZACOMS PT 1 = Zambia College of Medicine and Surgery Part 1 Examinations in Basic Sciences, Behavioural Sciences, Health Population Studies, and Professionalism & Ethics; ZACOMS CCST Examinations = Certificate of Completion of Specialist Training in Psychiatry Examinations

ASSESSMENT IN THE SPECIALTY TRAINING PROGRAMME IN PSYCHIATRY

Progression to the next level of training is NOT automatic and is dependent on the trainee satisfying all the competency requirements of each defined level as per this curriculum and learning guide. The assessment framework is designed to provide

a coherent system of assessing both formative and summative assessment which are workplace based and in examination settings.

Each training site must ensure that they use valid, reliable and appropriate methods for assessing the knowledge, clinical skills and attitude domains. The continuous assessments and final annual assessments are weighted at 40% and 60% of the final mark of Annual Review of Competence Progression, respectively. Assessment methods may include, but are not limited to, the following: Log of experiences and procedures completed, case reports, portfolios, project reports, multiple choice questions, essay questions, short answer questions, modified essay questions, short and long cases, objective structured clinical examinations (OSCE), practical examinations, objective structured practical examinations (OSPE), Mini-clinical Examination (MiniCEX), and Viva Voce, etc.

It is emphasized that marks from theory examinations **may not** compensate for poor scores in the clinical examinations; Students **MUST** pass the clinical examinations in order to progress to the next stage of training or completion.

Assessment	Knowledge, Skill and Attitude Domain	Examining Body
Formative Workplace Based Assessments	Outcome 1 & 2	Training Site
Annual Review of Competence Progression	Outcome 1 & 2	Training Site in conjunction with ZACOMS
ZACOMS Part 1 Examination	Outcome 1	ZACOMS
ZACOMS Certificate of Completion of Specialist Registration Examinations	Outcome 2	ZACOMS

A candidate shall be allowed a maximum of three attempts for ZACOMS Part 1 and/or Part 2 Examinations. Candidates must have submitted a completed log book to eligible to attempt the ZACOMS Part 2 Examination.

For ease of tracking progress and planning for Psychiatry care, all STP PSY trainees will be registered with ZACOMS and ZPA for the duration of their training and will be allocated a Health Professions Council of Zambia Specialty Registrar Index Number.

Grading Scheme

The STP PSY Curriculum and Guide are the basis for all specialty training which contextualize the standards of proficiency set down by the Zambia College of Medicine and Surgery (ZACOMS) in consultation with the Zambia Psychiatry Association (ZPA) in a way that is accessible to the profession and the public. The Certificate of Completion of Specialist Training (CCST) is not graded. Separate assessments and examinations may be graded to show the level of achievement of the trainee in a particular course or assignment.

Assessment of Attainment of Competence in an Academic Subject

Status & Level	Description of Competence Features	% Range
Outright Fail [D]	• Has poor and inaccurate command of the subject vocabulary • Has poor and inaccurate command of the concepts (knowledge, skills and attitudes) of the subject across a broad range of topics.	44.9% & Below
Bare Fail [D+]	• Has the basics of subject vocabulary • Has the basics of concepts (knowledge, skills and attitudes) of the subject across a broad range of topics • Unable to transfer and apply knowledge, skills and attitudes of the subject in a range of situations. • Unable to exercise independent judgement in a range of situations	45 – 49.9

Clear Pass [C]	• Has sound command of subject vocabulary • Has sound command of concepts (knowledge, skills and attitudes) of the subject across a broad range of topics • Able to formulate responses and demonstrate skill and exhibit appropriate attitude in well-defined and abstract problems/professional settings across a broad range of topics of the subject	50 – 64.9
Meritorious Pass [B]	All of above in level 3 and: • Able to transfer and apply knowledge, skills and attitudes and exercise significant independent judgement in a broad range of topics of the subject	65 – 74.9
Distinction Pass [A]	All of the above in level 4 and: • Displays masterly of complex and specialised areas of knowledge, skills and attitudes in a broad range of topics of the subject.	75% & Above

PSYCHIATRY HANDBOOK & CURRICULUM

The detailed STP Psychiatry Handbook and Curriculum is presented in full in the next section.

PSYCHIATRY HANDBOOK & CURRICULUM

INTRODUCTION

The specialized Training Programme course in General Psychiatry is intended to train medically qualified doctors to master the practice of diagnosis, treatment and prevention of mental illness as well as giving them a sound scientific foundation to enable them to teach students (Undergraduate and Postgraduate), and carry out original research. The emphasis in this course is on clinical and practical work and most of the teaching will be by the "bedside" in the wards during ward rounds and clinical case conference. The candidate who shall be a full time employee of the hospital who will be assigned clinical responsibility over a wide variety of patients and shall spend most of his/her working hours including night and weekend calls admitting, clerking, examining and treating patients under supervision of his/her teachers.

The lectures will mainly be introductory occupying not more than two hours of each working day. The course will be continuous from first to the fourth year. During this period the candidate will select a project topic as he acquires knowledge and experience and will complete the project report during the final year.

Throughout the course clinical experience will be enlightened by relevant knowledge, and the appropriate development of skills. The level of supervision will decrease as the student skills develop.

Students will be taught the appropriate knowledge base using a variety of teaching methods, e.g. case teaching, case presentation, journal clubs, tutorials, preparation of essays and directed reading.

Assessments will take place throughout the course, and will be orientated to measurement of developing competencies in knowledge, skills, and professional attitudes.

The successful student will have passed the examinations for Part I of the specialist training Programme by the end of the second year, and for Part II at the end of the fourth year.

RATIONALE

Currently the country has a critical shortage of Mental Health practitioners capable of providing expert mental health care at all level of health care. This has had negative implication for patients who require such care especially at the secondary and tertiary level of our health care delivery system. They lack access to such expert care. It is therefore hoped that the introduction of a local specialist training in psychiatry will not only address the shortage of psychiatrists in the country but will also serve the country of the high cost of training psychiatrist outside the country, There is clear evidence that training specialist locally is cost effective and graduates tend to remain in the country.

PROGRAMME STRUCTURE

Structure (Course Outline)

Taught Subjects Hours

	Hours
Year 1	
Introduction to Psychiatry	40
Neuroscience Neuroanatomy Neurophysiology/Neuroendocrinology and Neurochemistry Psychopharmacology	 20 30 20
Behavioural Sciences Clinical Psychology Medical Sociology Social Anthrolopology & Cross Culute Psychiatry Behavioural Genetics	 40 10 10 10
Year 2	
Neuropathology/Neurology/Neuropsychiatry	40
Consultation Liaison Psychiatry	20
Community Psychiatry	30
Year 3	
Forensic Psychiatry	15
Child and Adolescent Psychiatry	20
Counselling Crisis Intervention and Psychotherapy	20
Year 4	
General Psychiatry (PSY 8040) Psychiatry Administration Psychiatry Education Current Trends in Psychiatry Emerging Issues in Psychiatry Recent Developments in Psychiatry	70

EXAMINATIONS

Year 1

The examination shall consist of:

A. Written Papers

I. Paper 1 – Neuroanatomy

II. Paper II – Neuropharmacology

III. Paper III – Neurophysiology, Neuroendocrinology and Neurochemistry

IV. Paper IV – Behavioural Sciences

B. Clinical Examinations

V. Long case presentation followed by oral examinations for 30 minutes.

C. Continuous Examinations

VI. Based on performance in the wards, during tutorials, at seminars, work assignments (40% of the ARCP total Marks)

Year 2

A. Written Papers

I. Paper 1 – Community Psychiatry

II. Paper II – Consultation Liaison Psychiatry

III. Paper III – Neuropsychiatry

B. Clinical Examinations

IV. Objective Structured Clinical Examination (OSCE)

C. Continuous Examinations

V. Based on performance in the wards, during tutorials, at seminars, work assignments (40% of the ARCP total Marks)

Year 3

A. Written Papers

I. Paper 1 – Forensic Psychiatry

II. Paper II – Child Adolescent Psychiatry

III. Paper III – Counselling, Crisis Intervention and Psychotherapy

B. Clinical Examinations

IV. Objective Structured Clinical Examination (OSCE)

C. Continuous Examinations

V. Based on performance in the wards, during tutorials, at seminars, work assignments (40% of the ARCP total Marks)

Year 4 - Final Examinations

A. Written Papers

I. Paper 1 – General Psychiatry

II. Paper II – Neuropsychiatry

III. Paper III – Psychiatry Sub-Specialties

IV. Paper IV – General Paper

(Each paper will consist of 5 questions. Candidate to select 4 out of 5 questions).

B. Clinical Examinations

I. At the clinical examinations the candidate shall examine one patient drawn from any aspect of clinical psychiatry and one case drawn from neuropsychiatry.

II. Oral Examination shall consist of an interview with 2 or more examiners one of whom shall be an external examiner.

C. Continuous Examinations

I. Based on performance in the wards, during tutorials, at seminars, work assignments (40% of the ARCP total Marks)

D. The Research Project Report

I. The research project report shall consist of 6,000 - 8,000 words and should deal with a topic of scientific interest relevant to the practice of Psychiatry in Zambia and SADC region together with a critical evaluation of data published by others on similar topics.

II. The research project report shall be read by at least one of the examiners who shall also not be the supervisor and be declared worthy of acceptance by ZACOMS and ZPA

Continuous Assessment

Throughout the course there will be regular assessments of the student's progress in developing the core skills. The assessments will include measures of patient satisfaction, peer assessment, and team assessment of the student's behavior. The student will have mini-assessments of clinical expertise, and assessments of full case presentations. Teaching skills will be assessed in case based discussions, and journal club presentations. The student's practical procedural skills will be assessed by direct observation. The student will keep portfolio of relevant clinical experience, research activities, audits completed, learning activities, teaching activities and procedural skills. At the end of each clinical rotation formal meeting shall be held in which the students will be given a feedback of their performance. (See appendix 3 and 4).

Progression

For progression from year 1, 2, 3 and 4 the student must demonstrate appropriate development of relevant core skills. They must pass all the end of the year examinations together with the continuous assessment.

COURSE CONTENT

GENERAL PSYCHIATRY I

AIMS:

The aim of this course is to lay a scientific foundation of psychiatry as a medical specialty which uses science in its conceptualization of mental illness and clinical practice.

OBJECTIVES:

1. Understand the neuroanatomical basis for sensory system, motor system, and information processing which is essential for differentiating normal behavior from the disturbances introduced by psychopathology.
2. Understand the process of neurotransmission as a means of communication in the Central Nervous System and their relevance to the Psychiatry.
3. Understand the mechanism of action of psychotropic drugs and apply this knowledge in clinical settings.
4. Demonstrate competence in assessment and treatment of patient using the biopsychosocial model.
5. Demonstrate in depth knowledge of epidemiology, aetiology, clinical features, differential diagnosis, and prognosis, historical and current trends in the management of common and complicated adult psychiatry disorders at all levels of health care delivery system.
6. Describe in depth knowledge in the history of psychiatry locally and internationally its development over decades and the current trends.

NEUROSCIENCES: NEUROANATOMY

COURSE CONTENTS

1. **Introduction to the Nervous System**
   - 1.1. Overview of the nervous system as a neuroanatomical basis for thought, emotions and behavior.
   - 1.2. Principal cells of the nervous system
   - 1.3. Development of the nervous system
   - 1.4. Malformations of the nervous system and their contribution to psychopathology
   - 1.5. Neurodevelopment
     - 1.5.1. Stages of neuronal development
     - 1.5.2. Neuronal plasticity
     - 1.5.3. Neuronal plasticity and psychopathology

2. **The blood supply to the brain**
   - 2.1. Arterial blood supply to the brain
     - 2.1.1. Internal carotid system
     - 2.1.2. The vertebral-basilar system
     - 2.1.3. The circle of Willis
     - 2.1.4. The concept of blood-brain barrier and its clinical significance
     - 2.1.5. The neurological implication of interruption of arterial blood supply
   - 2.2. The venous return of the brain
     - 2.2.1. Overview of the venous system of the brain
     - 2.2.2. Effect of the interruption of venous return.
     - 2.2.3. Brain imaging in the disturbance of venous return to the brain.

3. **The meninges of the brain**
   - 3.1. The structure of the meningeal layers and their functions
   - 3.2. The role of the meningeal covering in the function of the nervous system

4. **The ventricular-system**
   - 4.1. The structure of the ventricular system
   - 4.2. The production of the cerebrospinal fluid
   - 4.3. The circulation of the cerebrospinal fluid
   - 4.4. The excretion of the cerebrospinal fluid
   - 4.5. The neuropsychiatric manifestation of disruption of cerebrospinal fluid circulation
   - 4.6. Brain imaging technique to detect disruption of cerebrospinal fluid disruption

5. The cortex

5.1. Overview of the cortex
- 5.1.1. Division of the cortex
- 5.1.2. The evolution of the cortex and its clinical significance
- 5.1.3. The function of the cortex

5.2. The histology of the cortex

5.3. Neuronal connectivity of cortex and their functional significance
- 5.3.1. Corpus callosum
- 5.3.2. Anterior and Posterior Commissure
- 5.3.3. Association bundle

5.4. Specialization of cortical areas and their neuro-anatomical basis
- 5.4.1. Somatic Cortex
- 5.4.2. Motor Cortex
- 5.4.3. Association Cortex
- 5.4.4. Limbic Cortex

5.5. Higher mental functions
- 5.5.1. Overview of the function of the association centre
- 5.5.2. Cerebral dominance
- 5.5.3. Language
- 5.5.4. Spatial orientation
  - 5.5.4.1. Memory
  - 5.5.4.2. The Corpus Callosum
  - 5.5.4.3. Disconnection syndrome

6. Consciousness and sleep-wake cycle

6.1. Anatomical basis of sleep-wake cycle

6.2. The role of forebrain and brainstem is in the regulation of sleep-wake cycle

6.3. Types of sleep and their clinical significance

6.4. The role of Brain Imaging in disorders of Sleep and Epilepsy, Electroencephalogram (EEG).

7. The limbic system

7.1. The overview of the limbic system
- 7.1.1. The evolution of the limbic system
- 7.1.2. The conceptual framework of the limbic system

7.2. Hypothalamus
- 7.2.1. Overview of the hypothalamus (co-ordination of drive-related behavior)
- 7.2.2. Structure of the hypothalamus
- 7.2.3. Input and output of the hypothalamus
- 7.2.4. The role of the hypothalamus in the limbic system (PapezCircuit)
- 7.2.5. Clinical implication of damage to the hypothalamus

7.3. Hippocampus
- 7.3.1. Overview of the hippocampus memory formation
- 7.3.2. Structure and output to the hippocampus
- 7.3.3. Input and output to the hippocampus
- 7.3.4. The role of the hippocampus in the limbic system (PapezCircuit)
- 7.3.5. Clinical implication of damage to the hippocampus

7.4. Amygdale
- 7.4.1. Overview of the amygdale
- 7.4.2. Structure of the amygdale
  - 7.4.2.1. Input and output to the amygdale
  - 7.4.2.2. The role of the amygdale in the limbic system (Papez circuit)
  - 7.4.2.3. Clinical implication of damage to the amygdale

7.5. Motor system
- 7.5.1. Overview of the motor system
- 7.5.2. Innovation of muscle fibres
- 7.5.3. Lower motor neuron
- 7.5.4. Motor unit
- 7.5.5. Types of muscle fibres
- 7.5.6. Connection of the motor nervous system
  - 7.5.6.1. Parallel
  - 7.5.6.2. Hierarchal
- 7.5.7. Reflex and motor programmes connectivity
- 7.5.8. The role of upper motor neurons in motor regulation
- 7.5.9. The role of association cortex cerebellum and basal ganglia in modulation of motor cortex.
- 7.5.10. The corticospinal tract
  - 7.5.10.1. Origin and termination
  - 7.5.10.2. Projections of the motor cortex
- 7.5.11. Clinical implication of damage to the upper and lower motor neurons
- 7.5.12. The concept of upper and lower motor neurons in cranial nerves

8. Sub cortex

8.1 Diencephalon

8.2 Overview of the organization of diencephalon

8.3 Epithalamus

8.4 Subthalamus

8.5 Hypothalamus

8.6 Thalamus

- 8.6.1 Structure
- 8.6.2 Function
- 8.6.3 Nuclei: Functional categories and their connectivity
- 8.6.4 Input and output of the thalamus
- 8.6.5 Blood supply to the thalamus
- 8.6.6 Clinical implication of interruption of blood supply to the thalamus

8.7 Internal capsule

- 8.7.1 Overview of the structure and function of the internal capsule
- 8.7.2 Division of the internal capsule
- 8.7.3 Blood supply to the internal capsule
- 8.7.4 Clinical implication of blood supply interruption to the internal capsule

8.8 The basal ganglia

- 8.8.1 The functional anatomy of the basal ganglia
- 8.8.2 The gross anatomy
- 8.8.3 Nuclei
- 8.8.4 The principal circuits involved in the basal ganglia
- 8.8.5 The movement disorders associated with the disruption of basal ganglia circuits

8.9 The cerebellum

8.9.1 The functional anatomy of the cerebellum: Hemispheres, Lobes and Nuclei with their specific roles.

8.9.2 The role of cerebellum in the movement: Co-ordination

8.9.3 The disorders of cerebellum and its effect on movement.

9. Brainstem

9.1 Overview of the organization of the brainstem

9.1.1 Medulla

9.1.2 Pons

9.1.3 Midbrain

9.2 The cross section of the medulla, midbrain and the pons

9.3 The function of the brainstem

9.3.1 Conduit

9.3.2 Cranial nerves

9.3.3 Integrative

9.4 The reticular formation

9.4.1 The concept of reticular formation

9.4.2 Structure

9.4.3 Function

9.5 Brainstem nuclei of psychiatric significance

9.5.1 Locus coerulous

9.5.2 Substantial nigra

9.5.3 Ventral tegmental area

9.5.4 Raphe nuclei

9.5.5 Nuclei basalis

9.5.6 The role of brainstem nuclei in psychopathology

9.5.7 The outcome of brainstem injury and their neurological implication.

10. Cranial nerves

10.1. The organization of cranial nerves in the brainstem in relationship to their embryological development.

10.2. Functional components of cranial nerves

10.3. Pathways of cranial nerves

10.4. The concept of upper motor neuron and lower motor neuron lesion in cranial nerves.

10.5. The neurological implication of cranial nerves lesions.

11. The spinal cord

11.1. Overview of the Structure and Function of the spinal cord.

11.2. Structure —

11.2.1. Longitudinal Section

11.2.2. Cross-section

11.3. Dermatomes innervations

11.4. The spatial relation of the spinal cord and spinal column and its clinical significance

11.5. Meningeal covering

11.6. Functions of the spinal cord

11.6.1. Sensory processes

11.6.2. Motor outflow

11.6.3. Reflexes

11.7. Regional specialization of the spinal cord

11.7.1. Anterior horn

11.7.2. Posterior horn

11.7.3. Intermediate grey matter

11.8. Reflex circuitry of the spinal cord

11.9. Motor outflow

11.10. Ascending pathways

11.10.1. Sensory processing

11.11. Descending pathways

11.11.1. Clinical outcome of injury to the spinal cord tracts

11.12. Spinal nerves

11.13. Autonomic nervous system

NEUROPHYSIOLOGYINEUROCHEMISTRY AND PSYCHONEUROENDOCRINOLOGY

COURSE CONTENT

1. Basic electrophysiology
   - 1.1 Membrane and charge
   - 1.2 Ion channel
   - 1.3 Action potential
   - 1.4 Translation of action potential into chemical neuro transmission
2. Synapses
   - 2.1 Pre-synaptic components
   - 2.2 Synapse
   - 2.3 Post synaptic components
3. Neurotransmitters
   - 3.1 Classification
   - 3.2 Neuromodulators
   - 3.3 Neurohormones
4. Biogenic amines
   - 4.1 Dopamine
     - 4.1.1 Dopaminergic tracts
     - 4.1.2 Dopamine life cycles
     - 4.1.3 Dopamine receptors
     - 4.1.4 Dopamine and drugs
     - 4.1.5 Dopamine and psychopathology
   - 4.2 Norepinephrine and epinephrine
     - 4.2.1 Noradrenergic tracts
     - 4.2.2 Norepinephrine and epinephrine life cycle
     - 4.2.3 Noradrenergic and adrenergic receptors
     - 4.2.4 Norepinephrine and drugs
     - 4.2.5 Norepinephrine and psychopathology

5. Serotonin
   - 5.1. Serotonin tract
   - 5.2. Serotonin life cycle

5.3. Serotonin receptors

5.4. Serotonin and drugs

5.5. Serotonin and psychopathology

5. Peptides and neurotransmitters
   - 5.1 Opioids
   - 5.2 Substance P
   - 5.3 Neurotensin
   - 5.4 Cholecystokinin
   - 5.5 Somatostatin
   - 5.6 Vasopressin and Oxytocin
   - 5.7 Neuropeptide Y

6. Amino acids and neurotransmitters
   - 6.1 Acetylcholine
     - 6.1.1 Cholinergic tracts
     - 6.1.2 Acetylcholine life cycle
     - 6.1.3 Cholinergic receptors
     - 6.1.4 Acetylcholine and drugs
     - 6.1.5 Acetylcholine and psychopathology

7. Amino butyric acid (GABA)
   - 7.1 GABA pathway
   - 7.2 GABA life cycle
   - 7.3 GABA receptors
   - 7.4 GABA receptors and drugs
   - 7.5 GABA and psychopathology

8. Glutamate
   - 8.1 Glutamate tracts and pathways
   - 8.2 Glutamate life cycle
   - 8.3 Glutamate receptors
   - 8.4 Glutamate receptors and drugs
   - 8.5 Glutamate and psychopathology

9. Psychoneuroendocrinology

- 9.1 Hormone secretion
- 9.2 Developmental Psychoneuroendocrinology
- 9.3 Hypothalamic-Pituitary-Adrenal Axis
- 9.4 Hypothalamic-Pituitary-Gonadal Axis
  - 9.4.1 Testosterone
  - 9.4.2 Estrogen and Progesterone
  - 9.4.3 Prolactin
- 9.5 Hypothalamic-Pituitary-Thyroid Axis
- 9.6 Endogenous Opioids
- 9.7 Melatonin
- 9.8 Oxytocin
- 9.9 Substance P

10. Psychoneuroimmunlogy

- 10.1 Stress and immune response
- 10.2 Psychiatric disorders and clinical manifestation
  - 10.2.1 Schizophrenia
  - 10.2.2 Major depressive disorders
  - 10.2.3 HIV infection
  - 10.2.4 Multiple Sclerosis

11. Neurophysiological Basis of Instinctual behavior and emotions
12. "Higher Functions of the Nervous System" Conditioned Reflexes, Learning and related phenomenon

PSYCHOPHARMACOLOGY

COURSE CONTENTS

1. Principles of Neurotransmission.
2. Central Nervous System Neurotransmitters.
3. Receptors and Enzymes as the Targets of Drug Action.
4. Mechanism of action of drugs acting on Central Nervous system.
5. Pathophysiological Basis of Mood Disorders
6. Pharmacotherapy of Mood Disorders.
7. Pathophysiological Basis of Anxiety Disorders and Phobic States.
8. Pharmacology of Sedatives, Hypnotics and Anxiolytics.
9. Pathophysiological Basis of Psychosis and Related Disorders.
10. Pharmacotherapy of Psychosis and Related Disorders.
11. Pharmacological Basis of Cognitive Disorders.
12. Pharmacology of Cognitive Enhancers.
13. Pathophysiological Basis of Reward and Alcohol and Drugs Related Disorders.
14. Sex-Specific and Sexual Functions Related Psychopharmacology.
15. The influence of psychopharmacogenetics in the mechanism of action, adverse effect profile and efficacy of Psychotropic drugs.

BEHAVIOURAL SCIENCES CLINICAL PSYCHOLOGY

COURSE CONTENT

1. Abnormal Psychology

1.1. Definition of mental abnormality

1.2. Nosology

1.2.1. Dimension

1.2.2. Categorical

1.3. DSM and ICD classification

1.3.1. Critique of DSM-IV and ICD 10

1.3.2. Importance of diagnosis

1.3.3. Beyond ICD-IO and DSM-IV

1.4. Biomedical model

1.5. Bio psychosocial model

1.6. Narrative approach

1.7. Patient centred approach

1.8. Reflective practice

1.9. Epistemology

2. Mental Abilities: Intelligence and its Relevance to Psychiatry

2.1. The psychiatric concept of intelligence

2.2. Theories, measurements, administration of IQ

2.3. Interpretation stability of IQ

2.3.1. Validity

2.3.2. Group difference in IQ

2.3.3. Gender, age of IQ

2.4. The influence of genes and environment on intelligence

2.5. Distribution of IQ score in general population

2.6. Disorders of intellect: mental retardation and dementia.

2.7. Psychopathology in intellectual disability personality and its importance to psychiatry practice theories of personality.

3. Learning Theories and their Application:

3.1. Learning theories
- 3.1.1. Behavioral
- 3.1.2. Cognitive
- 3.1.3. Social
- 3.1.4. Observational

3.2. Behaviorism theory
- 3.2.1. Types of learning
- 3.2.2. Conditioning and human behavior
- 3.2.3. Conditioning and psychopathology
- 3.2.4. Clinical application of conditioning
- 3.2.5. Behavior analysis
  - 3.2.5.1. Functional analysis
  - 3.2.5.2. Behavior therapy

3.2.5. Social learning theory
- 3.2.5.1. Cognitive
- 3.2.5.2. Observation

4. **Personality and its importance to psychiatric practice:**
- 4.3 Theories of personality
- 4.4 Types, traits and classification of personality
- 4.5 Assessment of pre-morbid personality
- 4.6 Personality factors in risk assessment
- 4.7 Personality and psychiatric disorders

5. **Emotions and emotional disorders:**
- 5.3 Types of emotions
  - 5.3.1 Affect
  - 5.3.2 Mood
- 5.4 Theories of emotions
- 5.5 Emotion states, traits and organization
- 5.6 The relationship between emotion cognition and behavior
- 5.7 Disorders of emotions

6. **Motivation**
- 6.3 Theories of motivation
- 6.4 Motivation in clinical practice
- 6.5 Motivation and eating

6.6.1 Hunger and appetite

6.6.2 Phase of the meal

6.6.3 Initiation of eating

6.6.4 Psychological effect of starvation

6.6.5 Eating disorders

7. **Introduction to cognitive psychology**:

7.1 Theories of the mind

7.2 The concept of the mind as it relates to cognition

7.3 Division of the mind

7.4 Cognitive model (Information processing model). (An appraisal of other theories attempt to explain the mind)

7.5 Schemas

7.5.1 Theories of schemas

7.5.2 Conceptual framework of schemas

7.5.3 Schemas in cognitive behavioral therapy

7.6 Perceptual

7.6.1 Theories of perception

7.62 Perceptual organization

7.6.3 Principles of object and face recognition

7.6.4 Disorders of perception

7.7 Attention

7.7.1 Types of attention

7.7.2 Clinical test

7.7.3 Disorder of attention

7.8 Executive functions

7.8.1 Conceptual framework of executive functions.

7.8.2 Components of executive functions

7.8.3 Clinical test of executive function

7.8.4 Cognitive deficit in schizophrenia.

7.8.5 Placebo effect

8. **Development**

8.1. Theories of development

8.2. Life cycle of development and clinical implication

8.2.1 Infancy

8.2.2 Childhood

8.2.3 Adolescent

8.2.4 Adult

8.2.5 Old age

8.3. Issues of development

8.3.1 Continuities and discontinuities

8.3.2 Nature and nurture

8.3.3 Research designs in development

8.4. Attachment

8.4.1 Theories of attachment

8.4.2 Critical periods in attachment

8.4.3 Attachment in adults

8.4.4 Attachment in children

8.4.5 Attachment disorders

8.5. Etiology

8.5.1 Species-typical behavior

8.5.2 Imprinting

8.5.3 Dominance hierarchies

8.5.4 Territoriality

8.5.5 Displacement activity

8.5.6 Peacemaking and reconciliation

8.5.7 Helping and altruism

8.5.8 Theory of mind in chimpanzees

8.5.9 Culture in non-human primates

8.5.10 Aggression

9. **Psychological measurements**

9.1. Definition and scope of psychological test

9.2. Types of psychological test

9.3. Norms and standardization

9.4. Characteristics of a good psychological test
- 9.4.1 Scale of measurements
- 9.4.2 Reliability
- 9.4.3 Validity

9.5. Methods of data collection

9.6. Clinical uses abuses of psychological test

9.7. Clinical judgment

10. **Memory and disorders of memory**

10.1. Models of memory

10.2. Processing of memory

10.3. Types of memories

10.4. Forgetting

10.5. Retrieval

10.6. Disorders of memory
- 10.6.1 Age associated memory impairment
- 10.6.2 Dementia
- 10.6.3 Amnestic syndromes 10.6.4 Memory loss in head injury
- 10.6.5 Memory, following electroconvulsive therapy (ECT)
- 10.6.6 Transient organic amnesia
- 10.6.7 Psychogenic amnesia

10.7. Test of memory

MEDICAL SOCIOLOGY

1. Basic sociological concepts
    - 1.1 Social role
    - 1.2 Social stratification
    - 1.3 Social class
2. The stages of socialization
    - 2.1 Weaning
    - 2.2 Toilet training
    - 2.3 Initiation
    - 2.4 Peer group
3. Social correlates of mental illness
    - 3.1 Migration
    - 3.2 Urbanization
    - 3.3 Poverty and social life
    - 3.4 Acculturation
    - 3.5 Uprooting
4. Nature and affects of life change effects
5. Family
    - 5.1 Structure
    - 5.2 Systems
    - 5.3 Parenting
    - 5.4 Psychopathology
6. Social influences
    - 6.1 Facilitation and loafing
    - 6.2 Group polarization
    - 6.3 Conformity
    - 6.4 Minority influence
    - 6.5 Obedience
    - 6.6 Social role
    - 6.7 Helping behavior

7. **Attribution**

7.1 Dimensions and attribution

7.2 Malattributions

7.3 Attribution and clinical encounter

8. **Attitudes**

8.1 Conceptual frame of attitude

8.2 Cognitive dissonance

8.3 Persuasion and pervasive communication

8.4 Source variables

8.5 Message variables

8.6 Channel variables

8.7 Measuring attitudes

9. **Stigmatization**

9.1 Conceptual frame work of stigma

9.2 Components of stigma:

9.2.1 Stereotype

9.2.2 Prejudice

9.2.3. Discrimination

9.3 Methods of reducing stigma

9.4 Methods of changing public stigma

10. **Group theories**

10.1 Group and group processing

SOCIAL ANTHROPOLOGY AND CROSS CULTURE PSYCHIATRY

1. Definitions and key concept
    - 1.1 Culture
    - 1.2 Scope of culture
    - 1.3 Race and ethnicity

2. Culture concept of mental illness
    - 2.1 Aetiology
    - 2.2 Assessment
    - 2.3 Treatment

3. Culture and psycho pathology
    - 3.1 Culture identity
    - 3.2 Culture bound syndromes
        - 3.2.1 Local
        - 3.2.2 World-wide

INTRODUCTION TO PSYCHIATRY

COURSE CONTENTS

1. Introduction to General Adult Psychiatry
   - 1 .1 History of psychiatry
   - 1.2. Diagnostic criteria in psychiatry
   - 1.3. Psychopathology
   - 1.4. Evidence Based Psychiatry
2. Specific Mental Disorders
   - 2.1 Anxiety disorders
   - 2.2 Mood disorders
   - 2.3 Psychotic disorders
   - 2.4 Somatoform disorders
   - 2.5 Factitious disorders
   - 2.6 Dissociative disorders
   - 2.7 Sexual disorders
   - 2.8 Sleep disorders
   - 2.9 Drug, alcohol use disorders
     - 2.9.1 Introduction and overview
     - 2.9.1 .1 Terminology in alcohol use disorders
       - 2.9.1 .1 .1 Abuse
       - 2.9.1 .1 .2 Dependence
       - 2.9.1 .1 .3 Tolerance
       - 2.9.1 .1 .4 Cross tolerance and cross dependence
       - 2.9.1 .1 .5Withdrawal
       - 2.9.1 .1 .5 Relapse
       - 2.9.1 .1 .6 Rebound
     - 2.9.1 Pathway to the development of alcohol use disorders
     - 2.9.2 Alcohol metabolism
     - 2.9.3 Basic theories of etiology of alcohol use disorders
       - 2.9.3.1 Psychological
       - 2.9.3.2 Behavioral theory
       - 2.9.3.3 Cognitive theory
       - 2.9.3.4 Psychodynamic theory

2.9.3.5 Social-culture theory

2.9.3.6 Biological theory

2.9.4 Psychopharmacology of alcohol seeking behavior (brain reward circuitry)

2.9.5 The concept of dual diagnoses in alcohol use disorders

2.9.5.1 Anxiety disorders

2.9.5.2 Mood disorders

2.9.5.3 Psychotic disorders

2.9.5.4 Mental disorders due to alcohol

2.9.6 Medical complication of alcohol use disorders

2.9.6.1 Gastrointestinal system

2.9.6.2 Cardiovascular system

2.9.6.3 Haematogical system

2.9.6.4 Endocrine system

2.9.7 Neuropsychiatric sequel of alcohol use disorders

2.9.7.1 Mechanism of alcohol on the central nervous system

2.9.7.2 Alcohol withdrawal syndrome

2.9.7.3 Wernickes encephalopathy

2.9.7.4 Alcohol amnestic syndrome

2.9.7.5 Alcohol dementia

2.9.7.6 Korsakoff's syndrome

2.9.8 Instruments used in assessment of alcohol use disorders

2.9.8.1 SOAPE

2.9.8.2 CAGE

2.9.8.3 ClWA-Ar

2.9.9 Treatment

2.9.9.1 Short term

2.9.9.2 Long terms

2.9.10 Other drug of misuse

2.10 Mental disorders due to general medical condition

2.10.1 Gender issues in psychiatry

2.10.2 Peri-natal psychiatry

2.11 Physiological of:

2.11.1 Pregnancy

2.12.2 Peuperium

2.12.1 3 Neonates

2.12.2 Psychopathology of psychotropic drugs in:

2.12.2.1 Pregnancy

2.12.2.2 Peuperium

2.12.2.3 Neonates

2.12.3 Psychosocial aspect of pregnancy and its contribution to psychopathology

2.12.3.1 Social support

2.12.3.2 Social network

2.12.3.4 Stress

2.13 Mental disorders during and after pregnancy

2.13.1 Maternal blues

2.13.2 Major depressive disorder with postnatal onset

2.13.3 Brief psychotic disorder with post-natal onset

2.14 Management of psychotropic drug in peri-natal psychiatry and its teratogenic implication

2.14.1 Morphological teratogenicity

2.14.2 Behavioural teratogenicity

2.15 Teratagenicity of specific psychotropic drugs

2.15.1 Anxiolytics-sedative

2.15.2 Antidepressant

2.15.3 Antipsychotic

2.15.4 Mood stabilizers

2.16 Use of psychotropic drugs during lactation.

2.17 Alcohol related disorders in pregnancy (Foetal alcohol syndrome)

2.18 Personality disorders

2.19 Old age psychiatry

2.20 Suicide and Suicidal behavior

3B Behavioral Genetics

3.1 Approaches to psychiatric epidemiology

3.1.1 Family studies

3.1.2 Twin studies

3.1.3 Adoption studies

3.2 Mode of inheritance

3.2.1 Possible models

3.2.2 Methods of analysis
3.2.3 The genetic endowment

3.3 Practical applications of molecular genetic technology

3.4 Future directions in psychiatric genetics

3.4.1 Etiologic heterogeneity
3.4.2 Incomplete penetrance
3.4.3 Variable expressivity
3.4.4 Pedigree limitations
3.4.5 Nature/Nurture

3.5 Clinical and public policy issues

METHODS OF TEACHING

1. Tutorials
2. Lectures
3. Seminars, demonstrations, case presentations, ward rounds (bed side teaching)
4. Conference presentations and journal clubs

CONTACT HOURS

- 180 Hours

METHODS OF ASSESSMENT

The methods of assessment for all the sub courses will be as follows:

1. Continuous Assessment: 40%
2. Final Examination: 60%

The final exam will include:

- Multiple choice questions of the Single Best Answer variety with five stems
- Written paper consisting of 5 essay questions of 3 hours duration
- Oral examination

PRESCRIBED BOOK

Sadock JB, Sadock VA. Kaplan and Sadock's (2007) Synopsis of Psychiatry. 10th Ed. Lippincott. Williams and Wilkins.

RECOMMENDED BOOKS

1. Sadock JB, Sadock VA. (2007) Comprehensive Text Book of Psychiatry 6th Edition. Lippincott Williams and Wilkins.

2. Taylor D. Paton C. Kerwin R. (2007) The Maudsley Prescribing Guidelines. 9th Eition Informa Healthcare.
3. American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder (2000) Fourth Edition, Text Revision, (DSM-IV-TR) Washington DC: American Psychiatric Association.
4. ICD-IO (1992) Classification of Mental and Behavioral Disorder; World Health Organization, Geneva.
5. Thambirajah MS. (2007) Psychological Basis of Psychiatry, 1 st Edition.
6. Gerard J. Connors, Dennis M. Donovan, and Carlo C. DiClemente (2004) Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions (The Guildord Substance Abuse Series).
7. John Nolte (2008) The Human Brain Introduction to its Functional Anatomy 6th Edition.
8. Kim E. Barrett, Heddwn Brooks, Scott Boitano and Susan M. Barman Ganong WF. (2009) Review of Medical Physiology 23 rd Edition.
9. Stahl SM. (2007) Text Book of Psychopharmacology Lippincott Williams and Wilkins.

PSYCHIATRY SUB SPECILIATIES I

COURSE CODE: PSY 8020

AIMS:

This course examines the pathway to mental health care in the context of general health delivery system. Throughout the course emphasis is placed on the concept of integration, corroboration and continuity of care of psychiatric treatment at all level of general health care. It also explores the role of mental health research in the improvement of quality mental health care with its inherent ethical conflict and dilemma.

OBJECTIVES:

1 . Able to set up, plan and administer comprehensive community mental health services.

2. Describe the relationship between biostatistics, epidemiology and research and their complementary role in mental health systems research.
3. Demonstrate skill and knowledge in carrying out research project of public health and clinical importance and discommute the results of the study
4. Demonstrate skill and knowledge to critique articles written by others on a variety of mental health issues
5. Demonstrate in depth knowledge of the etiology, psychopathology, clinical factors and management of neuropsychiatric disorder.
6. Able to serve as psychiatry consultant to other disciplines of medicine on the management of a variety of issues in mental illness and related issues.

(A) COMMUNITY PSYCHIATRY

COURSE CONTENT

1 . Introduction to community psychiatry

1 . 1 Definition, scope of community psychiatry

1 .2 Historical trends and forces in community psychiatry

1.2.1 Institualization

1.2.2 De-Institualization

1.2.3 Trans-Institualization

1 .3 Primary health care

1.3.1 Definition of primary health care

1.3.2 Principles of primary health care

1,3.3 Structure and systems of primary health care

1 .4 Social stabilization

1.4.1 Integration
1.4.2 Collaboration
1.4.3 Continuity of care
1 .5 Family intervention
1 .6 Rehabilitation

2. Homelessness
2.1 Background: Evolution of services
2.2 Stages of care
2.3 Administration
2.4 Advocacy

3. Community Mental Health Services in Zambia
3.1 Situation analysis
3.2 Challenges
3.3 The future

4. Research, Biostatics and Epidemiology
4.1 Biostatics
4.1.1 Tabulation of mean
4.1.1.1 Frequency distribution
4.1.1.2 Mean from frequency distribution
4.1.1.3 Adding like and unlike
4.1.2 Standard deviation
4.1.2.1 Standard deviation from ungrouped data
4.1.2.2 Continuous and discrete variables
4.1.3 Populations and samples
4.1.3.1 Populations
4.1.3.2 Samples
4.1.3.3 Variation between samples
4.1.3.4 Standard error of the mean
4.1.3.5 Not a random sample
4.1.4 Statements of probability
4.1.4.1 Probability limits
4.1.4.2 Confidence limits
4.1.5 Differences between means
4.1.5.1 Standard error of difference between means
4.1.5.2 Null hypothesis

4.1.5.3 Comparison of two means

4.1.6 Percentages and paired alternatives

4.1.6.1 Standard error of a percentage

4.1.6.2 Standard error of difference between percentages

4.1.6.3 Standard error of a total

4.1.6.4 Paired alternatives

5.1.7 The t tests

5.1 .7.1 Where does population mean lie?

5.1.7.2 Difference of sample mean from population mean

5.1.7.3 Difference between means of two samples

5.1.7.4 Difference between means of paired samples

5.1.8 The X^2 tests

5.1.8.1 Quick method

5.1.8.2 Fourfold table

5.1.8.3 Small numbers

5.1.8.4 Fit of class to sample

5.1.8.5 Splitting of X

5.1.8.6 Theoretical distribution

5.1.9 Exact probability test

5.1.10 Rank sum tests

5.1.10.1 Wilcoxon's rank sum tests

5.1.10.2 Unpaired samples

5.1.11 Correlation

5.1.11.1 Correlation coefficient

5.1.11.2 Scatter diagrams

5.1.11.3 Calculation of correlation coefficient

5.1.1 1.4 Standard error

5.1.11.5 The regression equation

5.1.12 Rank correlation

5.1.12.1 Tied ranks

4.2 Epidemiology

4.2.1 Introduction to psychiatry epidemiology

4.2.2 Types of clinical and epidemiology study

4.2.2.1 Cohort study

4.2.2.2 Retrospective and prospective study

4.2.2.3 Cross-sectional study
4.2.2.4 Case history study
4.2.2.5 Case control study
4.2.2.6 Clinical trial
4.2.2.7 Double-blind study
4.2.2.8 Cross over study
4.2.2.9 Case register

4.2.3 Assessment instruments
4.2.4 Epidemiology in mental health research

4.3 Research

4.3.1 Steps in development implementation of research project
4.3.2 Research methods
4.3.2.1 Qualitative
4.3.2.2 Quantitative
4.3.3 Sampling methods
4.3.4 Variables and attributes
4.3.5 Scales for level of measurements

43.6 Data collection

4.3.6.1 Methods of data collection
4.3.6.2 Types of data

4.3.7 Data analysis
4.3.8 Data summary and presentation
4.3.9 Ethnics in psychiatric research

4.3.5.1 History of development of ethnical guidelines
4.3.5.2 Animal research
4.3.5.3 Guidelines in mental health research
4.3.5.4 Ethnical conflicts that require special attention in psychiatry
4.3.5.5 Prevention of ethnical misconduct

(B) **NEUROPSYCHIATRY**

COURSE CONTENT

1. Introduction

1.1 Cardinal Psychological Features of Cerebral Disorder
1.2 Nosology and the use of terms

1.3 Clinical features of neuropsychiatric disorders

2. Symptoms and Syndromes with Regional Affiliations
   - 2.1 Historical development
   - 2.2 Disorder of memory
   - 2.3 Disorder of language functions
   - 2.4 Apraxia
   - 2.5 Agnosia
   - 2.6 Executive dysfunctions
   - 2.7 Disorders of body image
   - 2.8 Schizophrenia

3. Clinical Assessment
   - 3.1 History taking
   - 3.2 The mental state
   - 3.3 Physical examinations
   - 3.4 Neurological examinations
   - 3.5 Psychometric assessment
   - 3.6 Brain imaging
   - 3.7 Ancillary investigations

4. Specific Disorders 1.Head Injury
   - 1 .1 Pathology and pathophysiology
   - 1 .2 Acute effects of head injury
   - 1 .3 Chronic sequelae of head injury
   - 1 .4 Mental disorder due to head injury

1.4. I Anxiety

   - 1.4.2 Mood
   - 1.4.3 Psychosis
   - 1 .4.4 Somatoform
   - 14.5 Personality
   - 1.4.6 Whiplash injuries

   - 1 .5 Head injury in childhood
   - 1 .6 Head injuries due to boxing
   - 1 .7 Medicolegal considerations
   - 1 .8 Treatment

5. Cerebral Tumors
   - 5.1 General characteristics of mental symptoms
   - 5.2 Factors governing symptom formation

5.3 Mental symptoms with tumors in different locations
5.4 Investigations
5.5 Problems of misdiagnosis

6. Epilepsy
6.1 Classification of epilepsy
6.1.1 Focal
6.1.2 Generalized
6.2 Psychiatric disorder due to epilepsy
6.21 Anxiety
6.22 Mood
6.2.3 Psychosis
6.2.4 Personality change

6.3 Neuropsychiatric disorders
6.3.1 Delirium
6.3.2 Dementia
6.3.3 Investigation and differential diagnosis 6.3.4 Treatment

7. Intracranial Infections and Infestations
7.1 Acquired HIV/AIDS
7.2 Syphilis
7.3 Encephalitis
7.4 Meningitis
7.5 Cerebral malaria
7.6 Toxoplasmosis
7.7 Cystecerosis
7.8 Tuberculosis
7.9 Herpes zoster
7.10 Herpes syphilis

8. Cerebrovascular Disorder
8.1 Cerebrovascular accidents
8.2 Subarachnoid hemorrhage
8.3 Hypertension
8.4 Migraine
8.5 Subdural hematoma
8.6 Giant cerebral aneurysms
8.7 Transient global amnesia

8.8 Systemic lupus erythematosus
8.9 Giant cell arteritis **9.**Dementias
9.1 Age associated cognitive impairment
9.1.1 Cortical
9.1.1.1 Alzheimer's disease
9.1.1.2 Lewy body dementia
9.1.1.3 Picks disease
9.1.1.4 Frontal lobe dementia
9.1.1.5 Vascular dementia
9.1.1.6 Prion's disease
9.1.2 Sub cortical
9.1.2.1 Huntington disease
9.1.2.2 Idiopathic Parkinson disease
9.1.2.3 Parkinson plus syndromes
9.1.2.4 HIV associated dementia
9.1.3 Pseudo dementias
9.1.4 Assessment and differential diagnosis
9.1.5 Management of dementia.

10. Endocrine Diseases and Metabolic Disorders
10.1 Hyperthyroidism
10.2 Hypothyroidism
10.3 Cushing's syndrome
10.4 Addison's disease
10.5 Phaeochromocytoma
10.6 Hyperprolactinaemia
10.7 Diabetes insipidus
10.8 Diabetes mellitus
10.9 Insulinomas and other forms of hypoglycaemia
10.10 Cerebral anoxia
10.11 Uremia
10.12 Electrolyte disturbances
10.13 Hepatic disorder
10.14 Acute porphyria.

1 1 .Vitamin Deficiencies

1 1 .1 Vitamin B deficiency

1 1 .2 Mental changes in pellagra

1 1 .3 Acute nicotinic acid deficiency encephalopathy

1 1 .4 Wernicke's encephalopathy

1 1 .5 Korsakoff's syndrome

1 1 .6 Other nutritional disorders associated with alcoholism

1 1 .7 Sub acute necrotizing encephalomyelopathy

1 1 .8 Vitamin B12 deficiency

1 1 .9 Folic acid deficiency.

12. Substance Related Disorders

12.1 Neuropsychiatric effect of drugs and alcohol

12.2 Alcohol

12.3 Barbiturates

12.4 Benzodiazepines

12.5 Opiates

12.6 Cannabis

12.7 Amphetamines

12.8 Cocaine

12.9 Hallucinogens

13. Movement Disorders

13.1 Huntington disease

13.2 Parkinsonism

13.3 Idiopathic Parkinson disease

13.4 Parkinson plus syndromes

13.4.1 Multisystem atrophy

13.4.2 Progressive supranuclear palsy

13.4.3 Corticobasal degeneration

13.4.4 Parkinson/dementia complex

13.5 Drug induced movement disorders

13.5.1. M Akathesia

13.5.2 Dystonia

13.5.3 Parkinsonism

13.5.4 Dyskinesia

13.6 Writer's cramp

13.7 Gilles de la Tourette's syndrome

13.8 Hepatolenticular degeneration

14. Other Disorders Affecting the Nervous System

14.1 Multiple sclerosis

14.2 Tuberous sclerosis

14.3 Neurofibromatosis

14.4 Friedreich's ataxia 14.5 Motor Neuron disease

14.6 Myasthenia gravis

14.7 Neuropsychiatric manifestations of carcinoma

14.8 Normal-pressure hydrocephalus.

CONSULTATION LIAISON PSYCHIATRY

COURSE CONTENT

1. Mental disorders due to general medical conditions
    - 1.1 Anxiety disorders
    - 1.2 Mood disorders
    - 1.3 Psychotic disorders
    - 1.4 Cognitive disorders
2. Drug and alcohol related disorders
    - 2.1 Intoxication
    - 2.2 Withdrawal states
    - 2.3 Medical implication of drug and alcohol misuse
3. Somatoform disorders
    - 3.1 Conversion disorders
    - 3.2 Somatization disorders
    - 3.3 Hypochondrias
    - 4.4 Chronic pain disorders
4. Factious disorders
    - 4.1 Factious disorders
    - 4.2 Factious disorders by proxy
5. Palliative care
    - 5.1 General approach to palliative care
    - 5.2 Communication
    - 5.3 Terminal care decision
    - 5.4 Pain management
    - 5.5 Palliation of other signs and symptoms
    - 5.6 End of life-care infant and child
    - 5.7 Alternative methods of ending life .
        - 5.7.1 Request for suicide
        - 5.7.2 Euthanasia
        - 5.7.3 Physician assisted suicide
        - 5.7.4 Ethnical and legal issues
6. Spiritual issues in palliative care

METHODS OF TEACHING

1. Tutorials
2. Lectures
3. Seminars, demonstrations, case presentations, ward rounds (bed side teaching), conference presentations and journal clubs

CONTACT HOURS

- 90 Hours

METHODS OF ASSESSMENT

Continuous Assessment: 40%

Presentation of a long case at the end of the clinical rotation; followed by an oral examination and feedback session.

Final Examination: 60%

Written papers

- Paper I Multiple choice
- Paper II Essay questions

Clinical Objective Structured Clinical Examination (OSCE)

PRESCRIBED BOOKS

1. Sadock JB, Sadock VA. Kaplan and Sadock's (2007) Synopsis of Psychiatry. 10th Ed. Lippincott. Williams and Wilkins.

RECOMMENDED TEXT BOOKS

1 Sadock JB, Sadock VA. (2007) Comprehensive Text Book of Psychiatry 6th Edition. Lippincott Williams and Wilkins.

2. Lishman WA. (1999) Organic Psychiatry. 3 rd Edition, Blackwell and Science Limited.
3. Ross RT. (1999) How to Examine the Nervous System 3 rd Edition Appleton and Large. Stamford, Connecticut.
4. Paten JP. (2000) Neurological Differential Diagnosis. 2 nd Edition Springer — Verlag London Limited.

PSYCHIATRY SUB SPECILIATIES II

COURSE CODE:

AIMS:

At the end the course the candidate must demonstrate skill and knowledge in:

1. Ethics and principles of psychiatry application to legal issues for legal ends.
2. Recognition, evaluation and management of children and adolescent with common mental disorders at all levels of health care delivery system.

OBJECTIVES:

1. An in-depth knowledge of laws regulating mental health based on ethical codes and practice guidelines which would help in competence to stand trial, assessment of Criminal Responsibility and writing a Forensic Report.
2. An in-depth knowledge of epidemiology, etiology, clinical features, differential diagnosis, prognosis, historical and current trends in the management of common child and adolescent psychiatry disorders.

(A) FORENSIC PSYCHIATRY

COURSE CONTENT

1. Introduction to Forensic Psychiatry
   - 1.1 Psychiatry and law
   - 1.2 Rules of evidence
   - 1.3 Opinion hearsay and expert opinion
   - 1.4 Evidence of character
   - 1.5 Evaluation of credibility of the witness
   - 1.6 Testimonial on privilege
2. Criminal Law
   - 2.1 Criminal responsibility
   - 2.2 Competence to stand trial
   - 2.3 Diminished responsibility
   - 2.4 Imposition and carrying out of death sentence
3. Civil Law
   - 3.1 Maltreatment
   - 3.2 Testamentary and contractual capacity
   - 3.3 Civil commitment
   - 3.4 Informed consent
   - 3.5 Malpractice
   - 3.6 Breach of confidentiality
4. Mental Health Regulations
   - 4.1 Historical perspective

41.1 Local

4.1.2 International

4.2 Admission

4.3 Treatment

5. Right and Responsibility of patients

6. Ethics in psychiatry

6.1 Core ethical principles

6.1.1 Autonomy

6.1.2 Non-malevolence

6.1.3 Beneficence

6.1.4 Justice

6.2 Boundaries

6.2.1 Violation

6.2.2 Crossing

6.3 Impaired physician

6.4 Research ethics in psychiatry

7. Forensic Issues in Child Psychiatry

7.1 Child custody

7.2 Juvenile offenders

8. Correctional (prison) Psychiatry

8.1 Theoretical model

8.2 Implementation of theoretical issues

8.3 Role of the mental health professional (B) CHILD AND

ADOLESCENT PSYCHIATRY

COURSE CONTENT

1 . Overview of development perspective on normal domains of mental and behavioral function including psychoanalytic theories.

2. Diagnostic classification in infancy and easy childhood: Principles of assessment.

3. Mental retardation
   - 3.1 Nomenclature
   - 3.2 Classification
   - 3.3 Etiology
   - 3.4 Assessment
   - 3.5 Treatment
   - 3.6 Co-morbidity

4. Autism spectrum of disorders
   - 4.1 Autistic disorder
   - 4.2 Retts disorder
   - 4.3 Aspergers syndrome
   - 4.4 Childhood disintegrative disorder

5. Attention deficit disorder

6. Disruptive behavior disorders
   - 6.1 Oppositional defiant disorder
   - 6.2 Conduct disorder

7. Movement disorders
   - 7.1 Tic disorder
   - 7.2 Stereotypical movement disorder

8. Psychotic disorders
   - 8.1 Overview of psychosis in child and adolescent
   - 8.2 Early onset schizophrenia

9. Drug and alcohol related disorders

10. Child maltreatment
    - 10.1 Physical abuse 10.2 Emotional abuse
    - 10.3 Sexual abuse
    - 10.4 Psychiatric sequelae of child maltreatment
    - 10.5 Management of an abused child

1 1 . Anxiety disorders

11.1 Overview of clinical presents of anxiety disorders

11.2 Separation anxiety disorder

12. Mood disorders and suicidal behavior

13. Disorders in milestone development

    13.1 Feeding

        13.1.1 Rumination disorder

        13.1.2 Pica

13.1.3 Feeding disorders of infancy and childhood

1 3.2 Elimination

13.2.1 Encoparesis

13.2.2 Enuresis

13.3 Motor

13.3.1 Motor skills developmental co-ordination disorder

1 3.4 Communication

13.4.1 Expressive language disorder

13.4.2 Mixed receptive-expressive disorder

13.4.3 Phonological disorder

13.5 Social development

13.5.1 Autistic spectrum of disorder

13.5.2 Reactive attachment disorder of infancy and childhood

14 Learning

14.1 Reading disorder

14.2 Disorder of written expression

14.3 Mathematical disorder

METHODS OF TEACHING

1. Tutorials
2. Lectures
3. Seminars, demonstrations, case presentations, ward rounds (bed side teaching), conference presentations and journal clubs

CONTACT HOURS

- 55 Hours

METHODS OF ASSESSMENT

- Continuous Assessment: 40%
  Presentation of a long case at the end of the clinical rotation; followed by an oral examination and feedback session.

- Final Examination: 60%
  - Written papers
    - Paper I - Multiple choice
    - Paper II - Essay questions
  - Clinical Examinations
    - Objective Structured Clinical Examination (OSCE)

PRESCRIBED TEXT BOOKS

Sadock JB, Sadock VA. Kaplan and Sadock's (2007) Synopsis of Psychiatry. 10th Ed. Lippincott. Williams and Wilkins.

RECOMMENDED TEXT BOOKS

Sadock JB, Sadock VA. (2007) Comprehensive Text Book of Psychiatry 6th Edition. Lippincott Williams and Wilkins.

Bugloss R, Bowden P. (1990) Principles and Practice of Forensic Psychiatry, Churchill Livingstone.

Lewis M. (2002) A Comprehensive Textbook of Child and Adolescence Psychiatry. William and Wilkins.

Graham P, Turk J, Verhulst F. (2001) Child Psychiatry: A Developmental Approach 3rd Edition. Oxford University Press.

Sexson SB. (2005) Child and Adolescent Psychiatry, 2 nd Edition Blackwood Publishing Limited Massachusetts, USA

Rutter M, Ta lor E. (2002) Modern Approaches to Child and Adolescent Psychiatry 4 h Edition Blackwell Science.

GENERAL PSYCHIATRY II

AIM:

This is an advance course in general psychiatry which focuses on management of complicated mental disorders, examines the past discoveries, current practices and future directions. It explores changing role of a psychiatrist such as in human capacity building, institutional governance, policy formulation, implementation and advocacy.

OBJECTIVES:

1. Demonstrate managerial skills in the management of mental health institutions.
2. Demonstrate leadership and competence in the management complicated mental disorders at all levels of mental health delivery system.
3. Teach clinical psychiatry to undergraduates and postgraduates at all levels of their training.
4. Keep up to date with recent, current and emerging issues in psychiatry.
5. Recognize the role of life-long learning in professional development.

COURSE CONTENT

(A) PSYCHIATRY EDUCATION

1.1 Overview of basic teaching methodology in education.

1.2 Teaching methodologies relevant to medical education: their application and limitations:

- 1.2.1 Case studies
- 1.2.2 Tutorial
- 1.2.3 Lectures
- 1.2.4 Patient centred learning
- 1.2.5 Self-directed learning

1.3 Basic methods of assessment in education: their use and limitations

- 1.3.1 Multiple choice
- 1.3.2 Essays
- 1.3.3 Clinical scenario
- 1.3.4 Long case presentation
- 1.3.5 OSCE
- 1.3.6 Dissertation

1.4 Continuous education in medical education

1.5 Definition of the concept of life long professional education

1.6 The role of life long education in:

1.6.1. Professional development

1.6.2. Improvement of quality of patients care

(B) PSYCHIATRY ADMINISTRATION

2.1 Introduction to administration

2.1.1 Communicating skills

2.1.2 Decisions making

2.1.3 Delegation

2.1.3 Motivation

2.1.4 Presentations

2.1.5 Negotiations

2.1.6 Interviews

2.1.7 Management of:

2.1.8.1 Time

2.1.8.2 Team

2.1.8.3 Meetings

2.1.8.4 Change

2.1.8.5 Stress at work

2.2. Administration in psychiatry

2.2.1 Organizations

2.2.2 Policy formulation

2.2.3 Decision making

2.2.4 Responsibility accountability

2.2.5 Social process

2.3 Administration styles, procedure and techniques

2.4 Areas of concern to the psychiatry administration

2.4.1 Law and psychiatry

2.4.2 Budget and business administration

2.4.3 Personnel practice and labor law

2.4.4 Citizen involvement

2.4.5 Public relations

2.4.6 Mental health information system

2.5 Stress strains and rewards of administrative life

2.6 Succession

2.6.1 Stages

2.6.2 Contingences

2.6.3 Challenges

2.7 Suitability of the psychiatric clinician for administration role

2.8 Quality Improvement

2.8.1 Quality assurance

2.8.2 Monitoring

2.8.3 Evaluation 2.8.4 Accreditation

2.8.5 Research

2.9 Mental Health Law

2.9.1 Historical background

2.9.2 Mental health law development

2.9.2.1 International

2.9.2,2 Zambia

2.9.2.3 Implication of the current mental health Act on service delivery in Zambia.

2.10 Mental Health Policy

2.101 Evidence based mental health policy

2.10.2 Formulation

2.10.3 Development

2.10.4 Implementation and challenges

C CURRENT TRENDS IN PSYCHIATRY (Clinical management)

1.1 Management of complicated treatment resistant mental disorders.

1.1.1 Anxiety disorders

1.1.2 Mood disorders

1.1.3 Psychotic disorders

1.1.4 Neuropsychiatric disorders

1.1.5 Drug and alcohol related disorders

1.1.6 Mental disorders due to general medical condition

1.1.7 Psychosurgery

1.1.8 Drug assisted interviewing technique

(D). EMERGING ISSUES IN PSYCHIATRY

4.1 Transcranial magnetic stimulation

4.2 Vagal nerve stimulation

4.3 Acupuncture

4.4 Sleep deprivation

4.5 Alternative therapy

4.5.1 Herbs

4.5.2 Vitamins

4.5.3 Amino acids

4.6 Endocrine therapies

4.6.1 Oestrogen

4.6.2 Melatonin

4.6.3 Testosterone

(E) RECENT ADVANCES IN PSYCHIATRY

5.1 The contribution of development of neuroscience in:

5.1.1 Psychopathology

5.1.2 Psychopharmagenetics

5.1.3 Behavioral genetics

5.2 Ethical dilemma and conflicts in psychiatry practice.

METHODS OF TEACHING

1. Tutorials
2. Lectures
3. Seminars, demonstrations, case presentations, ward rounds (bed side teaching), conference presentations and journal clubs

CONTACT HOURS

- 20 Hours

METHODS OF ASSESSMENT

1. Continuous Assessment: 40%

Presentation of a long case at the end of the clinical rotation; followed by an oral examination and feedback session.

2. Final Examination: 60%

Written papers

Paper I	Multiple choice
Paper II	Essay questions
	Clinical
	Objective
	Structured Clinical Examination (OSCE)

PRESCRIBED TEXT BOOKS

Sadock JB, Sadock VA. (2007) Comprehensive Text Book of Psychiatry 6th Edition. Lippincott Williams and Wilkins.

RECOMMENDED TEXT BOOKS

Heller R, Hindle T. (2008) Essential Manager's Manual Dorling Kindersley London.

Maxwell JC. (1999) The 21 Indispensible Qualities of a Leader. Thomas Nelson Nashville, Tennessee.

APPENDIX

Guidelines for end-of —placement Feedback for Registrars

1. The consultant who is registrar's immediate supervisor is responsible for coordinating the assessment process for that registrar's placement (block).

2. The immediate supervisor is responsible for completing the placement assessment form. Before doing so, she/he should consult with key colleagues who are well placed to comment on the registrar's performance who should be consulted will vary from placement to placement.

   However, the immediate supervisor may consider consulting with:

   - ☐ Other consultants
   - ☐ Clinical psychologists
   - ☐ The head nurse or other senior nursing officer
   - ☐ Social workers; and
   - ☐ Occupational therapists.

3. The feedback form should be presented to the registrar at a meeting. Again, who is present at the meeting will vary from placement to placement, and could include any of the people listed above. However, the specialist for that service should always be invited to attend. In some situations, it may be appropriate for the form to be completed at the meeting (prior to the registrar joining the meeting), especially if the meeting is attended by other key people. In completing the forms, particular attention should be given to areas that require special attention, and if possible specific plans should be put in place to improve performance in these areas.

4. The registrar is responsible for completing the registrar assessment prior to the meeting.

5. At the meeting, the conversation should be characterized by a direct but congenial exploration of the registrar's strengths and areas requiring special attention. As implied above, the focus should be on the specific steps that the registrar can take to improve so far as the areas requiring special attention are concerned. If the registrar's performance is unsatisfactory in one or more areas, this should be explicitly communicated.

6. The feedback meetings with the Head of Department will be held in the first month of the new placement. At this meeting, feedback from the psychotherapy and community clinic supervisors will also be considered.

7. In addition to the end of placement assessment process, it is important to have a meeting with the registrar midway through the block. The focus of the meeting is

to identify areas needing special attention. These should be recorded in the appropriate place on the placement assessment form.

8. The mid-placement and end-of-placement assessments do not replace the need for regular feedback to the registrars throughout the blocks. Again, the focus should be on identifying areas that would benefit from increased attention, and developing strategies that can be followed to address this need.

APPENDIX

Registrars Assessment Form

LEVY MWANAWASA TEACHING HOSPITAL DEPARTMENT OF PSYCHIATRY

DEPARTMENT OF CLINICAL CARE

PART 1:

Name of registrar:	
Name of consultant:	
Placement:	
Dates of Placement:	

Please comment on the following issues:

Supervision by the consultant — for example, frequency, quality of supervision at ward rounds, availability:

[For this and subsequent blocks, push the INSERT key if completing the form electronically]

Ward management — for example, how decisions are made, relations between staff, punctuality of meetings, the quality of the clinical services:

Areas of your own functioning that need special attention and what steps you or others can take to address them:

PART 11: CONSULTANT/FEED BACK MEETING ASSESSMENT

Name of registrar:		
Name of consultant:		
Placement:		
Dates of Placement:		
Present at meeting:	Principal specialist Other specify)	Yes Yes
Exams completed:	Part 1 Part 11	Yes Yes

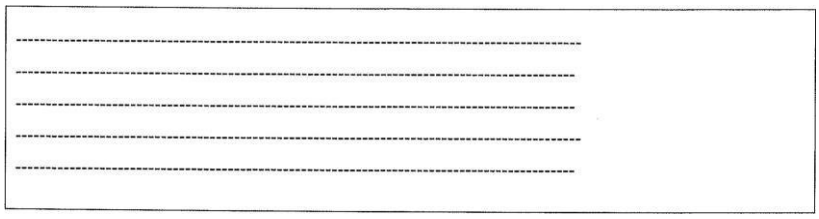
MID-PLACEMENT ASSESSMENT

Was a mid-placement assessment conducted? Yes ☐
If Yes, what were the specific recommendations or conclusions that emerged?

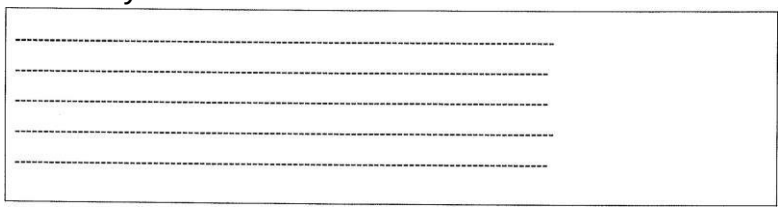
END OF PLACEMENT ASSESSMENT

Were there any circumstances that adversely effected the registrar's work? Yes ☐If Yes, what were these areas, and what steps can be taken to address them?

Are there any performance areas that require special attention? Yes ☐ If Yes, what were these areas, and what steps can be taken to address them?



Please use the space below to comment on the registrar's particular strengths, or to make any other comments.



Signatures:

Consultant: Registrar:

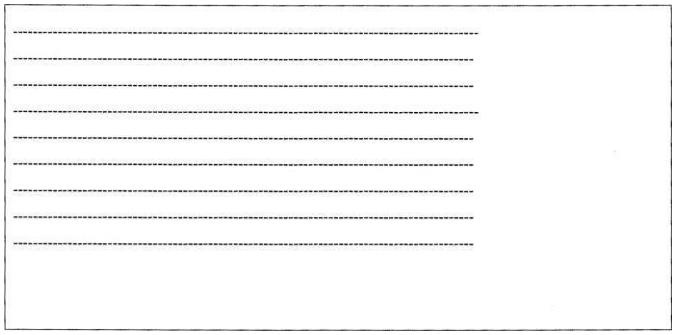
Date:

PART 11: CONSULTANT/FEED BACK MEETING ASSESSMENT

Name of registrar:		
Name of consultant:		
Placement:		
Dates of placement:		
Present at meeting:	Principal specialist Other (specify)	Yes Yes
Exams completed:	Part I Part 11	Yes Yes

MID-PLACEMENT ASSESSMENT

Was a mid-placement assessment conducted? Yes ☐
If Yes, what were the specific recommendations or conclusions that emerged?



Performance domain:

Ratings

I = Outstanding

2 = Good

3 = Satisfactory

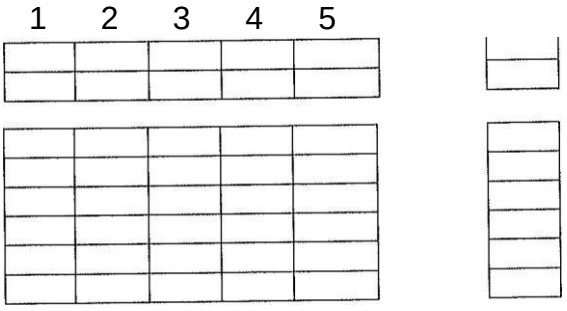
4 = Weak

5 = Unsatisfactory

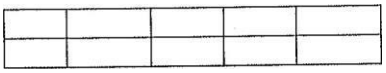
U = Undecided*

KNOWLEDGE
Fund appropriate to level of training
Purposefully seeks information

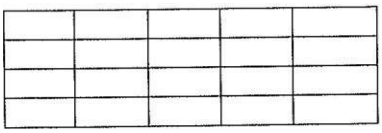
CLINICAL COMPETENCE
History taking
Mental state examination
Physical examination
Investigative ability (appropriate tests/referrals) Ability to put data together (definition of problems formulation)
Awareness of clinical priorities



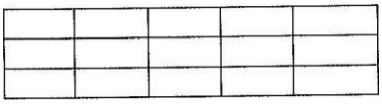
RECORD KEEPING
Data, diagnosis, progress notes and problems clearly set out Discharge formalities dealt with



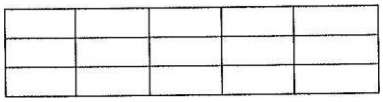
THERAPEUTIC SKILLS
Defining therapeutic goals early
Appropriate treatment
Monitoring for progress and unwanted effects of treatment Rehabilitation and after-care



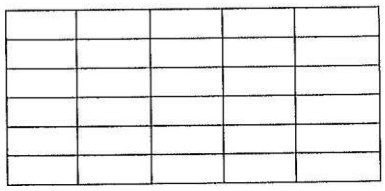
MANAGERIAL SKILLS
Works well with team members
Takes organization/management responsibilities
Maximizes abilities
of other team members



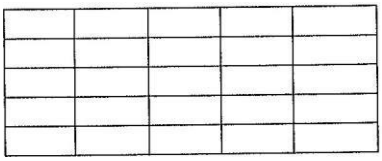
COMMUNICATION SKILLS
Communication with patients and relatives
Communication with other team members
Reporting/Presentation of clinical material



PERSONAL ABILITIES
Concern (empathy) for needs and feelings of patients Concern for needs and feeling of other team members Can tolerate ambiguity, uncertainly, dependency, hostility, anxiety
Takes necessary responsibility and decisions
Flexible according to the needs of a situation
Willing to seek help and advice when needed



PROFESSIONAL ATTITUDES
Genuine concern for patient's welfare
High level of clinical care
High professional standards
Recognition of limits of competence



Please use the undecided category in rare circumstances only, and then provide a comment as to why you are undecided. eeks opportunities to improve

INDICATIVE RESOURCES

American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorder
(2000) Fourth Edition, Text Revision, (DSM-IV-TR) Washington DC: American Psychiatric Association.

Bugloss R, Bowden P. (1990) Principles and Practice of Forensic Psychiatry, Churchill Livingstone.

Gerard J. Connors, Dennis M. Donovan, and Carlo C. DiClemente (2004) Substance Abuse Treatment and the Stages of Change: Selecting and Planning Interventions (The

Guildord Substance Abuse Series).

Graham P, Turk J, Verhulst F. (2001) Child Psychiatry: A Developmental Approach 3rd Edition. Oxford University Press.

Heller R, Hindle T. (2008) Essential Manager's Manual Dorling Kindersley London.

ICD-IO (1992) Classification of Mental and Behavioral Disorder; World Health Organization, Geneva.

John Nolte (2008) The Human Brain Introduction to its Functional Anatomy 6th Edition.

Kim E. Barrett, Heddwn Brooks, Scott Boitano and Susan M. Barman Ganong WF. (2009) Review of Medical Physiology 23 rd Edition.

Lewis M. (2002) A Comprehensive Textbook of Child and Adolescence Psychiatry. William and Wilkins.

Lishman WA. (1999) Organic Psychiatry. 3 rd Edition, Blackwell and

Maxwell JC. (1999) The 21 Indispensible Qualities of a Leader. Thomas Nelson Nashville, Tennessee.

Paten JP. (2000) Neurological Differential Diagnosis. 2 nd Edition Springer — Verlag London Limited.

Ross RT. (1999) How to Examine the Nervous System 3 rd Edition Appleton and Large. Stamford, Connecticut.

Rutter M, Ta lor E. (2002) Modern Approaches to Child and Adolescent Psychiatry 4 h Edition Blackwell Science.

Sadock JB, Sadock VA. (2007) Comprehensive Text Book of Psychiatry 6th Edition. Lippincott Williams and Wilkins.

Sadock JB, Sadock VA. Kaplan and Sadock's (2007) Synopsis of Psychiatry. 10th Ed. Lippincott. Williams and Wilkins.

Sexson SB. (2005) Child and Adolescent Psychiatry, 2nd Edition Blackwood

Stahl SM. (2007) Text Book of Psychopharmacology Lippincott Williams and Wilkins.

Taylor D. Paton C. Kerwin R. (2007) The Maudsley Prescribing Guidelines. 9th Edition Informa Healthcare.

Thambirajah MS. (2007) Psychological Basis of Psychiatry, 1st Edition.